

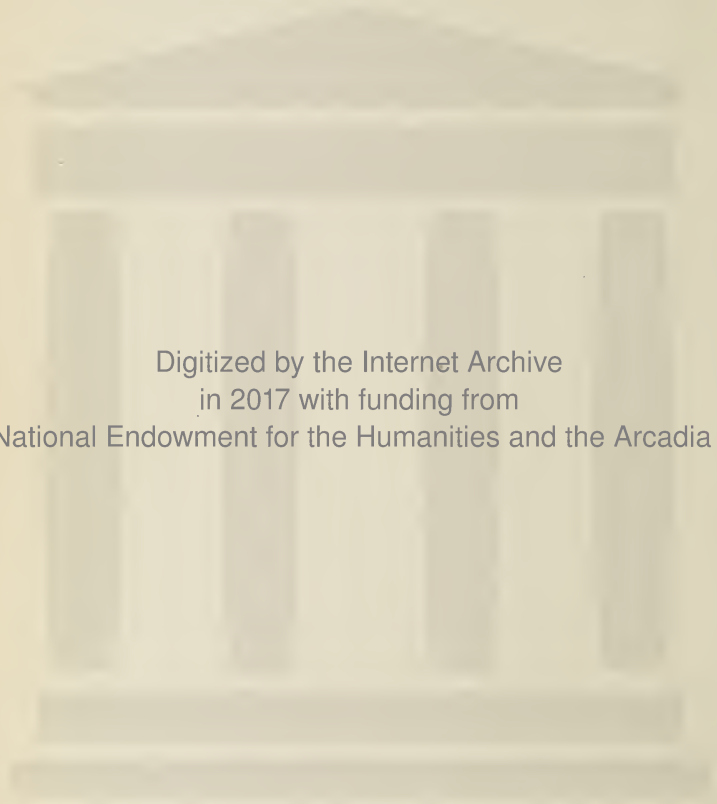
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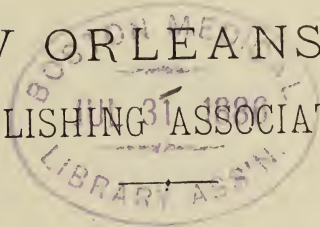
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*Paullum sepulto distat inertia  
Celata virtus.*—HORACE.

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## CONTENTS OF VOL. XIII.

Titles of Original Articles, preceding names of authors appear in Capitals. When the names of authors precede the titles, the former alone are in Capitals. Hospital Reports and Clinical Notes are in Italics.

	PAGE.		PAGE.
<b>A</b>			
<i>Abdomen, Gunshot Wound of</i> , Mr. Forsythe .....	867	BEMISS, J. H., M. D.:	
<i>Abdomen, Penetrating Wounds of</i> , Dr. Compton .....	363	Thoracic Aneurism.....	1
Abdominal Tumors, Exploratory Incision in Diagnosis of .....	158	Bichloride of Mercury in Phthisis	77
Abscess, Cold, Injections of Iodoform-Ether in .....	245	BICKHAM, DR. C. J.:	
Albumen in Urine, Magnesium-Nitric Test for .....	408	Idiopathic Lymphangio-Phlebetis.....	451
Alkaloids, to Preserve Solutions of Amblyopia from Bisulphide of Carbon .....	819	Bile Acids in Urine, A New Test for.....	150
Amblyopia, Toxic, from Iodoform	660	<i>Biliary Calculi</i> , Dr. Dabney .....	462
Anæmia, Pernicious, its Treatment	909	Bladder, Never Overlook an Over-Distended .....	243
ANATOMY, HOW TO LEARN, Prof. Souchon .....	429	BLANC, DR. H. W.:	
Aneurism, Cure of, by Insertion of Wire .....	80	Two Cases of Pityriasis Rosca	606
Aneurism, Treatment of, by Insertion of Wire.....	153	BRAIN, CONGESTION OF, Dr. Watkins.....	763
Aneurism, Ligation for.....	653	Bronchus, Blade of Tooth Forceps in.....	733
<i>Aneurism, A Case of Femoral</i> , Dr. Formento .....	773	BRUNS, DR. H. D.:	
<i>Aneurism, Traumatic, of Anterior or Posterior Tibial Artery</i> , Dr. Jamison.....	119	Atropia Poisoning .....	604
ANEURISM, THORACIC, WITH SPONTANEOUS RECOVERY, Dr. Bemiss.....	1	Budin, Prof.—Case of.....	81
Ani, Prolapsus, Nux Vomica in... ..	732	<b>C</b>	
<i>Anosmia, a Case of</i> , Dr. Archinard	544	Calculus, Large Vesical.....	154
Antimonials, The Use of.....	330	CALDWELL, HON. ANDREW J.:	
Antiperiodica Tinctura .....	411	The Yellow Fever Commission	964
<i>Anus, A Case of Artificial</i> , Dr. Chassaignac.....	779	Carbuncle, Treatment of.....	565
ARCHINARD, DR. P. E.:		Cascara Sagrada for Constipation.....	79
Paralysis of Bladder and Rectum.....	100	Catheterism, Almost Painless... ..	495
<i>Arterial Dilatation, a Case of General</i> , Mr. Lebeuf.....	873	<i>Cerebro-Spinal Fever</i> , Dr. Sexton.	463
Asphyxia Neonatorum, Anæmia of Brain, a Cause of .....	1001	CHAILLÉ, PROF. S. E.:	
ATROPIA POISONING, Dr. Bruns..	604	Report as Dean of Tulane University, Med. Department	837
<b>B</b>			
BARTHOLOW, ROBERTS, M. D.:		CHASSAIGNAC, DR. CHAS.:	
Clinical Lecture .....	669	Belladonna Treatment of Cholera Infantum.....	598
<i>Belladonna, Anomalous Effects of</i> , Dr. Walmsley .....	979	CHASSAIGNAC, DR. CHAS.:	
		Cinchona Alkaloids in Pregnancy.....	261
		Chloral Hydrate, Compound Elixir of.....	327
		Chloral Hydrate, Blistering by... ..	334
		CHOLERA CONFERENCE OF BERLIN; Dr. G. T. Elliot.....	353-849
		Cholera Infantum.....	651
		CHOLERA INFANTUM; BELLADONNA TREATMENT OF, Dr. Chassaignac.....	598
		Cholera, Inquiry into Etiology of.	562
		Cholera Infantum, Belladonna in.	411
		<i>Cholera Infantum</i> , Dr. Lawrason.	199

	PAGE.		PAGE
Cholera, French Academy of Medicine on.....	406	Quarantine, Drs. Holt and Bell on, <i>Ed. Sanitarian</i> .....	478
Chorea, Acute.....	83	State Society, Coming Meeting of, Dr. Logan.....	783
<i>Chorion, Cystic Degeneration of</i> Dr. Tarleton.....	204	Yellow Fever, is it Indigenous, Dr. Davidson.....	128
Choroiditis after Typhoid Fever..	739	Yellow Fever Commission, Dr. Holt.....	623
Cocaine, Hydrochlorate, New uses for.....	151		
COCAINE IN GENITO-URINARY AND RECTO-ANAL SURGERY, Dr. Logan.....	188	<b>D</b>	
<i>Cocaine in Surgery</i> , Dr. Crawcour	197	DAVIDSON, Dr. J. P.: Simple Continued Fevers.....	104
Cocaine, Indications for.....	331	Daviel's Monument.....	818
Cocaine, Another Use for.....	411	<i>Deodorizing and Disinfecting the hands, A simple means of</i> , Dr. Lanneau.....	980
Cocaine Hydrochlorate, Burnett on.....	413	Dermatological Therapeutics, Contributions to.....	244
Cocaine, is it Dangerous?.....	571	Digitalis as a Diuretic.....	494
Cocaine Poisoning and Antidote..	815	DIPHTHERITIC ANGINA, TREATMENT OF, Dr. Turpin.....	676
Cocaine Poisoning, Cured by Pilocarpine.....	816	Diphtheria, Tincture of Iodine in	242
Coffee as an Antiseptic.....	566		
COMMERCIAL DEPRESSION IN N. O.; Dr. Kennedy.....	844	<b>E</b>	
Constipation of Children, Oatmeal for.....	82	Ear, Removal of Foreign Bodies from.....	500
Corneal Opacity, Massage in Treatment of.....	911	Ear, Diseases of in Leukaemia...	817
Corneal Pigmentation by Aniline.	499	Earache, Carbolyzed Glycerine in.	334
Cystitis, Injection for.....	157	Earache, Cocaine in.....	334
<i>Cystitis Treated with Hydronaphthol</i> , Dr. Bemiss.....	976	Earache, Liniment for.....	413
CORRESPONDENCE.		<i>Eczema, Chronic Squamous</i> , Dr. Chew.....	373
Ambulance Service Charity Hospital, Dr. Miles.....	51	ECZEMA, TREATMENT OF, Dr. G. T. Elliot ..	681
Color as Connected with Clothing, Dr. Babbitt.....	224	Eczema of Scalp, Borax in.....	735
Drainage and Sewerage of N. O., Dr. Elliott.....	384	Electrical Reactions, Certain....	650
Drainage and Sewerage of N. O., Dr. Chaillé.....	386	ELLIOT, DR. G. T.: Treatment of Eczema.....	681
Drainage of N. O., Capt. Eads.....	479	ELLIOT, DR. G. T.: The Berlin Cholera Conference.....	352
Essays and Reports, Committee on, Dr. Lyon.....	212	ELLIOT, D. G. T.: The Berlin Cholera Conference.....	809
Essays and Reports, Committee on, Dr. Lyon.....	475	ELLIOTT, PROF. JNO. B.: Elevated Temperature; Its Cause.....	341
Ferran's Treatment of Cholera, Dr. Laplace.....	317	Emmet's Cervix Operation, Modifications of.....	496
Heart, Punctured Wound of, Dr. Chassignac.....	211	<i>Endocarditis, Ulcerative, Cerebral Embolism from</i> , Dr. Bemiss..	209
Hemorrhage, Control of, Dr. Maguire.....	621	Endometritis, Proliferating.....	47
Holt, Dr. Jos., and Steam as a Disinfectant <i>Ed. Sanitarian</i>	310	<i>Epilepsy, Reflex</i> , Dr. Parham.....	206
Holt, Dr. Jos., and Steam as a Disinfectant, A Reply to: Dr. Holt.....	376	Epithelioma, Excision of Rectum for.....	154
Paris Letter, Dr. Laplace....	469	Epithelioma of Orbit.....	50
Paris Letter, Dr. Laplace....	618	Ergot Question, Present State of..	635
Quarantine Reflections, Some, Dr. Holt.....	217	Error, A Popular.....	328
		Erysipelas and Listerism.....	81
		Erysipelas, Resorcin in.....	811
		Exenteration, Note on.....	570
		Eye and Ear, Notes on Treatment of	325
		Eye, Enucleation of, with Engrafting of Rabbits Eye.....	413

PAGE.	PAGE.
Eye, Evisceration of, A Substitute for Enucleation.....	248
<i>Eye, Toleration of Foreign Body by, Dr. Bruns.....</i>	610
Eye, Affections of, Accompanying Mumps.....	660
Eye, Engrafting of Rabbit's, in Human Orbit.....	88
Eye, Exenteratim of.....	738
Eye, Removal of foreign Body from, by Suction.....	1003
<b>EDITORIAL.</b>	
<i>Leading Articles.</i>	
A Reply.....	488
Ambulance Service of Charity Hospital.....	70
American Medical Association, Congress, &c.....	981
American Public Health Association.....	551
American Surgical Association	994
Bacillus Tuberculosis, Note on Building and Sewerage Fund, Charity Hospital.....	480
Carmona's Yellow Fever Inoculations.....	826
Carpenter, Wm. B.....	558
Chemical Constitution and Physiological Action.....	637
Cholera, The.....	237
Cholera, The.....	997
Congress Controversy, The..	394
Dengue Fever, The Sphero-Bacterium of.....	632
Dengue, The Sphero-Bacterium of.....	784
Diphtheria in New Orleans..	710
Druggists, The, and the Doctors.....	63
Elevated Temperature, Its Cause.....	486
Ferran's Cholera Inoculations	228
Freire's Yellow Fever Microbe.....	547
Freire and Carmona.....	712
Gen. Grant's Disease and Death.....	226
Hydronaphthol.....	706
International Medical Congress.....	142
International Medical Congress.....	232
Intestinal Obstruction and Suture of Intestine.....	386
La. State Medical Society; 8th Annual Meeting....	900
Liver, Clinical Study of, Through Urine.....	140
Lying-in-Ward, Disinfection in.....	66
Medical Education, Needs of.	298
Medical Treatment.....	639
Ophthalmia, Neonatorum....	291
Our New Volume.....	57
Out of Thine Own Mouth....	399
Pensioning Examining Surgeons, Board of.....	294
Physicians and Their Patients, Relation Between.....	289
Plymouth Epidemic, The....	67
Public Works, A Board of ...	787
Quarantine, The New System of.....	137
Question of Priority, A.....	556
Sei I Kwai.....	633
State Society and Committee on Essays.....	235
Tulane University, Medical Department.....	907
Yellow Fever Commission...	629
Yellow Fever Commission...	722
Yellow Fever Commission...	990
<i>Editorial Comments.</i>	
Abdominal Cavity, Perforating Wounds of.....	402
Ambulance House, Charity Hospital.....	799
American Journal of Medical Sciences.....	647
American Medical Association, Meeting of.....	791
Cinchona Alkaloids in Pregnancy.....	304
Clark, Perry and Maritime Sanitation.....	308
Daniel's Texas Medical Journal.....	149
Draper, Prof. Jno. C.; Death of.....	649
Election, Charity Hospital..	800
Exenteration vs. Enucleation..	307
Fever Commission, The.....	148
Flint, Dr. Austin, Sr., Death of.....	794
Florida Medical and Surgical Journal.....	491
Holt, Dr., Resignation of....	796
Hydrophobia, Genuine, Cured Klein, Mr., and Mr Cheyne..	149
La. State Medical Society, Meeting of.....	793
Malaria, Hemorrhagic, Treatment of.....	149
Malaria, Pregnancy and Quinine Again.....	490
Mad Dog, The Tale of a....	643
New York Skin and Cancer Hospital.....	798
Post, Dr. Alfred C., Death of	730
Rag Trade, The Dangerous..	399

	PAGE.		PAGE.
Sanitary Survey, The, of Illinois.....	147	Heart, Gunshot Wound of.....	734
Smith, Dr. Ashbel, Death of.....	729	<i>Heart, Penetrating Wound of</i> , Mr. Lebeuf.....	543
To Two of Our Friends.....	405	HEBERT, DR. THOMAS: Observations on Nature and Etiology of So-called Typho-Malarial Fever.....	954
Town and Country.....	405	Hemorrhoids, Carbolic Acid Injections in.....	494
Tribulations of Journalism... ..	799	<i>Hernia, Inguinal, A Case of Strangulated; Herniotomy</i> . Dr. Miles.....	973
Vital Statistics of Selma, Ala. . . . .	908	HERNIA, RADICAL CURE OF, Dr. Sexton.....	602
Where We Are.....	403	<i>Hernia, Strangulated Inguinal</i> , Dr. Chew.....	207
Whittimore, Dr. Jos. H., Death of.....	731	Hernia, Radical Cure of.....	156
Yellow Fever, Inoculation of Dew and Snake Poison for.....	641	HERRICK, DR. S. S.: Nature and Mode of Action of Malaria... ..	769
<b>F</b>			
FEMUR, FRACTURE OF NECK OF, Dr. Loeber.....	536	Hip, New Method of Reducing Dislocations of.....	495
FEVER, LONG-CONTINUED, OF LOUISIANA THAT RESIST QUININE, Dr. Matas.....	25	HOLT, DR. JOS.: Sanitary Relief of N. O.....	437
FEVER, SIMPLE-CONTINUED, Dr. Davidson.....	104	Humerus, New Bandage for Fixation of.....	333
<i>Fibro-Cyst of Uterus</i> , Dr. Seemann	202	<i>Hydatiform Mole</i> , Dr. Champlin..	273
<i>Fibroid, Large, Complicating Delivery</i> , Dr. Read.....	205	Hydrocele, Carbolic Acid Injections in.....	810
Filaria Sanguinis Hominis.....	996	Hydrocele in the Male.....	494
Fistula-in-Ano, New Operation in FORGOTTEN WORTHIES, SOME OF OUR, Dr. Bruns.....	937	<i>Hydrophobia, A Case of</i> , Dr. Miles	265
FORMENTO, DR. F.: External Perineal Urethrotomy	89	HYPODERMATIC SYRINGE, EASY WAY OF REPAIRING PACKING OF, Dr. Lanneau.....	352
<i>Formule, Some, in Common Use at Charity Hospital</i> .....	120	Hysterectomy and Listerism.....	158
Foot, New Amputation of.....	246	<b>I</b>	
FRIEDRICH, DR. A. G.: Relationship of Teeth to General Health.....	12	<i>Icthyosis Simplex, Glycerine Lotion for</i> , Dr. Miles.....	704
<b>G</b>			
Galactagogue, Oranges as a.....	78	INSALUBRITY OF NEW ORLEANS, CAUSES OF, Dr. W. H. Watkins.....	509
Gall-Bladder, Diagonal Line in Distension of.....	79	<i>Intestine, Internal Strangulation of the Small</i> , Dr. Miles.....	121
Gall Stones, Large.....	154	Intestinal Catarrh of Infants, Salicylic Acid in.....	325
Gastritis Phlegmonosa, two cases of	492	Intestinal Obstruction, Kausmaul's Method in.....	154
Genito-Urinary Surgery.....	807	Intestinal Obstruction, Caused by Vermiform Appendix.....	331
Glaucoma after Cocaine.....	1004	<i>Intestinal Obstruction</i> , Dr. Maine-gra.....	370
Glaucoma after Instillation of Cocaine.....	738	<i>Intestinal Obstruction</i> , Dr. Laurans	545
Gonorrhoea, Abortive Treatment of	999	<i>Intestinal Obstruction</i> , Mr. Lebeuf	609
<i>Gun-shot Wound, a Peculiar Case of</i> , Dr. Kearny.....	278	<i>Intussusception, Seltzer Water Injections in</i> , Dr. Beach.....	200
GUYON, PROF.: Clinical Lecture on Vesical Tuberculosis.....	757	Iodoform, Inodorous.....	773
<b>H</b>			
<i>Hand, Plastic Operation in</i> , Dr. Keitz.....	366	Iris, Atrophy of.....	819
<i>Heart, Gunshot Wound of</i> , Dr. Miles.....	113	Iritis, Rheumatic... ..	499
		Itch, Treatment of.....	803

PAGE.

PAGE.

## K

- KEELS, DR. C. E. JR.: Facial Prosthesis..... 538  
 KENNEDY, DR. T. S.: Causes of Commercial Depression of New Orleans..... 844  
 Kidney, Extirpation of a Cancerous 332  
 Knee-Joint, Amputation at by Disarticulation..... 654  
 Knee-Joint, Gunshot wounds of .. 156

## L

- LANNEAU, DR. C. B.: Easy way to Repair Syringe .. 352  
 LAPLACE, DR. E.: Cornil on Pulmonary Tuberculosis ..... 177  
*Leprosy in Children, a few Cases of*, Dr. Jamison..... 277  
 Leucorrhœal Discharge from Roller Skating..... 498  
*Litholopaxy, a Case of*, Dr. Bloom 541  
*Liver, Abscess of*, Dr. Bemiss .... 613  
 LOEBER, DR. F.: Fractures of Neck of Femur.. 530  
 LOGAN, DR. S. Better Organization of the Medical Profession..... 925  
 Local Origin of Malignant Disease ..... 589  
 Cocaine in Genito-Urinary and Recto-Anal Surgery..... 188  
 Lupus Cured by Arsenic Internally 81  
 LYMPHANGIO-PHLEBITIS, IDIOPATHIC, Dr. Bickham..... 451  
 LECTURES.—  
*Anatomy, How to Learn*, Prof. Souchon ..... 429  
*Clinical Lecture*, Prof. Bartholow..... 669  
*Pulmonary Tuberculosis*, Prof. Cornil ..... 177  
*Vesical Tuberculosis*, Prof. Guyon ..... 757

## M

- MALARIAL POISON, NATURE AND MODE OF ACTION OF, Dr. Herrick ..... 769  
 Malaria, New Theory of..... 732  
*Malaria, Pregnancy and Quinine*, Dr. Wiendhal ..... 459  
 MALIGNANT DISEASE, LOCAL ORIGIN OF, Dr. Logan ..... 589  
 Marriages ..... 420  
 505, 577, 663, 758, 821, 1007.  
 MATAS, DR. R.: Long Continued Fevers of La. that Resist Quinine 25

- Meatus Auditorius, Fracture of, from Blow on Chin..... 739  
 Medical News and Miscellany .... 87  
 170, 257, 335, 421, 506, 579, 665, 752  
 822, 915, 1008.  
 Mercurial Soap..... 410  
 Meteorological Tables ..... 88  
 176, 260, 340, 428, 508, 588, 668, 754  
 836, 924.  
 Metritis Parenchymatous..... 736  
 MILES, DR. A. B.: Gunshot Wounds of Heart.... 113  
 Mitral Murmurs ..... 648  
*Morphine Narcosis, Case of*, Mr. Harnan ..... 701  
 Mortuary Report of New Orleans 88  
 175, 259, 339, 427, 507, 587, 667, 835  
 753, 923, 1011.  
 Mydriatic, a New ..... 249

## N

- Nail, Ingrowing..... 155  
 Nasal Hemorrhage..... 654  
 NECROLOGY.—  
 Allen, Dr. Geo. W..... 915  
 Andrews, Dr. Thos. F..... 751  
 Atlee, Dr. Jno. L..... 257  
 Bowling, Dr. Wm. K..... 324  
 Burris, Dr. Wm. A..... 578  
 Caldwell, Dr. J. J..... 915  
 Callaway, Dr. Thos..... 664  
 Campbell, Dr. Robert..... 420  
 Case, Dr. D. C..... 664  
 Carey, Mr. Patrick..... 324  
 Coggeshall, Dr. Wm. H..... 420  
 Cunningham, Dr. F. D..... 325  
 Currey, Dr. G. W..... 751  
 Davis, Prof. Jno. Staige..... 159  
 Dunlap, Dr. Richard W..... 256  
 Dunn, Dr. Jno. A..... 914  
 Duval, Dr. E. R..... 420  
 East, Dr. W. A..... 664  
 Eve, Prof. Jas. A..... 752  
 Faison, Dr. Henry W..... 751  
 Ficklen, Dr. J. Burrell..... 915  
 Fourcade, Mr. St. Cyr..... 751  
 Garnett, Dr. A. Y. P., Jr..... 822  
 Garnett, Dr. Jenifer..... 664  
 Gayle, Dr. T..... 667  
 Goldsmith, Dr. W. W..... 578  
 Gourrier, Dr. A. R..... 505  
 Guilbeau, Dr. Felix..... 86  
 Hamilton, Dr. D. B..... 663  
 Heidingsfelder, Dr. Emanuel 578  
 Herrick, Dr. Wm. Slade..... 86  
 Hildreth, Dr. E. A..... 324  
 Keen, Dr. Thos. W..... 664  
 Kemper, Dr. M. C..... 821  
 Leonard, Dr..... 167  
 Lindsley, Dr. Von Sideren... 578  
 Mercier, Dr. Armand..... 323

PAGE.	PAGE.		
McSherry, Dr. Richard.....	420	Penis, Fracture of.....	809
Park, Dr. W. H.....	578	Penis, Fracture of.....	910
Peacock, Dr. W. C.....	505	Periosteum, Original Method of Covering Bone with.....	496
Pelzer, Dr. Anthony P.....	751	Peritoneal Dropsy, Circumscribed	910
Penniston, Mrs. Ellen.....	420	<i>Peritonitis, Gangrenous, with Ob-</i> <i>struction of Bowel, Dr. Law-</i> <i>rason</i> .....	48
Pitman, Dr. Jno.....	663	Perityphlitic Abscess.....	804
Powell, Dr. T. E.....	578	Pessary Retained Six Years.....	414
Rowland, Dr. Wm. B.....	224	<i>Petit Mal, Result of, Adherent Pre-</i> <i>puce. Dr. Parham</i> .....	375
Satterfield, Dr. Jas. L.....	86	Phosphates, New Method of Ad- ministering.....	411
Scruggs, Dr. S. O.....	822	PITYRIASIS ROSEA TWO CASES OF. Dr. Blanc.....	696
Smith, Dr. Albert H.....	664	<i>Placenta Prævia, Dr. Parham</i> .....	279
Snell, Dr. A. B.....	169	<i>Placenta Prævia, Management of.</i>	813
Sparks, Dr. R. B.....	578	Plaster Bandage, How to Remove.	412
Speed, Dr. Jno. J.....	86	<i>Pneumo-Pyo-Thorax, Two Cases</i> <i>of, Mr. Lebeuf</i> .....	702
Stanford, Dr. F. A.....	420	PREGNANCY, CINCHONA ALKA- LOIDS IN, Dr. Chassaignac....	261
Stevens, Dr. D. A.....	751	Pregnancy, Extra-Uterine.....	157
Trotter, Dr. W. C.....	578	PROSTHESIS FACIAL, Dr. Kells, Jr.	538
Turpin, Dr. C. C.....	750	Pruritus Vulvæ, Surgical Treat- ment of.....	568
Nephrectomy, Its Indications and Contra-Indications.....	243	Psoriasis, Pyrogallic Acid in.....	333
Nerve, Stretching of Supra- Trochlear.....	571		
Night-Sweats, Chloral in.....	327		
Nipples, Applications for Sore....	158		
O			
Obstetrics and Gynecology, Corro- sive Sublimate in.....	158		
Obstetric Statistics of Vienna....	158		
Oleates, Rise and Fall of.....	565		
Omentum, What Done with in Herniotomy.....	155		
Onomatomania.....	493		
<i>Opium Poisoning, Mr. B. D. Wat-</i> <i>kins</i> .....	466		
Ophthalmia Neonatorum.....	414		
Optic Nerve, Peripheral Atrophy of.....	818		
Orbit, A Large Splinter in....	1003		
ORGANIZATION, BETTER, IN RANK OF MEDICAL PROFESSION, Prof. Logan.....	925		
Osmic Acid Injections in Neuralgia	242		
Osmic Acid in Peripheral Neural- gia.....	152		
Ovarian Cyst, Immense.....	87		
P			
<i>Pachymeningitis, A Case of, Dr.</i> <i>Archinard</i> .....	125		
Palate and Pharynx, Ulcers of....	810		
PARALYSIS OF BLADDER AND REC- TUM, Dr. Archinard.....	100		
Patella, New Method of Treatment of Fractures of.....	652		
Pelleterin in Paralysis of Ocular Muscles.....	1003		
Pelvic Abscess, Treatment of.....	811		
		Rectum in Gynæcology.....	735
		<i>Rectum Prolapse of, Dr. Scott</i> ....	700
		Reminiscences, Dr. Step'n Smith's	563
		Rheumatism, Potassium Salicylate in.....	78
		Rhinoliths.....	564
		Ringworm of Scalp.....	78
		Rhus Poisoning, Swamp Button Bush in.....	329
		REVIEWS AND BOOK NOTICES.—	
		Abdominal Tumors, Spencer Wells.....	161
		Acne, Buckley.....	415
		Anæsthetic, the New Local... ..	162
		Anæsthesia, Local, in General Medicine and Surg'y, Corn- ing.....	1005
		Anatomy, Comparative, and Physiology, Bell.....	662
		Anatomicæ Osteologiæ Tabulæ	321
		Bacteria Investigation, Tech- nology of.....	254
		Berlin as a Medical Centre... ..	163
		Board of Health, Tennessee... ..	251
		Circulation, Doctrines of.....	162
		Chemistry, Practical, Clowes	251
		Chemistry, Applied Medical, Wolff.....	663
		Chemistry, Manual of, Fownes	743



	PAGE.
Chemistry, Inorganic, Frankland.....	912
Children, Diseases of, Goodhart.....	85
Children, Diseases of, Vogel.....	748
Cholera, Epidemic.....	342
Cholera, Asiatico Morbo, Reyes.....	501
Die Alte und Die Neue Medizin, Meyer.....	746
Drain, How to a, House.....	162
Exenteration of Eye, Michel.....	502
Fiori Sparsi Sulla Tomba di Luigi Summa.....	321
Gynæcology, Aids to, Puff.....	913
Gynæcology, Minor Surgical, Munde.....	160
Hay Fever, Its Treatment....	161
Histology, Schafer.....	500
Inebriism, Wright.....	418
Infancy and Childhood, Diseases of, Smith.....	912
Insomnia, Lyman.....	417
Labor, Management of, Landis.....	742
Letters from a Mother.....	502
Medicine, Pronouncing Dictionary of, Thomas.....	575
Medical Association of Mississippi, 1885.....	255
Microscope, Clinical, Atlas of, Peyer.....	913
Microscope, The, Friedlander.....	574
Micro-Chemistry, of Poisons.....	250
Midwifery, Playfair.....	253
Milk Analysis and Infant Feeding, Meigs.....	751
Mind Your Eyes, Bruns.....	661
Nasal Catarrh, Robinson....	83
Nervous Diseases, Webber..	746
Nervous System, Lectures on Diseases of.....	320
Nose and Throat, Diseases of, Sajous.....	575
Nursing, Text Book of, Weeks.....	574
Obstetrics, Aids to.....	913
Obstetric Medicine and Surgery, Burriss.....	747
Oleates, The, Shoemaker....	160
Opium Addiction, Treatment of.....	252
Pharmacology, Text Book of, Brunton.....	745
Physics, Medical, Draper....	253
Physiological Physics, Elements of.....	159
Post mortem Examinations, Vichow.....	744
Practical Medicine, System of, vol. ii, Pepper.....	163

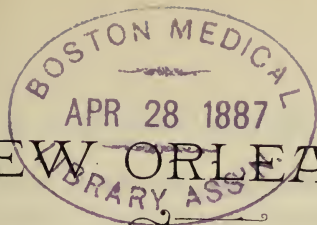
	PAGE.
Publications Received. 163, 255, 322, 419, 503, 576, 748, 820, 913-	
Pulmonary Phthisis, Jaccoud. 163	
School Hygiene, Six Lectures on.....	320
Skin, Manual of Diseases of, Squire.....	1004
Society, Medical, of Tennessee	251
Surgery, Ashurst.....	573
Surgery, Practical, Mears....	572
Surgery, Aid to, Brown.....	743
Surgery, A Manual of Operative, Stimson.....	744
Ten Laws of Health, Black..	501
Tongue Diseases of, Brittin ..	572
Urine, Guide to Examination of, Tyson.....	747
Urinary Derangements, Beale	254
Urinary and Renal Diseases, Roberts.....	253
Vaccination, Essentials of, Hardaway.....	745
Women, Diseases of, May....	742
Wounds, How we treat Today, Morris.....	740
Year Book of Treatment, 1884.	84

S

SANITARY RELIEF OF NEW ORLEANS, Dr. Holt.....	437
Sassafras Oil.....	650
Sassafras Oil as an Abortifacient..	658
Saturnism, New Test for.....	151
Sciatica, Painful Points in.....	651
SEXTON, DR. LUTHER: Radical Cure of Hernia.....	602
SOUCHON, PROF. E.: Process for Steadying and Raising Trachea in Tracheotomy.....	351
SOUCHON, PROF. E.: How to Learn Anatomy.....	429
<i>Spinal Hemiplegia</i> , Dr. Archinard. 611	
<i>Sternum, A Case of Fracture of</i> , Dr. W. B. Gill.....	287
Stomach, Digital Exploration of..	153
<i>Stramonium Seed, Poisoning by</i> , Dr. McCutcheon.....	284
<i>Stricture, Urethral, Treatment by Divulsion</i> , Dr. Bloom.....	705
Subinvolution, Treatment of....	248
Surgical Case, A Remarkable....	332
Syphilis and Circumcision.....	80
SOCIETY PROCEEDINGS:	
Attakapas Medical Association	71
Louisiana State Medical Society.....	876
Shreveport Medical Society....	73

	PAGE.		PAGE.
<b>T</b>			
Tape-Worm, Remedy for.....	327	<i>Uteri Prolapsus, a Case of, Mr. W. S. Bickham</i> .....	870
TEETH, RELATIONSHIP TO GENERAL HEALTH, Dr. A. G. Friedrichs.....	12	Uterine Hemorrhage, New Method of Treating.....	814
Teeth, Swallowed, New Method of Removing.....	412	Uterine Sound, The Finger not the Uterus, Chronic Catarrh of.....	737
TEMPERATURE, ELEVATED, ITS CAUSE, Prof. Elliott.....	341	<i>Uterus, a Case of Inversion of, Prof. Souchon</i> .....	270
Tension, Intra-Ocular.....	569	Uterus, Double Fetus in each....	157
<i>Tetanus, Two Cases Cured, Dr. Archinard</i> .....	284	<b>V</b>	
Tonsillotomy, When to Perform..	496	Vaginal Secretions, Reactions of, in Health and Disease.....	657
TRACHEA IN TRACHEOTOMY, PROCESS FOR RAISING AND STAYING, Prof Souchon.....	351	Vienna Professorship....	334
<i>Tracheotomy, Post-Mortem, Prof. Souchon</i> .....	777	Vitreous Body, an Artificial.....	659
TULANE UNIVERSITY OF LOUISIANA; REPORT OF DEAN, Prof. Chaillé.....	837	Vitreous, Foreign Body in.....	738
TURPIN, Dr. C. C., Treatment of Diphtheritic Angina.....	676	<b>W</b>	
TYPHO-MALARIAL FEVER, SO-CALLED, OBSERVATIONS ON NATURE AND ETIOLOGY, Dr. Hebert.....	954	Wart, Peruvian.....	802
Typhoid Fever, Ox-Gall in.....	329	WATKINS, DR. W. H.: Congestion of the Brain.....	763
Tyrototoxicon, or Cheese Poison...	241	Causes of Insalubrity of New Orleans.....	509
<b>U</b>			
Urethritis Externa.....	567	Whooping-Cough, Remedies for	152
URETHROTOMY, EXTERNAL PERINEAL, Dr. Formento.....	89	Womb, Cancer of, Treatment of..	1002
<b>Y</b>			
YELLOW FEVER COMMISSION:			
Hon. Andrew J. Caldwell....			964
<i>Yellow Fever, the Two Cases of:</i>			
Dr. Fowler's Case.....			122
Dr. Wiendahl's Case.....			123





754

NEW ORLEANS

# MEDICAL AND SURGICAL JOURNAL.

JULY, 1885.

## ORIGINAL ARTICLES.

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

### \*Thoracic Aneurism with Spontaneous Recovery.

BY JOHN H. BEMISS, M. D.

*Mr. President and Gentlemen:*—The following case was of great interest to me, and it is with the hope that it may prove the same to you that I now report it.

The patient's history up to the time that I first saw him is as follows :

Wm. T., age 46 years, a native of Ireland, but a resident of N. O., for the last 35 years. Was married, but is now a widower. Is now employed as a clerk in one of the City Courts. Before the war was a deck-hand on the Mississippi. His habits have perhaps been rather hard. He uses liquor quite freely, though he contends not to excess. He was never infected with syphilis, and his general health, up to the beginning of his present trouble, was good. There is no history of rheumatism or other diathetic disease.

The first indication of anything wrong was in 1872, when he was suddenly seized with a heavy, dry cough. His respiration was only slightly oppressed then, but

\*Read before the *N. O. Medical and Surgical Association*.

labored breathing gradually became a marked feature of his case. In the winter of 1882-3, he experienced such a severe attack that he was compelled to go to the hospital. From this time on he suffered a great deal, and the attacks rapidly increased in frequency. He referred his trouble to his right side, and slept on that side in order, as he expressed it, to give his left lung free play. He breathed with more difficulty while lying on his left than on his right side. He very early began to complain of pain extending from the right nipple up to the shoulder and down to the angle of the scapula behind, and involving also the right half of his head and face and the right arm. The pain was more or less constant and was attended by numbness and pricking sensations, especially in his arm. He coughed constantly now, and spat up tough, frothy sputa.

He continued to grow worse and my father saw him in the early part of the fall of 1884. I am unable to state his condition at that time, but I saw the patient on November 17th, 1884.

I found him sitting in an arm-chair, breathing in a labored, asthmatic manner, and coughing continually—the sputa were principally frothy mucus, but occasionally there was some purulent matter, as well as rusty sputa and sputa streaked with blood.

His tongue was large and coated and he vomited repeatedly. He charged this to his violent cough; it occurred both when there was food in the stomach and when it was empty. He complained of great pain in his right arm and shoulder and in the right half of his face and head. He seemed to suffer intensely with this pain. His arm was numb and, as he expressed it, almost completely paralyzed. It was cold to the touch and the circulation seemed very sluggish in it. The pulse in the right arm was barely perceptible; in the left it was full, strong and rapid. His body temperature was normal. Attacks of increased difficult breathing occurred. (This complaint of dyspnoea was his statement—

I did not see him in any of the attacks). A physical examination showed his heart to be somewhat enlarged, and a mitral regurgitant murmur existed at the apex. There was some dullness on percussion, though by no means marked, from the second costal interspace upward, and extending about one and one-half inches to the right of the sternum. He complained of a deep-seated soreness over this region. Over the second right interspace and transmitted upwards and in the course of the aorta was a definite double aneurismal bruit. Through a careless oversight and failure to anticipate the importance of this symptom I did not note the comparative condition of the two carotids.

Both lungs were asthmatic, there being an abundance of sibilant and sonorous râles in each, but the respiratory murmur was much diminished in the right, and expiration, though naturally long in asthma, was longer in the right than the left. There were subcrepitant râles over both lungs, with dullness on percussion and coarse crepitant râles at the base of the right lung. Bronchial breathing was apparent over the root of the right lung both anteriorly and posteriorly.

My diagnosis was aneurism of the ascending portion of the aorta and either involving the innominate, or so placed as to press upon that vessel and diminish its calibre.

When after reaching home in the afternoon I was asked by my father what diagnosis I had made, I repeated the conclusion above noted. He replied that after a hasty examination he had thought it an aneurism of the innominate principally, though involving the arch, but he was rather inclined to agree with me after I had explained my reasons for my opinion.

I gave the patient the following :

R $\bar{y}$ . Tinct. digitalis.

Syr. morphiae. . . . . aa.  $\bar{z}$ iv.

Tinct. verat. virid. (Norwood's), gtt. xx.

M. S., teaspoonful when suffering from pain or dyspnœa.

Also the following, to be taken four times daily :

Ry. Ammon carb.....	ʒii.
Potass iodid.....	ʒii.
Ergot fl. ext.....	ʒiii.
Acid hydrocyanic dil.....	gtt. xx.
Syr. acaciae.....	ʒii.
Mist. fuscæ ad.....	ʒiv.

M. S., dessertspoonful at a dose.

I did not see the patient again until November 23d, but my friend, Dr. F. W. Parham, saw him for me, and confirmed my diagnosis of aneurism, but he tells me that at the time of his visit there was no pulse at all in the right radial artery.

At my next visit, November 23d, the patient was better. He had ceased vomiting and was feeling stronger. He still coughed, however, and spat up much muco-purulent matter. The pain in his arm, head and shoulder still continued and he was, if anything, less able to move his arm or to appreciate objects by the sense of touch.

From this state, though suffering occasionally from severe attacks of asthma, he gradually improved until on May 13th, 1885, his condition was as follows:—

There is no obvious dullness over the seat of the aneurism; no pulsation there and no sign of a bruit. Pulsation is absolutely gone in the right radial artery, the right carotid and, from the circumstances, I must suppose in the right subclavian. The respiratory murmur is still louder in the left lung than the right, and expiration is still prolonged in the right. He coughs only occasionally. His general condition is not the very best for he still continues the free use of stimulants. His pain has entirely subsided and he has full use of his arm. He has returned to his occupation at the Court.

Now, what are the grounds on which a diagnosis of aneurism may be based. Take them as they appear in the history and without following any special order.

FIRST: The cough, spasmodic in character and without

any observed cause, coming on suddenly, and recurring at rapidly lessening intervals.

It is the rule for thoracic aneurism to produce cough, and it may do so in a variety of ways.

1st. By pressure on the lung and consequent pneumonic consolidation and purulent infiltration.

2nd. By pressure on the trachea or a bronchus, thereby causing a bronchitis, general or local as the case may be. Or pressure on a bronchus may bring about collapse of one or more lobules; or even catarrhal pneumonia.

3rd. And this is a very fruitful source of cough, by pressure on a nerve or on nerves; as the right or left pneumogastric; right or left recurrent laryngeal; right or left pulmonary plexus, cardiac plexus, or sympathetic nerve.

I should add here that the sympathetic may be the cause of cough, or other symptoms, through its influence upon the vaso-motor system. Congestion, or its opposite, anæmia, may thus be brought about in the mucous membrane, and show itself by cough, pain, or exudation or dryness.

In this case the aneurism was placed in the aorta, and very likely in the innominate. It might then very readily have pressed upon the right pneumogastric, or the cardiac plexus, or the right anterior pulmonary plexus, or possibly the right recurrent laryngeal, or the sympathetic. Gairdner, that prince of clinical observers, says that the usual cause of asthma in thoracic aneurism is pressure on the pulmonary plexus. It hardly involved the cardiac plexus, for the result of such pressure is most often angina pectoris. Nor is it likely that the sympathetic was to blame, for pressure upon the sympathetic is nearly always followed by contraction of the pupil on the same side, and it was carefully noted that the pupils were unaffected. The recurrent laryngeal perhaps escaped, for no croup was present in the case. It is not often that a mistake can be made with reference to this nerve, for spasmodic croup attendant upon interference with the recurrent laryngeal is, as a rule, extremely severe. In one case, reported by Gairdner, death

was caused by pressure of an aneurism of the descending aorta upon the left rec. laryng., and consequent suffocation from closing of the larynx. It is perhaps likely, then, that in this case the asthma was due to pressure upon the pulmonary plexus, while some of the cough was certainly due to pressure upon the right bronchus. Anything more would be mere theorizing. The spasmodic nature of the attacks, however, must not be overlooked, and the dry nature of the cough in the beginning.

SECOND. He referred his trouble to the right lung, preferring to lie on his right side to allow his left lung free play.

This is a doubly valuable point for ;

1st. It must be remembered that the whole associate pathology in aneurisms is based upon the fact that we are dealing with a tumor, and, until adhesions may have bound it down, it is in most cases a movable tumor, changing its position and pressing on different structures in different positions of the patient. There is no more important question to be asked a man supposed to have an aneurism than: "In which position do you rest with most ease?"

2nd. This man's left lung was his better lung, for though there was general asthma, the right lung in addition was partially consolidated at the base, and there was something pressing upon the right bronchus, obstructing respiration and the cause, perhaps, of the consolidation. Though the patient's explanation of his preference for lying on the right side may be partially correct, namely, giving his left lung full play, still it is not by any means unlikely that the tumor had a tendency to fall forward and away from the plexus or pneumogastric, or bronchus, when he was in that position.

THIRD. The third symptom was pain, one of the most constant and important, as well as most intractable results of aneurism we have to deal with.

The patient had pain of an inflammatory nature over the seat of the tumor and due to the induration produced by



the aneurism, but the pain in his head, shoulder and arm was by far the greater. This latter pain may have had one or two origins so far as this case is concerned.

- 1st. From pressure on a nerve or nerves ; or
- 2nd. From the alteration in the blood supply.

Pressure on nerve structure is a fruitful source of pain, as well as of functional derangement. Pressure on the cardiac plexus usually produces angina pectoris. Pressure on the spinal cord—after erosion of the vertebræ—causes pain in very distant parts. This reference of pain to distant parts may occur in most unexplained ways. For instance, one patient with a large aneurism of the ascending aorta suffered intense pain in the left lumbar and inguinal regions. Another patient just seen to-day, with an aneurism of the transverse aorta—left half—and involving the left carotid and subclavian, and bulging through the second and third ribs, complains of great agony in his left arm, left side of the head and left scapular region ; and this tumor does not press against either the left bronchus or the spine. If the pain in Wm. T.'s case was due to pressure on nerve structure I cannot theorize as to its source, save to suggest that the sympathetic system may possibly have been responsible for it.

On the other hand, I must confess, that it is not clear to me how a partial and afterwards complete cessation of the usual blood-supply should have caused so much pain, and with such strictly defined limits, as noticed in the head and face.

Finally, explanation of pain in aneurisms is in many cases totally impossible.

FOURTH. Partial paralysis of motion and sensation in the right arm.

Though pressure on nerves is the usual cause of paralysis in aneurismal tumors, this symptom in this case is perhaps partially accounted for in the obstructed circulation.

FIFTH. Vomiting.

The patient insisted that his cough was to blame for this, but it is so frequently due to pressure on the pneumogas-

tric or sympathetic, when the tumor is not in relation with the œsophagus, that it may not be assuming too much to look at it in this way. Only tumors of the descending aorta are likely to press upon the œsophagus and either by constricting this tube or irritating it, induce regurgitation of food.

SIXTH. Diminished pulsation in the right radial artery and later total occlusion of both this and the right carotid artery.

It is seldom the case that aneurism of the ascending aorta or innominate fails to make some impression upon the right pulse.

1st. We expect it to make the pulse weaker.

2d. Occasionally it causes a discrepancy in the two pulses, right and left, as to frequency, and :

3d. As in this case, it may arrest the pulse entirely.

Weakening of the pulse may be brought about by great dilatation of the innominate and consequent diminution of the force of the current. In the same manner, and aided by a secondary contraction of the sac itself the number of beats of the right pulse may differ from those of the left. The arrest of the circulation entirely can only be explained by either ;

(a) The coagulation of the blood in the tumor and the complete obliteration of the latter ; or,

(b) Supposing the tumor to lie in such a position as to press upon the innominate and entirely occlude it.

It is my opinion that in this case the tumor was gradually filled by coagulation and obliterated.

SEVENTH: The heart was somewhat enlarged and a mitral regurgitant murmur was present at the apex.

This needs no especial comment ; the obstruction to the blood would very naturally cause some dilatation, followed later by hypertrophy.

EIGHTH: There was some dullness on percussion.

This was not as marked as we frequently find it, but since the proximity of the tumor to the surface and the

induration induced by it vary, this physical sign may be entirely absent without vitiating the diagnosis.

NINTH. The double aneurismal bruit.

This was very plain at first, but it gradually diminished in intensity until it was no longer heard. It is a very valuable sign, but its nature varies within wide limits. It may simulate a mild systolic or obstructive aortic murmur; it may be low and musical, harsh and rasping, soft and heaving, double or single. This double quality is due in some cases to the repetition of an aortic regurgitant murmur in the sac. In other cases it is caused by a strong contraction of the sac itself after the systole of the heart.

TENTH. Rusty sputa, and sputa streaked with blood.

These points are occasionally very valuable. Occasionally a small pin-hole opening exists between an aneurism and a neighboring bronchial tube or œsophagus, or even a vein. This opening, as a rule, is filled with a fibrinous plug to such an extent as to allow only a very small quantity of blood to escape drop by drop. It may, however, become dislodged and then serious hemorrhage occurs until another plug is formed. The oozing originating in this manner results in quite a quantity of blood finding its way into the bronchioles and plugging some of them up, thereby causing lobular collapse. This blood also mixes with the mucus in the tubes and the result is rusty or even prune-juice expectoration.

Again, pneumonia, as previously explained, may be present, and the rusty sputa occur in that manner. Lastly, might not pressure on the azygos vein, by damming the blood in the radicles result in venous congestion of, and oozing upon, the mucous membrane.

It was not supposed that any pin-hole opening had occurred in this case.

In conclusion, I might allude again to the fact that there was no alteration of the pupil, though there were two factors presumably capable of producing this result, namely:

- 1st. Pressure upon the sympathetic, and
- 2nd. Occlusion of the carotid artery.

When it does occur, pressure upon the sympathetic causes, as a rule, contraction of the pupil on the same side; the opposite — dilatation — has occasionally been noticed.

On the other hand ligation of the carotid is usually followed by a temporary dilatation. The slow occurrence of the occlusion of the carotid may account for its failure to affect the eye, and as to the sympathetic, of all the cases of thoracic aneurism noted in wards 19, 20, 21, 22, 51 and 52, during the past winter, only one showed any alteration of the pupil. In that case the tumor was in the ascending part of the aorta and the right pupil was considerably dilated. Even in that case the man contended that his eye was always thus affected.

Another matter must be mentioned, as I failed to include it above. Though I examined Wm. T. carefully on May 13th, 1885, with reference to this point, I could not discover any collateral circulation sufficiently superficial to be demonstrated. This may be important, for collateral circulation opened up the sac of the aneurism which Dr. Smythe had, as it was thought, effectually obliterated by tying the innominate artery. You will remember the man in that case died of some other affection some years after the operation and the tumor was then discovered to have opened up again.\*

This is the case, gentlemen, as carefully and truthfully stated as the facts allow. I think you will admit the diagnosis well taken, and the result as sufficiently rare to warrant a little attention at your hands.

A professional friend to whom I related the case was not clear as to the part played in the case by the asthma. It occurs to me that for fear some of you may experience a like difficulty, it would be well to detain you a moment while I note the main symptoms of a case in which this affection was marked.

Chas. Anderson, age 34 years, came into Ward 20, Charity Hospital, Oct. 10th, 1884, complaining of a very

bad cold. He was quite hoarse, and had a peculiar croupy cough. Examination showed an abundance of sonorous and sibilant râles over both lungs, and also very loud, dry friction sounds in the axillary line and posteriorly in both lungs. There was no dullness anywhere, and, though the heart and its appendages were examined, nothing wrong was discovered. He came regularly to the Ward and his case was finally diagnosed, positively, as asthma and dry pleurisy. But in the place of improving he steadily grew worse. Paroxysms of coughing were very frequent and very severe.

The cough and the respiration were exactly those of laryngismus stridulus, or spasmodic croup. Nothing could be more typical. He complained of considerable pain in the axillary line of both sides of the chest, and also in the left lumbar and inguinal regions. Though he was sometimes worse than at others, nothing relieved him.

There was finally added to his case a symptom which was destined to be largely the immediate cause of his death, inability to swallow, and he rapidly grew worse until he entered the Ward, February 27th, 1885.

The Ward book says of his condition on admission:—

General condition poor, tongue coated and indented. Resp. 30, pulse 96, temperature 99½. Complains of great pain in the chest, both sides, and in back. Cough constant and croupy. Vomits occasionally and apparently without cause. Expectoration frothy. Voice hoarse. Expression of countenance anxious and pinched.

The day following his entrance, my student, Mr. Bloom a remarkably efficient physical diagnostician, called my attention to a deep, but when once caught, clearly defined bruit heard plainest over the 3d interspace, to the left of the sternum. A little care developed the murmur in the left interscapular region posteriorly. The diagnosis was only too plain then; aneurism of the descending part of the aorta pressing on the pulmonary plexus, the œsophagus and the recurrent laryngeal.

An almost complete inability to swallow, especially liquids, soon led to the poor fellow's exhaustion and he died March 12, 1885, quite suddenly.

At the autopsy the diagnosis was verified in every particular with the exception that some erosion had occurred in the vertebræ.

In partial extenuation of the failure to correctly diagnose the case at first, I will add that the lungs were everywhere bound down to the chest by pleuritic adhesions.

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### \*The Relationship of the Teeth to the General System.

BY ANDREW G. FRIEDRICH, M. D.

The frequent display of ignorance on the part of *Medical* men has prompted me to collect a few facts and endeavor to impress upon the profession the necessity of considering the importance of the teeth; that they are an important factor and play a conspicuous role in preserving the human organism in a state of health. The teeth seem to be regarded by most practitioners as mere pegs inserted in the alveolar process, to serve simply as masticators of food, forgetting that they are living organisms, being supplied with nerves, arteries and veins, which likewise sustain relations with the system in general. I think it is about time that the profession should appreciate this fact. Until they do they will endeavor in vain to point out the causes of obscure diseases, simply because they have sought for them everywhere but in the right place. Still the teeth are regarded with indifference, and why is it? To insinuate that it is a subject of no importance to us would hardly be tenable; to suppose that their importance is not recognized is less so; to assert that they play no part in the economy is even less; and to call all my confrères ignorant would not be justifiable. Nevertheless, the

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fact stares us in the face that they rarely receive any attention, and the only palpable solution is simply that such is due to criminal neglect in some, or, what is worse, to an unwarrantable ignorance in others, who, I am sorry to confess, compose the majority.

Consider with me for an instant what important functions these organs are called upon to perform, and what a powerful morbid influence the teeth and their contiguous parts must unavoidably produce on the general constitution. How they are supplied with nerves, their attendant ganglia and plexuses; their position in the maxillary bones (on each side of the oral cavity); their relationship to the antrum, which is again in contiguity to the nasal fossæ. The posterior lower molars are but little removed from the tonsils, *Eustachian* tubes, the parotid region and the external and internal ear. The roots of the upper back teeth are near to the orbit and its important contents; more posteriorly they approach the speno-maxillary fossa and fissure, all of which are frequently the seat of dental disease.

The gums and teeth, very often, are valuable aids as a means of diagnosis in hereditary syphilis, scrofula, and the various pathological conditions of the gastro-intestinal mucus canal.

During dentition, a period so fraught with danger that seven per cent of the deaths are ascribed to teething, we can fully appreciate this, when we consider at this epoch, how much the spinal predominates over the cerebral system, when the slightest irritation could produce the most fatal results; for that which causes a shudder in a man, would probably throw an infant into convulsions. The symptoms of dental irritation may, then, be and are frequently confounded with congestion or inflammation of the brain; and full well we know what would likely be the result of a failure in a correct diagnosis.

I will mention a few of the maladies which are dependent upon, or synchronous with the eruptive period, to-wit: Cholera infantum, diarrhœa, constipation, increase or de-

crease of urine, convulsions, transient paralysis of the arms and legs, insomnia, marasmus, etc. Nor are the later periods in life more free from diseases connected with the teeth.

There is no affection that is of greater importance to us than neuralgia, certainly none more annoying to our patients.

Suppose we call to mind the extensive sympathetic connections of the trigeminal nerve, it will not be strange to us that any portion of the face, neck, throat, or any of the *associated* parts that are supplied by the nerve itself, or any of its related nerves, should be the seat of reflex trouble from a diseased tooth.

But recently a gentleman came to my office, who was suffering from a most agonizing pain shooting from the orbit of one side, across the forehead to the other. This neuralgia had continued for two months during which time he had hardly had any rest, had eaten hardly anything, and when I saw him was quite emaciated. He had been under the treatment of physicians, quacks, homœopaths and a hydropath, but with no relief. He never complained of the slightest pain from his teeth; however, on examining his mouth for a cause, I discovered a semi-decayed dead posterior superior bicuspid, with no connection between the cavity of decay and the pulp cavity. With a spear-shaped drill I established a connection between the two cavities, and relief instantly followed.

The cause of this neuralgia was the compression by gases evolved from the decomposing pulp upon the dental nerve.

Dr. Johnson speaks of a case of a well known physician who was forced to relinquish an extensive practice, as a consequence of a tic-douloureux caused by an osseous excrescence growing from the dental wall.

Dr. Emmaich reports a case in which a man consulted him on account of a painful affection of the eye, which had lasted fourteen years and occasioned great suffering. There was considerable vascularity of the conjunctiva and sclerotica, especially around the cornea, which structure



itself was somewhat opaque and spotted. There was a continual flow of tears with pain and intolerance to light. All these symptoms were aggravated by any indiscretion in diet, or by the use of the slightest stimulant, such as a glass of wine. All kinds of remedies had been tried in vain at different times and the affection seemed incurable.

Dr. E. upon examining the upper jaw, discovered an extremely sensitive, *carious* tooth on the side corresponding to the afflicted eye. The tooth was extracted and immediately afterwards the eye symptoms subsided.

The affection of the eye evidently was the result of sympathy between the second and the third branches of the fifth pair of nerves.

Dr. Trudeau, of Paris, mentions an instance where insanity was caused by a diseased tooth. He says: "Mr. Equirol told me he had cured a young lady, who was insane, of her mania, by the extraction of a second molar tooth, which was preventing the growth of a wisdom tooth."

Epilepsy has resulted from dental irritation. "Sometime in the year 1801," says Dr. Rush, "I was consulted by the father of a young gentleman in Baltimore, who had been affected with epilepsy. I inquired into the state of the teeth, and was informed that several of them in his upper jaw were very much decayed.

"I directed them to be extracted, and advised him afterwards to lose a few ounces of blood at any time, when he felt the premonitory symptoms of a recurrence of his fits. He followed my advice, in consequence of which, I had lately the pleasure of hearing from his brother that he was completely cured."

Likewise general paralysis has been brought on by the same cause. I will cite a case reported in the *London Lancet* by J. L. Levison, of Brighton.

A young lady was brought to his residence, in a carriage, to have her mouth examined. On being removed, she was supported on one side by a lady and on the other by a man-servant. Her entire muscular system

seemed paralyzed. Her legs trailed on the ground like useless appendages. Her arms, when unsupported, fell powerless immediately. Even the muscles of her tongue were paralyzed, and in her effort to speak this important organ remained in a quiescent state.

On examining the mouth a dens sapientiæ of the lower jaw, very carious and deeply imbedded in the temporal muscle just below the coronoid process was perceived, in which locality there was an extensive inflammation.

Extraction was suggested, and though some advantage was anticipated, the actual result was surprising. She instantly obtained the free use of her tongue which she immediately used to communicate the important fact that ever since the extracted tooth had been forcing its way through the gums she could date the gradual loss of power over her limbs. One month after, the complete use of her limbs was restored.

About two months ago a case similar to the above came under my observation presenting all the paralytic symptoms except that of the tongue. She had likewise been a sufferer for several years, during which time, being a lady of means, she had availed herself of the services of gentlemen of recognized ability, both of this city and elsewhere, whose efforts, however, failed to afford any relief or arrest the progress of the malady.

Upon examination of the mouth, the teeth were diagnosed as the source of the trouble. All of those organs in the superior maxilla were found in a very carious condition and the gums surrounding them were very much inflamed. Pus exuded from them upon the slightest pressure. Extraction was recommended; after the performance of this operation recovery, both rapid and complete, ensued.

Sir Astley Cooper speaks of hemiplegia being cured by the extraction of a tooth.

Catalepsy has resulted from toothache. A plough boy, who had complained of toothache in the morning, half an

hour after commencing work, was found lying a short distance from his plough, apparently dead. He was carried home and a physician sent for, who after a careful examination, concluded that the affection must have been produced through the dental nerve. The tooth was extracted, and the boy immediately got up and expressed himself as being as well as ever.

Dental abscesses have frequently been mistaken for scrofula. I positively know of a case of this kind being diagnosed as a cancer by a prominent surgeon of this city. The gentleman referred this patient to five other surgeons, so positive was he in this belief. All but one confirmed his diagnosis. The dissenting one advised her to see her dentist and ask his advice.

The patient's mouth was examined. An impacted root was found, which was extracted. In one month, all traces of this supposed cancer had entirely disappeared.

There is a case of pyæmia caused by dental abscess which is very interesting, and I will report it in detail.

M. C. W., aged four years and a half, was admitted to Guy's Hospital, under the care of Mr. House, on September 30th, 1874.

“The family history was good, except that there was some account of a tumor in the grandmother. The child had been a healthy boy six weeks before his admission, when he came from school with a bad attack of diarrhœa.

A few days subsequently, he was much frightened by a fire, and it was within a short time of this that his left eye was noticed to swell. In a fortnight the other did the same, but no notice was taken of it, he gradually grew worse, and for three weeks prior to his admission, he was in a drowsy state.

“On admission he was delicate and vacant-looking. The left eye was much more prominent than the right, with thickening along the upper margin of the orbit. Beneath the edge, under the eyelid, was a hard cartilaginous, freely movable body, which reached backwards apparently into the orbital cavity above the eyeball, while it extended downwards into the eyelid.

“The movements of the eyeballs were perfect and sight was unaffected. The temperature was  $104.5^{\circ}$  in the morning and  $102.7^{\circ}$  in the evening; pulse 160.

“He was seen by Dr. Fagge, who could discover no cause for the elevation in temperature.

“Dr Fagge thought, however, that as the roof of each orbit was evidently affected, and the boy tottered as he walked and was peculiarly torpid, the disease whatever it was, had extended from the orbital fossæ to the cerebral hemisphere.

“The ophthalmoscope revealed only large and tortuous veins, with a small hæmorrhage on the outer margin of the right optic disc. The temperature remained high, and he rapidly became much worse, losing control over his evacuations, and he died nine days after his admission.”

The autopsy showed on the right side that pus extended all over the outer side forwards, and appeared externally over the superciliary ridge, while it passed backwards through the optic foramen and sphenoidal fissure; underneath the cavernous sinus, across the *sella Turcica* and grooves for the optic commissure; through the right optic foramen and right sphenoidal fissure; all this beneath the dura mater of the base of the skull, the bone itself being rough and carious, and part of the body of the sphenoid infiltrated with a grumous, chocolate colored pus. Thus, it appeared the right orbit had become affected after the left orbit; pus was traced into the spheno-maxillary fossa and thence to the condyle of the lower jaw. The articulation was free but the whole of the condyle and much of the ramus on this side was bared of its periosteum, and pus lined the inferior dental canal as far as the first molar tooth, which was decayed, lying loose in its socket and with carious bone about it. It should also be said that, though the pus so closely surrounded the cavernous sinus on each side, yet these *sinuses* were quite unobstructed. So also was the longitudinal sinus, though its walls were very much thickened. The frontal sinuses were normal. The lumps felt during life over the left superciliary ridge

consisted of a tough, opaque, yellow mass very much like some lymphomata as seen in the neck, or like some gummatous matter. It certainly had all the microscopic appearances of some new growth, but, after further examination, it was evidently of an inflammatory nature. Its precise situation was from the *lachrymal* duct externally to the inner margin of the orbital ring, and it lay half protruding from and half within the orbit, and adherent to the bone, which on its removal was bare of periosteum.

There can be no doubt from the *post mortem* appearance, that the source of all this mischief was a decayed tooth. It had led to caries of the bone, to suppuration in the inferior dental canal, and thence the pus had followed the course which has been described. It is a good illustration of the bad results which may follow a slight amount of mischief in an unhealthy subject, and is remarkable in that there is no history of toothache, swelling or other trouble about the jaws. Excepting a bad attack of diarrhœa, the first symptom noticed was swelling, first of one eye and then of the other. Notwithstanding that, by the time second eye was affected, as shown by the inspection, there must have been considerable suppuration at the base of the skull, about the pituitary fossa, and very probably about the vault also, the disease at its onset must have been peculiarly insidious, and the pyæmia of late accession, within a few days of his admission.

In one of the numbers of the *Bibliothèque Germanica Chirurgica*, there is an account by Dr. Seebold of a young woman who had been affected for several months with great inflammation, pain and ulcers in her right upper and lower jaws at the usual time for the appearance of her catamenia which were always deficient in quantity. On inspecting the seat of trouble the doctor found two decayed molar teeth, which he directed to have drawn, in consequence of which the patient was relieved of her monthly disease of the mouth, and ever afterwards had a regular discharge of her catamenia.

Amaurosis has been known to have been produced by

the overcrowding of teeth in the the maxilla. Even sciatica has been said to have been cured by the extraction of a tooth. A great many of the tumors of the maxilla, from a simple abscess to an odontome, have their origin in a diseased or impacted root which, if only recognized in their incipiency, how easily could the remedy be applied and the disease cured.

These facts, though but little attended to, should not surprise us when we recollect how often the most distressing diseases are brought by very inconsiderable inlets of morbid excitement into the system. A small tumor, concealed in the fleshy part of the leg, has been known to bring on epilepsy. A trifling wound with a splinter or a nail, even after it has healed, has often induced a fatal tetanus. Stone in the kidney has excited most violent commotions in every part of the system. Certain mental states affect certain functions in certain definite ways. Sudden anxiety may cause increase of peristaltic action, and joy diminish the gastric secretions, and cause a loss of appetite. Hundreds of facts of a similar nature are to be found in the medical records.

Is it surprising, then, that the teeth should often be the unsuspected cause of general and particularly of nervous diseases? Consider how often the teeth are exposed to irritation from hot and cold drinks and aliments of all kinds. What morbid effects would likely arise from the putrid and acrid discharges from decayed teeth and diseased gums, when introduced into the stomach. I may also add, what influence these organs have upon perfect mastication, when in a pathological condition; and again the connection of mastication with good health. Imperfect digestion must follow, and you rarely find a person whose teeth are in a diseased condition, who is not a sufferer from dyspepsia, a disease which daily baffles the efforts of the doctor to cure, and few there are who have not experienced the sensations so graphically described by Cowper :

“ I awake like a toad out of Acheron,  
Covered with the ooze and slime of melancholy.”

It is not strange that diseased teeth should produce dyspepsia; it is easily accounted for. In the first place, the food is improperly prepared for the stomach; secondly, the fluids of the mouth, constantly trickling into the stomach, impair its tone and vitiate its solvent secretions; and thirdly, a continual demand upon the system by the vain efforts which nature makes to cure the diseases of the teeth, and also the frequent and severe pain, diminish the nervous influence which the stomach receives, and impairs its powers.

Now, I have no doubt that our success in the treatment of a great many, if not all chronic diseases, would be greatly promoted if we would only direct our inquiries to the condition of our patient's teeth—advising their treatment when diseased. It is not necessary that there should be the slightest pain or even one symptom that would attract our attention to the offending organ. Splinters and tumors and other irritations have caused disease and death, and were unsuspected as the cause. Translation of sensation and motion from parts affected to parts remote seems to be an original law in the animal economy.

All this is no issue of yesterday. Tissot, who wrote nearly a century ago, was fully aware from observation and clinical experience of the great importance of diseased teeth to the general health. He described toothache, as resulting from gout and rheumatism, as producing disorders of the stomach and noxious matters, which, according to the pathology of his time, was the mode of expressing what is meant by constitutional disorders.

It also must not be forgotten that the teeth are often made the fools for the other organs. They are just as liable to be the objects of sympathetic irritation, and in the absence of adequate knowledge of the cause of pain, have been condemned for the faults of their fellow-organs.

Toothache has resulted from constipation of the bowels. Gout is frequently ushered in with the most terrific dental suffering.

Dr. Cartwright speaks of a gentleman suffering from

hemorrhoids, who always had an acute pain in his upper molar teeth but which invariably ceased when a hemorrhage relieved the engorged vessels.

The foregoing cases are but a few of the great number that might be collected, showing the importance of the teeth, in healthy and unhealthy conditions, to the welfare of the whole system.

They will certainly be sufficient to arouse the physician to the necessity of regarding the agency of these organs when diseased in the production and continuance of disease. It is, nevertheless, strange that physicians have, paid so little attention to so important a subject, when such men as Hunter, Rush, Halford, Chapman, Garretson, and many others, have taken special pains to call attention to its importance, but in spite of that they have gone unheeded. In our recent text-books this subject is barely mentioned. I can see no other reason than that the teeth are objects that are visible to the naked eye, and on that account were considered as undeserving of notice. Were they but microscopical objects, they doubtlessly would have received their due consideration. Particular attention should be given to the teeth of any individual suffering from any of the acute febrile affections. In the first place we have, as we all know, a complete suppression of the salivary secretion and a deposit upon the surface of the teeth and tongue of hardened masses of mucus. Now, should its removal be neglected, or, as is the general rule, that absolutely no attention is paid to it, we find at the moment of convalescence, when we remove these masses, that the teeth are covered with carious spots or furrows, and in some instances the caries has progressed to such an extent as to place the teeth beyond the vail of redemption, the result of either neglect or ignorance, and in each case equally culpable is the individual upon whom rests the responsibility of their preservation.

The dentist is never consulted in such cases until the patient after suffering days, in some instances, weeks, intense agony, comes, anæmic and emaciated, relating how



much he has suffered and how many sleepless nights he has passed, to have some aching tooth extracted; the same individual will tell you that prior to this last attack he never knew what it was to have an aching tooth.

Among children the case is more serious. To see those little ones suffering, and especially where extraction has to be resorted to, knowing that the very remedy for their relief would be most apt to entail upon them future misery, is sad indeed. In these cases the care of the teeth is intrusted to the attending physician alone, and he should exert his best efforts to preserve them. No consideration whatever should so absorb his attention as to neglect to give to them their proper share. The cases which I have above recited are not exceptional nor by any means rare, but are of daily occurrence, proclaiming in thunder tones the necessity of more thorough knowledge, regarding dental pathology, among general practitioners of medicine, to whose care are intrusted the well-being and happiness of many of our fellow-beings. Yet the fault lies beyond the physician; his education and training were sadly neglected by his Alma Mater, though she was quite solicitous in fortifying him with knowledge pertaining to all the other specialties.

One by one Medicine has enlarged her curriculum as the progress of the science has demanded. The Theory and Practice of Medicine composed at one time all that was deemed necessary or honorable. All the other departments of the healing art have gradually won their way to their present position and importance. There was a time when Surgery in all its branches was regarded by physicians with sovereign contempt. Barbers were the operators, and mountebanks and old women dressed the sores. Midwifery, if possible, was held to be still more despicable, and within the present century an eminent body of scientific physicians declared obstetrics to be unworthy the attention of a polite gentleman. Thus, has the circle of her usefulness ever extended, and to-day, Oral Surgery, established as a distinct and proper spe-

cialty of medicine, requires that she should receive consideration as such and no course in medicine is complete without relative instruction in this department. No medical school should be without a chair devoted to the interests of this specialty.

Before concluding, I cannot refrain from mentioning what indiscretion some medical men display when asked by their patients to select for them a dental operator. They must consider one man equally as competent as another, or they do not fully appreciate what irreparable damage may be done by an ignoramus. I frequently see at my office patients who have been recommended to well known quacks who had put the former's teeth in a most deplorable condition and in some instances beyond redemption. Certainly, cases of this kind reflect most discreditably upon the intelligence of medical men who should have known better. They not only have betrayed the trust confided to their judgment, but caused unnecessary pain to the afflicted; had the system put in a condition less capable of resisting disease and aggravated existing maladies; conspired in a manner to rob the unsuspecting both of time and money, and finally lowered themselves in the estimation of their clients, of their confrères and of all men who have any appreciation of decency and of respect.

Allow me to ask, would any respectable physician think, aye, ever dream of sending his patients to any but a competent and reliable oculist or surgeon? Then, with due deference to suffering humanity, the physician should consider it his bounden duty to select none but proficient, trustworthy and skillful oral surgeons.

In conclusion, I fully coincide with Dr. Fitch, who rightly and ably remarks: "We are not to contemn the diseases of the teeth, because they seem insignificant. Many persons are formed of a fibre so fragile as to be broken by the slightest shock, of a stamina so delicate as to be affected by the slightest impression. Disease in its steps at first is, as it were, soft and hesitating, weak in its powers and slow in its progress. But every instance of in-

dulgence, and each succeeding advantage gained, confirms its steps, increases its powers and hastens its progress, and that which a moment ago seemed a thing too insignificant to mention, now rises a monster that derides human effort and whose sting is the arrow of death.

“Almost inappreciable are the beginnings of many fatal diseases; and should the grave reveal its secrets I have not a doubt, when I consider the number of diseases produced by diseased teeth, that it would be found that thousands are there in whom the first fatal impulse was given by a diseased state of these organs, and could I raise my voice so as to be heard by every medical man in America, I would say to them: Attend to your patients’ teeth, and if they are diseased, direct such remedies as shall restore them to health, and if in health, such means as shall keep them so.”

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### **\*The Long Continued Fevers of Louisiana that Resist Quinine.**

By RUDOLPH MATAS, M. D.

When the eminent Professor Nothnagel maintained at a recent meeting of the Society of Physicians of Vienna, that “it is an abuse to administer antipyretic agents, especially quinine, in temperatures of  $102^{\circ}$  and  $103^{\circ}$ , in the very first day of the treatment, when one has yet no definite idea of the developments which the disease, process will take,” he very correctly censured a practice which, if followed indiscriminately in non-malarious regions, is certainly unscientific and injudicious.

It must be remembered, however, that the practice of administering quinine in Vienna and other parts of Europe, where malaria is not especially prevalent, is followed with a purpose very different from ours.

Quinine is there given in all fever cases chiefly as an antithermic, i. e., an agent that will simply lower heat.

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With us it is different; quinine is given here to lower heat in fever, but the fevers in which it *is* given are mostly known or supposed to be of malarial etiology, and when apyrexia is brought about through the influence of the drug, the effect is not regarded so much the result of its antithermic properties as of its *antidotal* virtues. Therefore, when we administer at the onset of any fever of doubtful nature, 20 or 30 grains of quinine, it is not so much with the view of lowering a temperature which may be comparatively insignificant, but to counteract or antagonize the action of the malarial poison that may be the cause of actual or threatened trouble. The frequency with which we succeed in aborting or jugulating attacks of intermittent and remittent fever has justly led us to place implicit confidence in the antipyretic properties of this drug, and has doubtless caused us to persist in its administration even in those cases that prove rebellious to its action and that are evidently not of the kind which quinine is known to control. This confidence in the drug as an antipyretic is due, in a great measure, to the limitation of our fever practice in Louisiana to the essentially malarial fevers, which are readily overcome by the drug. But it would be an error, I believe, to attribute our easy victories over the pyretic manifestations of the paludal poison to the simple antithermic properties of the salt, for this power we know it to possess in a very inferior degree, as its impotence in the treatment of yellow fever, typhoid fever and other continued non-malarial fevers which prevail to a greater or less extent in our State, will attest; it is as an *antidote* to the malarial poison, and therefore, as a powerful controller of the thermic manifestations of the latter, that its power stands unrivalled and it is to this specific power that we must solely attribute its antipyretic value in our successful treatment of the periodic fevers. In view, therefore, of the acknowledged and well tested merits of quinine as an antipaludal agent on the one hand, and of the dangerous prevalence of the malarial fevers, on

the other, I consider that the practice followed by Southern practitioners, i. e., the early administration of quinine, even in apparently insignificant fevers, is perfectly safe and correct, in spite of the teachings of Nothnagel, whose remarks, as I have previously intimated, should be restricted to the fever practice of non-malarious localities.

It is not, however, with the object of exculpating ourselves of the charge of extravagance in the use of quinine, or of discussing the propriety of its exhibition in febrile conditions in which we know it to excel as a therapeutic agent, but, on the contrary, with the view of directing your attention to those conditions in which it fails and is valueless to us, that I write these lines.

To the practitioner of large experience with the fevers of Louisiana, or at least of New Orleans, who has carefully observed and studied the cases that have come under his observation, it will not be surprising or novel to learn that a certain percentage of the fevers usually classed as malarial in this section, present certain clinical and therapeutic characteristics, which alienate them clinically from the fevers universally recognized as malarial. One of the main differential peculiarities of these pyrexiaë is their peculiar behavior to quinine, their absolute indifference to the action of this alkaloid, which, even when most lavishly administered, does not exercise the slightest modifying influence over their course. It is to the study of these fevers which resist quinine that I will now confine myself.

What are then these fevers that resist quinine?

I will state, to begin with, and I think it is a dictum well sanctioned by experience that *the more continued the type of a fever, the more difficult it is to control by quinine, i. e., the more a fever departs from the typical manifestation of malarial toxæmia,—the intermittent type,—the more difficult it is to cure by the exhibition of the antiperiodic salt.* Thus it is well known and universally acknowledged, that a remittent fever is much more difficult to control by quinine than a strictly intermittent fever, though we all admit that the

mass of the remittent fevers that prevail in our midst can be ultimately arrested, though with some difficulty at times, by the free and vigorous administration of quinine. But there are fevers and these are not altogether infrequent among us, over which quinine exercises no perceptible influence whatever, and these are the *continued* protracted fevers of typhoidal duration, which are commonly classed as the so called "continued *malarial* fevers." Why these fevers should be classed as "malarial" I can only understand, through the following reasons: 1st, that they prevail in malarial localities; 2d, that they are of a remittent type; and 3d, that they occasionally terminate in intermittent paroxysms. These reasons, however, can readily be disposed of when we consider that as regards the first two they apply as well to other conditions, which are certainly not malarial, viz: typhoid fever; and as to the third reason we all know that any fever may be complicated with the malarial poison, which remaining latent in the presence of a more powerful intoxicant will manifest itself vigorously when its more potent rival has exhausted itself. When shorn, therefore, of these defenses, the argument that these continued fevers are of malarial causation, loses all its weight and these peculiar febrile states stand, if not as independent and well characterized morbid entities, at least as fevers which are so far removed from the common type, that they can be classed as non-malarial pyrexia.

But if these continued fevers which resist quinine are not malarial, what are they?

Before attempting to answer this question let us first glance over the list of the continued fevers which prevail in our midst and that are recognized among us as fevers which resist to a greater or less degree the antipyretic influence of quinine.

I believe that in the order of rebelliousness we may place them as follows:

1. Yellow fever.
2. Typhoid fever.
3. Dengue.
4. Typho-malarial fever, so-called.
5. The so-called continued malarial fever.
6. Simple continued or ardent fever.
7. Malarial remittent with gastro-hepatic or other organic complications (“bilious fever.”)

This list, I believe, covers pretty thoroughly most of, if not all, the fevers (excepting the puerperal and surgical septic fevers) which are at all liable to be confounded with the strictly malarial fevers, and are the fevers which experience has taught us are not directly or readily controlled by the cinchona alkaloids.

I need not dwell upon the first three, yellow fever, typhoid fever and dengue, because their non-malarial nature is universally acknowledged. The radical difference between their causative agents and that of malarial being too well appreciated to require an explanation of the inutility of the anti-periodic salt in their treatment.

Neither will it be necessary to detain you with a discussion of the so-called typho-malarial fever. If we accept the opinion now held by the most enlightened observers that it is simply typhoid fever with malarial complications, then it is plain that quinine will only benefit the patients suffering with this fever in so much as the malarial element complicating the case will be eliminated and the typhoid poison allowed to afflict its victim unassisted.

If we also admit that there are numerous cases of remittent malarial fever that are characterized by great adynamia which closely simulates the typhoid state, then we need not class this species of fever as one of those which are not controlled by quinine, but simply as an ataxic remittent malarial fever, as it is certain that the alkaloid will be beneficial as an antipyretic in its treatment. Abundant experience testifies to this, and the observations of our most authorized practitioners prove conclusively that such cases are readily subjugated by the

specific remedy when the ataxia is properly corrected by a stimulating and analeptic therapeutics.

As it is evident also, that the form of malarial remittent, which is commonly known as "bilious fever" is a fever which is complicated with marked catarrhal and even inflammatory derangements of the gastro-hepatic function as manifested by the "bilious vomiting" and icteroid tinge which distinguishes it. I need not dilate upon the reasons why this fever is not readily controlled by quinine.

This fever if uncomplicated with the lesions referred to would be nothing more than a simple remittent malarial fever which would succumb to the antidotal effect of the cinchona salts as any other uncomplicated remittent would.

Having said this much we have now only left to consider the fifth and sixth species of fever marked in our list, i. e. the so-called "continued malarial" and the simple continued fevers.\*

These two fevers, I believe, are in many instances due to one and the same cause and this cause is *not* the malarial poison. These fevers, though commonly of long duration, three, four and five weeks sometimes, are the purest type of the essential fever that has ever come under my observation. They are conditions in which the only abnormality lies in an excessive heat disturbance. Fever is the sole cause of anxiety

\* It is impossible to restrict the latter type of fever (the simple continued fever) to any particular classification. It can hardly be doubted that simple, ephemeral attacks of fever are often caused in our swampy bottom lands by malaria, but I believe that this agent is far from being as common and constant a factor in the causation of the mild continued febriculae of the South, as it is generally believed to be. The whole question as to the nature of "simple continued fever" is still obscure and much entangled. J. H. Hutchinson (Pepper's System of Practical Medicine) says: "Much difference of opinion continues to prevail even at the present time in regard to the existence of a simple continued fever which on the one hand occurs independently of local inflammations or traumatic causes, and, on the other is distinct from typhoid, typhus, and relapsing fevers; many observers contending that the condition to which this name is given is only a mild or modified form of one or other of the graver varieties of continued fever from which the characteristic symptoms are absent." Prominently among modern writers, Dr. Tweedie (*Lectures on the Continued Fevers*) has taken this view of the subject, for, after reviewing the arguments for and against the recognition of simple continued fever as a distinct disease, he asserts that there is no evidence to justify us in encumbering our nosology with a doubtful novelty. If, however, there is room for doubt as to its right to a place in the list of diseases, there is certainly no good reason for characterizing it as a novelty, since it has been referred to, according to Murchison (*A Treatise on the Continued Fevers of Great Britain*), by many authors from the time of Hippocrates down to the present day, who not only separate it from the graver forms of fever and give a very accurate des-



and the consequences of excessive physiological combustion the only complications.

It is to this fever that I would especially direct your attention. It is a form of fever which extensively prevails in our midst in summer, and is commonly styled either "continued malarial fever," "typhoid fever," or even "typho-malarial fever," whenever the practitioner is hard pressed for a diagnosis; these various appellations being given to it simply to account satisfactorily to the laity for the protracted duration of the sickness and not because there is anything much of the malarial and much less of the typhoid about its clinical history to account for such misleading appellations. In this fever, quinine is absolutely as valueless as it is in pure yellow fever or typhoid fever. I have given this salt faithfully in every case that I have had occasion to treat, first as an anti-periodic or specific remedy to test the relations of the condition to malaria, and have in each instance failed to produce any marked impression. I have then continued the administration of the alkaloid simply as an antithermic, and in this, after the most faithful trial, I could not have been more disappointed, as almost any other antithermic remedy has been far more effective and beneficial to the patient.

Dr. John Guiteras, of the U. S. Marine Hospital Service, who, while stationed at Key West, Fla., during the last four years, had excellent opportunities for investigating the fevers of Southern latitudes, very recently delivered a deeply sug-

cription of its symptoms, but seem to have been perfectly familiar with the causes which gave rise to it and to have had very correct notions as to its proper management. Thus, Riverius (*The Practice of Physic*; chiefly a translation of the works of Lazarus Riverius, London, 1678), was aware of the existence of two forms of simple fever—the ephemeral, which lasts, as its name implies, only a single day, and the synochus simplex, arising from the same causes, but in which the fever continues for from four to seven days. Strother (*A Critical Essay on Fever*, 1718,) and Ball (*A Treatise on Fevers*, London, 1753,) also allude to this fever in terms that leave no doubt upon the mind but that they distinguished it clearly from other forms of continued fever. Among more recent writers who have made this distinction may be mentioned, Lyons, Jenner, G. B. Wood, Flint, Murchison and J. C. Watson. Indeed the weight of authority is decidedly on the side of those who claim for it a recognition as a distinct and separate disease. I believe, with Hutchinson, that it is unquestionable that many cases which have been classed under the head of simple continued fever, are really mild or abortive cases of typhoid or typhus fever, in which, in consequence of partial protection on the part of the patient, the characteristic diseases have not been developed. This is particularly true of Northern regions where typhoid fever specially prevails. In more tropical regions where malaria, yellow fever, dengue and the "ardent fever of the tropics" are the more common endemic and epidemic fevers, the converse holds good, *i. e.* the febriculae, or simple continued fevers, proper, are more often absorbed as a part of a prevailing endemic or epidemic disease in the classification and registration of such diseases.

gestive and interesting lecture at the Philadelphia Hospital, on a fever which he designates the *continued thermic fever of the tropics* and which, I believe, is the exact equivalent, clinically, of the type of the class of fevers that we here recognize as the long continued fevers which resist quinine.\*

The introductory remarks made by the lecturer are so appropriate to the discussion of this subject that I will permit myself the liberty of repeating them to you.

Dr. Guiteras says: "There is undoubtedly a peculiar predisposition to fever in the inhabitants of the tropics [this is likely the case with our own quasi-tropical population]. The slightest ailments, especially amongst children, are, during the summer months, very frequently complicated by fever. And so apt is this to become a serious complication that a natural horror of the symptom is noticeable amongst the mothers in those countries. The first question put to a physician will be: 'Is there any fever, Doctor?' or, in the higher classes, he is sent for with the message, or received with the information that the patient 'has forty degrees' [centig]. For nowhere has the thermometer become so generalized as in the tropics. To this may be added that the general aspect of the inhabitants (the negro race excepted) is that of convalescence from prolonged fever. Now this symptom-fever—may become the sole feature of the case—a truly essential fever of long duration which it becomes necessary to differentiate from typhoid fever and malarial fever.

"But I desire you to understand from the first that this fever has no definite duration. Since cases terminate quickly in recovery, whilst in others the fever continues for days and weeks without intermission, the latter, though comparatively frequent during the past summer, are nevertheless rare. [The experience of Dr. Guiteras remarkably coincides with our own. The doctor refers to the summer of 1884, and it was during this particular season that an

\* *Continued fever, or so-called typhoid fever, of the tropics, or continued thermic fever*, by John Guiteras, M. D., *Therapeutic Gazette*, March 16, 1885.

unusual number of such cases came under the observation of myself and several other practitioners, and it was through the peculiarities of these very cases, that my attention was first seriously fixed on this subject]. “Still,” continues Dr. G., the fact remains that the popular mind is cognizant of the existence of a long continued fever. In Cuba, they call it “*tifo*,” and I believe that physicians generally consider it a form of continued malarial fever [a belief which is shared by the majority of Louisiana practitioners]. In Key West they call it typhoid fever, and the physicians accept the appellation simply because it is the only one that will explain the continuity of the fever in a manner satisfactory to the public. [In this, many New Orleans physicians follow their example; we have seen a number of these cases in consultation with other colleagues, who though appreciating the differences which distinguished this from malarial fever, stated that they always classified such cases as typhoid fever and at times firmly sustained that they were irregular forms of typhoid.]

The shorter fevers can be dismissed with the statement that they cannot at present be distinguished from febriculæ or simple continued fever, and, in fact, they correspond with cases of this kind described by tropical physicians under the name of ardent fever. [These cases in New Orleans often pass as malarial fevers. As quinine is almost always administered the recovery is attributed to this drug and the case quoted as an illustration of the prevalence of malaria.]

The differential points between this fever and typhoid are well summed up by Dr. Guiteras. Typhoid fever is found in America, at least, with diminishing frequency as we descend toward the tropics. Its existence in these regions has been denied. The late lamented Dr. Faget was well known as a vigorous upholder of the opinion that typhoid fever did not and had never existed in New Orleans. He claimed that during his professional life which covered an extensive experience of over forty years of medical observation in this city, he had never seen a case of

the disease. Contrary to his dictum, however, we have seen and carefully studied one case which apparently originated in this city, in which the intestinal lesions found post-mortem confirmed without a doubt the typhoid nature of the case. At a very recent meeting of the New Orleans Pathological Society, Dr. McShane exhibited sections of typical Peyerian ulcerations from a case that died in the hospital. But this case was imported. It must be admitted therefore, that *typical* enteric fever is a rare disease in New Orleans.

“ We have been taught that the outbreaks of typhoid are generally circumscribed to houses or groups of houses, and that they are traceable to contamination of the air or water supply. The epidemics of Havana have been governed by these same laws of propagation. The cases which occurred in Tampa last year (1883) were all traceable to the drinking of well water. There was no such common factor in the etiology of our cases in Key West. [In this particular, New Orleans is very much like Key West. The universal use of rain water collected in cisterns precluding the liability which its inhabitants would incur from sewage contamination.] The water used by the majority of our patients [who suffered with this continued thermic fever] was cistern water. [This was certainly the case with our New Orleans patients]. They were frequently moved from one dwelling to another without ever starting new foci of infection. All the cases, with one single exception were isolated, and they occurred in every section of the city. The exception was met with in a family consisting of the mother and five daughters. Only two of the latter escaped. But in the immediate neighborhood amongst persons who used the same water, and who actually lived in the same house waiting upon the sick, not one was affected. These cases were moved to another house, with the following results: Continued convalescence of the mother after fifty-four days of fever, improvement and recovery of two of the daughters, one with fever of two days duration and the other four. The third

was one of the few fatal cases. The one common factor to this family, and to most of the severe cases of the fever was that they were sickly, over-worked factory hands, living in hot houses, frequently exposed to the sun, or persons in some way especially subject to the exhausting influences of the summer. Hardy laborers who were much exposed to direct solar heat were not prone to contract the disease.”

“The other factor common to the majority of these cases was the previous existence of some slight ailment, such as bronchial or intestinal catarrh, the disturbances of dentition, worms, sore throat, or a slight attack of intermittent fever contracted outside of the island.”

I am able to corroborate Dr. Guiteras' statements in every particular. My worst cases have been in persons who lived in very prostrating circumstances, one a cigar-roller, a young man of 18, worked in a crowded factory where it may be said that all the workmen coughed from the bronchitis produced by tobacco dust and smoke; his fever lasted over five weeks. The second was a bootblack, a light mulatto, who polished shoes almost constantly on the hot sidewalks of our thoroughfares, during the most heated hours of the day; he suffered with fever for over two weeks. A third case was that of a young boy employed in a printing office, and exposed to the heat of the engine; his case lasted a full month. A fourth was a young Irishman who had been much over-worked during the winter, and who fell ill with a fever of three weeks duration in the early part of summer.

Let us now pass on to a consideration of the seasons of the year in which these cases prevail. “Typhoid fever prevails during the autumn months, and continues through the winter. The typhoid fever prevails in Key West during the summer, and more surely even than yellow fever, it vanishes with the first norther, after reaching its maximum towards the end of summer.” In this statement I believe Dr. Guiteras is too positive; though it is unquestionable that the majority of the fevers that resist quinine

of this class prevail here in summer, I am sure that I have seen at least two typical cases of this continued fever described by the doctor, in the course of last winter.

Passing with a mere mention over the fact that the disease occurs at all ages, though most of my cases have occurred in young persons, we will pass with Dr. Guiteras to the study of the fever. The charts that I here show you demonstrate that the fever may begin irregularly, it may rise gradually, as in typhoid, or begin, as Dr. G. observes, with a sudden rise on the first day. "The slight indisposition, which has been previously mentioned as a prodromal symptom, followed its usual course, with or without fever, and suddenly as a rule in the evening, the temperature rose to  $103^{\circ}$  F. or more, or, less frequently the patient was surprised in the midst of health by a severe chill with great elevation of temperature. After this, in both cases, the course of the fever was extremely irregular and indefinite as to duration.

"There was almost always a morning remission, which was often more accentuated than in typhoid. The diurnal fall of temperature commenced, as a rule, earlier in the evening than it does in the latter disease. But there were also periods during which the remissions were scarcely noticeable. [This has been our experience in two instances]. These consisted of stages of very high or comparatively low temperature. The temperature may rise to  $105^{\circ}$  or  $106^{\circ}$  F., and in fatal cases, when the cold baths were not employed, the hyperpyrexia was very persistent. [The highest temperature observed by myself has been  $106^{\circ}$ , the average maximum,  $104^{\circ}$ ]. The defervescence was gradual as in typhoid, and characterized by marked morning remissions. In many cases the fever was much more moderate. In such cases the temperature never rose to  $103^{\circ}$  F., but still followed the same course described above."

As to the pulse, Dr. Guiteras' observations exactly coincide with mine. In vigorous persons it is apt to be slower,

[often not above 100 and frequently below 80 and 70 when the temperature is actually above 104° or 105°]. This observation has often struck me, and though I have not been able to gather a sufficient number of accurate records of the pulse-beat in this fever, still I am convinced that its characteristics are very much like those of yellow fever; the discrepancy or lack of parallelism between the arterial pulsations and the temperature being often one of the most striking clinical phenomena.

In the frail and sickly the frequent and weak pulse of cardiac exhaustion is found early in the disease.

“The special symptoms of typhoid fever were not present. There was no eruption, except that of miliaria in one case, and no petechiæ. There was no tenderness in the right iliac fossa, and very seldom any gurgling. The latter symptom, occasionally, and a slight tympanites and diarrhœa, frequently, were present in cases which had been preceded by intestinal catarrh.” Guiteras further states, that in one fatal case in which large doses of quinine had been administered, he saw the diarrhœa persist, and the stools became sanguinolent towards the end of a persistent hyperpyrexia. In one of the most rebellious cases that came under my observation during the past winter, a profuse hemorrhage took place from the bowels. The patient a young creole, cigar-factory hand, was in the third week of fever when he suddenly became very pale and, feeling an inclination to go to stool, voided at least three pints of semi-coagulated blood. Remembering the observations of Ferguson\* and others, who have noted the tendency to hemorrhage, which the prolonged administration of salicylic acid and its compounds induces in typhoid patients, I am inclined to blame these salts, which I did exhibit very freely, and beneficially, as regards the temperature, for the hemorrhage in this case. This patient, in spite of the great prostration which followed this unlucky complication, rallied and finally recovered after pulling through two weeks more of continued fever.

\*The salicylates and hemorrhages in enteric fever, by James Ferguson, M. B., British Medical Journal Feb. 17, 1883.

The tongue is moist, as a rule, and its coating white and creamy. Occasionally, and particularly in hyperpyretic cases the tongue assumes the typhoidal character, it becomes dark, brownish in the center; it also cracks and bleeds at times, but this is rare. (Guiteras).

The cerebral symptoms are such as to constitute of themselves a sufficient basis for a differential diagnosis from typhoid fever. Three of the cases which terminated fatally in Guiteras' practice, in the first two weeks of the disease, showed from the very start, together with which temperature, symptoms of great cortical excitement, amounting to violent delirium such as has been described in the ardent fever of the tropics. But in the cases of long duration the cerebral symptoms are absent to a marked degree.

These patients are all very alert and evince great interest in their condition, and anxiety concerning the gravity and duration of the disease.

"It was with difficulty," says Guiteras, "that one of my patients in the third week of a continued fever, which frequently rose in the evenings to  $103^{\circ}$ , could be restrained from reading." In all my cases, no matter how high the temperature, the intellect remained clear and apparently undisturbed. A few delusions and at times delirious manifestations were only noticeable in the case of a plethoric young Irishman, but this only when laboring with a temperature of  $104^{\circ}$  or  $105^{\circ}$ .

Dr. G. says very correctly, "the only well-marked cerebral symptom, it may be said, was persistent wakefulness, a symptom of which the patient was cognizant, and for which he frequently demanded relief."

"The muscular function was far more impaired than the cerebral. The speech was tremulous, the sound of the voice changed, and though there was no subsultus, there was considerable want of co-ordination and tremor of the extremities."

In several instances the urine was examined, and I concur with Guiteras in the opinion that it is not albuminous.



There are no special complications. Hemorrhage was the only one encountered by me and for this my treatment was perhaps blamable. I have not lost a case of this fever which was of a typical character. It is true my experience with it is not very large, though I have seen at least fifteen or twenty cases of it since I have been in practice in this city. But I have not the slightest doubt, that if vigorous antipyretic measures had not been instituted in several instances, death would have resulted through sheer hyperthermia.

Guiteras records four deaths from this fever, but when we consider the large number of cases he must have observed we cannot fail to be impressed with the comparative benignity of the disease. The prognosis is favorable always, I believe, no matter how long the duration, provided no untoward circumstances intervene in the natural course of the fever.

Having considered thus far the reasons which lead us to believe that the continued fever under consideration is not typhoid fever, let us now stop to consider what is more important to us, viz : the differences which separate it from the malarial fevers. In the beginning we stated our principal reason for not believing in a strictly malarial etiology, and that was the absolute nutility of quinine in the treatment of this condition. This is the capital fact which immediately strikes the practitioner in the treatment of this pyrexia, and it is the one which at once arouses his suspicions as to the nature of the case.

The causal relationship between malarial remittent and intermittent fevers has often been, and is still questioned by many, but it is undeniable that a large majority of the remittent fevers that prevail in malarious localities are controlled by a vigorous antiperiodic (quininic) medication, and I am satisfied that it is in the identity of therapeutic results that the accepted belief in their common causation is mainly based. Neither can it be denied that many cases of remittent fever, which could readily be subjugated by quinine, are unaffected by this salt when organic complica-

tions of an inflammatory character intervene in their course. But in the fevers under consideration, the thermic movement is the only manifest trouble; they are typical *essential* fevers; there are no gastro-hepatic disturbances, no jaundice nor bilious vomiting, no enlargement of the spleen, none of the complications in fact which so often distinctively characterize the malarial remittent and which find so apt a designation in the expression, "*bilious fever.*" Finally, these fevers are not followed by the cachexia left behind by the malarial remittents, and the convalescence, though slow, is usually complete and uncomplicated.

The difficulty in the way of a complete differentiation between these fevers, and, in fact, between all the continued fevers which prevail in malarious localities and those of strictly malarial etiology, lies in the want of a definite clinical test. Periodicity is certainly not a criterion, as all the continued fevers are to a greater or less extent periodic in the oscillations of their thermic movement. The microscopic test, i.e., the desintegration of the red cells, their crenated aspect, and excess of pigment matter in the shape of melanhæmic corpuscles is also unreliable, because these histological changes are almost solely the accompaniments of the chronic forms of malarial intermittent toxæmia—the paludal cachexy, the identity of which is never questioned. This test, is indeed, useless, as in the very forms of fever in which a differential diagnosis is most wanted the hæmatic changes are not at all pronounced. Dr. Guiteras examined the blood of cases of Chagres fever, which is everywhere admitted to be a malarial fever, and which readily submits to anti-periodic treatment, and found no changes whatever in the morphological constitution of the blood. He also examined the blood of patients affected with the continued thermic fever that we have just described and found in it "nothing abnormal." Perhaps the inoculations which Gerhardt, Mariotti and Ciarrochi have recently performed in Italy with intermittent fever blood may open the way to the application of a test by inoculation somewhat in the manner of the tests which syphilo-

graphers apply to differentiate chancre from chancroid, but first of all it will have to be proven that malarial blood is really inoculable.

But I think that for practical purposes we have a ready and good test in the therapeutic properties of quinine.

It is only fair to assume that if the poison of remittent is identical with the poison of intermittent fever that the antidote for one ought to be the antidote for the other. And this assumption is well sustained by the facts of experience which tells us that some remittent fevers are cured or, at least, abbreviated by quinine.

It is natural, therefore, that we should conclude, that whenever the reagent (quinine) fails to produce the customary reaction (cessation of the toxic phenomena), that the poison is a different one. For this reason and with a due appreciation of the influence of complications in interfering with the test power of quinine, I have come to the conclusion that when any essential fever (i. e., a fever free from organic complications) is not affected, or controlled by the thorough and systematic administration of the salts of quinine, that it is not a malarial fever.

For this reason, mainly, I believe that the continued fever which I have described is not a malarial fever. As to its nature, I must confess it is problematical, but I believe that the opinion which has been emitted by Guiteras in respect to it is perhaps the most satisfactory, though they are strong objections to it which I have stated elsewhere.

He says: "Clinically I believe these cases to be a distinct species of fever. Similar cases have been described by French authors on tropical diseases under the name of *fièvre inflammatoire* and *fièvre ardente*. But I believe the pathogenesis of the fever has been misunderstood. Whatever the nervous mechanism may be that inhibits the heat production of the body, it certainly is overtaken during the summer of the tropics. The activity of the skin and the constant movement of the air may favor heat elimination, but [seasons such as we often pass in New

Orleans] must throw an extra strain upon the heat inhibitory apparatus.”

“In vigorous persons, who are often exposed to the direct heat of the sun, I believe that the inhibitory apparatus is kept in a healthful, vigorous training by the habitual demands made upon its functional activity. But in the sickly and overworked, it is my opinion that an exhaustion of these controlling centres is brought about, which gives rise to the fever. Hence it is that I have designated these cases by the name of thermic fever, proposed by H. C. Wood, for the acute variety of the affection.”

I have dwelt so much upon this “continued thermic fever” of Guiteras and perhaps incurred the risk of heavily taxing your patience with my prolonged description of it, not simply with the intention of demonstrating to you that not all the fevers which prevail endemically in our soil are not malarial (not considering either yellow or typhoid fevers as endemic), but also to direct your attention to the necessity for more general and more accurate observation. The view that endemic diseases occurring in the same area are due to a single cause, especially when the symptoms are somewhat similar, is a natural one, and is commonly accepted in advance of precise observations relating to clinical history, mode of origin, etc. But with the advancement of science, differentiation begins. Thus, it is now established that yellow fever is due to a specific poison, the production and dissemination of which is governed by different laws from those which control the dissemination of malaria. But for a long time a majority of the physicians in our Southern seaport cities, where yellow fever as a result of importation was almost of annual occurrence, maintained that this disease was endemic in these cities; and not a few insisted that it was simply a severe form of malarial fever, produced by the same poison which gave rise to the intermittents and remittents, which, as they pointed out, often occurred in the same localities and at the same time.

The study of the etiology of tropical fevers is certainly still in a primitive condition and especially as regards the fevers which concern malarious countries—such as those which prevail in our own highly pyrogenic territory.

There is too much clinical and pathological obscurity at present, we need more light, we want more differentiation. There is unquestionably too much of the word “malaria” in our diagnoses. It is a convenient word, but at present, it is simply serving to cover a large class of morbid conditions, which, like the *regnum protisticum* of some naturalists, is simply a scientific limbo wherein hosts of unclassified creatures patiently await their redemption.

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#### REMARKS ON ANTITHERMIC TREATMENT.

A review of the treatment of the long-continued fever which is especially discussed in the present paper, has not been added for fear of expressing premature opinions on the value of recent and undoubtedly potent antithermic agents which I have tried lately with gratifying results in six cases, but in regard to which my personal experience is yet too limited to permit me to deduct general and trustworthy conclusions.

It is now over four years since I began the administration of sodium salicylate in fever practice as a succedaneum to quinine, whenever this salt failed to act antithermically, and since that time I have constantly resorted to it, often with astonishing success in all continued fever cases, and particularly in yellow fever.\*

Since the introduction of kairin (by Fischer and Filehne) and antipyrin (by Knorr, Filehne, Penzoldt and Sartorius) I have resorted to these drugs, and, though my experience with them has been limited to nine fever cases, six of which were of this long-continued type, I have met with such striking and uniform success in lowering hyperthermic fever that I am almost prompted to state that these agents are the most potent antipyretics in the materia medica.

\*I have the records and thermometric charts of 73 cases of yellow fever successfully treated with sodium salicylate, acid salicylic in the epidemic which devastated the town of Mier, Mexico, in 1882.

I have observed several cases in which sodium salicylate had failed to produce an impression, and in which antipyrin repeatedly succeeded in bringing down very high temperatures to almost the normal degree.

In my experience, which is confirmatory of that of most observers who have studied this drug, antipyrin is preferable to kairin, the latter drug, often giving rise to gastric disturbances, nausea, vomiting, etc.

Antipyrin as a rule is well borne and lowers temperature more gradually and permanently than kairin. Its effects, in all my cases, have been far less disagreeable than quinine, the patients usually taking the drug very readily in capsules.

In the treatment of fever in children who are unable to swallow capsules or to whom the administration of a liquid solution of antipyrin would be troublesome, the exhibition of this compound by enema is very efficacious, the rectum usually retaining the solution far better than quinine, which is often rejected on account of the irritant character of its acid solution.

In cases in which there is great prostration and particularly a weak pulse, the practitioner should be wary as to the doses in which he employs these antipyretics. Thus far all observers express a belief in the benignity of the physiological action of antipyrin, but the recent report of a death supposed to be due to the free administration of antipyrin should make us careful\*. I believe, however, that in doses of five, ten, fifteen, and even twenty grains, it will never exercise any detrimental action.

I have given it quite freely in some recent cases and not the slightest depressing effect have I observed on the pulse.

\*This case is reported in the *London Lancet* for February 28, 1885, and commented upon in the *Therapeutic Gazette* for April 15. It occurred in the Leeds fever Hospital, in charge of Dr. Barr. The case was one of suspected puerperal fever, temperature of 103.5° Pulse 102, respiration 36 when antipyrin was first administered. Thirty-five grains of this drug were at once administered (a quantity which was excessive for such a case) followed three hours later by half that quantity, this last dose was given at 6 P. M., and at 11 P. M., the temperature fell to 98 but the pulse rose to 132. Collapse set in; no reaction followed and the patient died thirty-two hours after taking the antipyrin. The post-mortem revealed no pathological lesions that would account for the death.

In three cases of long continued fever which I have had under my charge since January, the medicinal (antithermic) plan of treatment adopted was as follows: In the beginning when the diagnosis was uncertain and simple malarial remittent was suspected, quinine was given largely and freely, 20, 30, and 40 grains a day. When after the thorough production of cinchonism no effect was noticeable on the temperature, sodium salicylate was administered in the following manner:

R̄. Sodii. salicylatis..... ℥ii.  
 Syr. papaveris..... ℥i.  
 Syr. aurant. flor..... ℥i.  
 Aquæ q. s. ad..... ℥vi.

S., one tablespoonful of this mixture every hour, whenever the temperature rises above 102°. If any cardiac prostration manifested itself by excessive frequency and irritability of pulse, two drachms of tinct. of digitalis were added to the solution.

The reason for administering the salicylate only when the temperature is above 102° F., is based on the observation that sodium salicylate appears to lower only high temperatures. A fever of 104° and 105° is much more quickly diminished by the salicylate than would be a fever in which the thermometer registered only 102° or less.

There are some cases in which the salicylate appears to lose its antithermic potency, and particularly, when dealing with these long-continued fevers. In such cases antipyrin, (if I am to judge, by my recent experience) will rarely, if ever fail in reducing the fever. I usually prescribe it in capsules, viz:

R̄. Antipyrin..... gr. xxx.

Ft. in caps. No. XV.

S., two capsules every half hour until ten are taken, remaining five at an hour's interval.

The temperature will almost invariably fall *pari passu* with the administration of the drug.

With these three agents, viz: sodium salicylate, kairin, antipyrin (and perhaps also the still more recent thallin which I have not yet tried), the practitioner is fully and powerfully prepared to encounter excessive thermic movements.

Of course, it should be well understood that while claiming for these agents real and most efficient antithermic properties, I do not believe that they do in any manner abbreviate the course of a fever; they are not specific remedies, such as quinine is for the malarial poison,—they are simply heat regulators, and as such are agents of priceless value at certain periods in the career of these long fever cases. I simply recommend them here as a basis for a *medicinal* antithermic therapeutics in cases where quinine is impotent as an antipyretic.

Whenever the practitioner is allowed to apply the cold-bath I would follow the method which Dr. Guiteras has found so efficient in Key West. But I fear that the marked prejudice which exists in our population against the cold-bath in fever would allow but a very limited and unsatisfactory application of the methods of Brande and of Liebermeister.

Sponging of the surface with dilute sedative water, vinegar, etc., are not objected to in this locality and consequently can be adopted with advantage to the patients.

Finally, whilst advocating a vigilant and active antithermic treatment, I would not, in any manner, depreciate or underestimate the importance of constant alimentation, stimulation and all the various auxiliary measures comprised in good nursing. This is as important in the long tissue-wasting thermic fever of this section as in the more dreaded and devastating typhoid fever.

Symptomatic remedies and other accessory measures of treatment are not mentioned as they will readily suggest themselves to any educated practitioner whenever indications for their use present themselves.



## HOSPITAL REPORTS AND CLINICAL NOTES.

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We are anxious to make Clinical Reports a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

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## PROLIFERATING ENDO-METRITIS.

By DR. GEO. B. LAWRASON, Visiting Surgeon, Charity Hospital.

Mrs. A. M., aged about forty-two years, was first admitted into the Charity Hospital during the winter of '82 and '83, complaining of pain and hemorrhage accompanied with offensive leucorrhœal discharge. A sponge tent, which had been introduced for diagnostic purposes, was removed because it seemed to have excited inflammatory complications, and the patient gradually recovered after several weeks illness. She was supposed at that time to have some malignant trouble. In the summer of '84, she returned apparently in good health, but complaining of copious hemorrhages and great pain. The uterus was scraped with a Thomas' dull curette and swabbed with iodine. A large number of soft white bodies like tapioca were scraped out; this relieved the pain and stopped the hemorrhage. After that time the uterus was scraped every two or three months by different physicians, always with temporary relief. The last time was about four months ago.

On the 16th, of May, 1885, she presented herself at the clinic of Ward 43 with a return of the hemorrhage and pains, the uterus measured  $3\frac{1}{4}$  to  $3\frac{1}{2}$  inches and the discharge was bloody and quite offensive. She was admitted into the hospital and on the 18th the uterus after rapid dilation with a dilator was thoroughly scraped with a Sims' curette and a considerable quantity of the same kind of scraping obtained as formerly. The whole uterine cavity was then thoroughly cauterized with nitric acid and a plug of cotton soaked in sweet oil introduced. The next morning the plug was withdrawn and an injection of 1 in 2000 bichloride solution used night and morning. From the time the operation was finished the pain and hemorrhage disappeared. There was no rise of temperature above the

normal and the patient could scarcely be kept in bed the three days following. She was discharged on the fifth day feeling, as she said, better than she had felt for a long time. The microscopic examination showed nothing but masses of round cells with apparently here and there a few wallless blood-vessels; diagnosis of proliferating endometritis was made.

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GANGRENOUS PERITONITIS, WITH OBSTRUCTION OF THE BOWELS, FOLLOWING HEMORRHAGE INTO THE WALLS OF THE UTERUS AND PELVIC AREOLAR TISSUE.

Kate M. Nelson was admitted to ward 43, of Charity Hospital, May 4th, 1885. She said she was 45 years old, but looked fully 10 years older. Was a widow for 17 years and had been married 17 years. She was born in Dublin. Her occupation was boarding-house keeper. During her married life she had had two children and one abortion. Her last child was born nineteen years ago. The abortion occurred a year after. There was nothing in her history anterior to the attack for which she was admitted which had any bearing on her condition. She complained of a great deal of pain in the hypogastric and umbilical regions, though this was not to any extent increased on handling. She said that two months ago she had strained herself in lifting a drunken woman, and she had been bleeding ever since, the blood coming from her at times in clots. Previous to that time had had her courses regularly. On examining the abdomen the uterus was found to reach the umbilicus. This tumor, she said, had come since the hemorrhage had commenced. On examining the vagina a large thrombus was found on the left side in the areolar tissue, and on the right there had evidently been a hemorrhage in the submucous tissue which had burst externally. There must, then, have been a slow hemorrhage which coagulated as it flowed, for a clot as large as a hen's egg was firmly adherent to the areolar tissue, whence it had come, by a pedicle of fibrin about three-quarters of an inch

in circumference. The uterus measured 7 inches in depth. The temperature was  $100\frac{1}{2}^{\circ}$  F. As there was no bleeding of any consequence at the time, and otherwise no urgency for interference, and being about at the end of the clinic, it was decided to do nothing until the next day.

The next morning she was placed upon the table and as the thrombus on the side seemed to be suppurating it was opened. A small amount of pus and a large amount of detritus from the clot was evacuated. The cavity was washed out with Condry's fluid and afterward mopped with liquor ferri chlor. The uterus was dilated enough to introduce the finger, a few clots found and what seemed to be an intramural hemorrhage. The Faradaic current was used in the hope of preventing any further flow. Directions were given to wash out the cavity on the side of the vagina with a 1 in 2000 sol. of bichloride of mercury once a day and 15 minims of Squibb's ergot ordered to be given 3 times a day.

On the 6th, patient complained of being weak. She was constipated, did not care to eat anything and vomited bile occasionally. No hemorrhage. She was ordered milk with lime water to be given in small quantity at frequent intervals. This she would keep for a short time but would invariably throw it up with bile.

The temperature, pulse and respiration ranged as follows:

	Temp.	Pulse.	Resp.
On the 7th morning,	$99\frac{1}{2}$	112	26
Evening,	$100\frac{2}{5}$	120	30
On the 8th morning,	$99\frac{4}{5}$	114	28
Evening,	100	120	36
On the 9th morning,	99	114	36
Evening,	97	could not count	32
On the 10th morning,	97	" "	" 36
Evening,	died at 5 30 P. M.		

Stimulants were used on ninth and tenth.

Patient did not complain of much pain during her illness but the vomiting of bile persisted. Otherwise she appeared

to be doing well until the ninth, when she grew very weak and commenced to show symptoms of collapse. At the autopsy, 12 hours after death, the peritoneum was found roughened and fibrinous bands stretched from the uterus to the mesentery, binding down and incarcerating a knuckle of intestine. Above this the intestines were dilated to about 3 inches in diameter. At the point of contact both the intestines and uterus were gangrenous.

The uterus on being taken out was found much decomposed, the upper portion in a state of gangrene, and it contained a small fibroid tumor about a half inch in diameter.

The other organs were found fairly healthy.

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#### EPITHELIOMA OF ORBIT; REMOVAL.

By DR. EDWARD W. JONES, Visiting Oculist and Aurist, Charity Hospital.

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The history of the case is as follows :

P. M., age forty, mechanic, had noticed about eight years ago, a small sore on the lower lid of left eye. A year after, this sore had increased in size and gave much pain. Patient consulted a physician who told him it was a cancer and advised its removal, which was done. About three months after this time, the epithelioma made its appearance again and continued to grow up to six weeks ago, when patient presented the following appearance :

There was seen protruding from the left orbital cavity an epithelioma about the size of an orange, nine inches in circumference ; both lids were involved and the cancerous mass extended above the eye-brow and an inch and a half below the edge of lower lid. Patient was very anæmic ; had no rest for two months ; morphine by the mouth had lost its effect and patient's appetite was gone. There was constant pain and a very thick discharge from the epithelioma which had a very disagreeable odor. Patient was put under chloroform four weeks ago, and the growth removed, the walls of the orbit being well denuded of all tissue. The bones were found to be healthy.

There was a great loss of blood during the operation. The hemorrhage was controlled by pressure. Two sponges were put into the orbital cavity and retained by pressure of a bandage. The evening following the operation, patient's temperature rose to 100° F., but went down to normal the following day. Patient has increased rapidly in flesh (some 20 lbs.), sleeps well, and says that he feels better than for years past. There were some skin-grafts made two weeks ago, a few of which have taken. Patient will be able to go to work in a few days.

I was ably assisted in the operation by Dr. Bruns, and no little of the good results are due to his valuable aid.

N. O. June 15, 1885.

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## CORRESPONDENCE.

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### THE CHARITY HOSPITAL AMBULANCE SERVICE.

*To the Editors of the N. O. Med. and Surg. Journal:*

GENTLEMEN—In response to your letter of inquiry, it gives me pleasure to furnish the information you desire in regard to the Charity Hospital Ambulance Service.

This service was organized to meet a demand well-nigh imperative. Since the erection of the Hospital, in 1832, the sick and injured have been brought to the door in vehicles of every conceivable kind employed in the travel and traffic of the city. Many patients suffered discomfort merely, while others sustained injuries prejudicial to their after-treatment. Some, only a few let us believe, must have succumbed to the delay and ill-usage incident to such hap-hazard transportation.

The Board of Administrators, having recently renovated the Hospital, with improvements and additions in every department of the service, realized more fully the necessity

of improved means for conveying patients to the door. They resolved in August, 1884, to establish an ambulance service, and intrusted to the writer the work of organization.

Preparatory to the work, the ambulance equipments of the best Eastern hospitals were thoroughly inspected. The New York Hospital service deserves special commendation. The points of practical utility, observed here and there, suitable to our requirements, were embodied in the specifications for two ambulances for the Charity Hospital. They were built by the New York City branch house of the Abbot-Downing Company, of Concord, N. H. The work was exceptionally well done.

The Charity Hospital Ambulance, designated by gilt lettering on the sides, presents a striking and attractive appearance. It is a commodious vehicle, weighing sixteen hundred pounds, and requires a double team. Although wagon-built, to be durable, it has a carriage finish, and is mounted on easy springs. The body is made entirely of paneled wood, lined with varnished maple, for cleanliness, and arched for short turns. The interior is conveniently fitted up with medicine chests, boxes for surgical apparatus, racks for splints, hooks for swinging the lantern, the surgeon's satchel, etc. The surgeon's seat is inside, and when unoccupied folds up out of the way. The ambulance is provided with an easy bed, which trundles in and out, and which can be used as a litter. The bed rests on a wooden frame, which is fitted in the bottom of the wagon, and which is itself supported by steel springs placed longitudinally. These extra springs, a home invention, contribute no little to an easy ride.

In addition to the bed, there is an improved field stretcher, with adjustable handles, convenient for bringing patients out of places not easily accessible, and indispensable for lifting and handling them without inflicting pain and injury unnecessarily. While still resting on this stretcher, the patient is lifted into the ambulance, and from the ambulance to the rolling litter in waiting at the Hospital door.

Thus the patient is easily and quickly conveyed to the operating room, or to any ward of the Hospital buildings.

The medicine chests contain the anodynes, antidotes and stimulants most serviceable in emergencies :

Chloroform, sulphuric ether, whisky, brandy, carbolic acid, olive oil, ferri ox. hydrat., Monsel's solution, dialysed iron, ergot. fl. ext., aqua ammoniæ, solution ammon. carb., cosmoline, mustard, syrup morph. sulph., tr. opii. camph., hypodermic tablets and syringe, water, graduated glasses, one gallon of carron oil. This oil makes a dressing quickly and easily applied in the emergency of burns and scalds.

The surgical outfit consists of the following :

Complete pocket case of instruments, extra Langenbeck's forceps, set of (3) tourniquets (Mass. Gen'l Hosp.) folding fracture box, two Liston's long splints, wooden and tin splints for (extremity fractures), bandages, charpie, carbolized gauze, cotton padding, pillows, oakum, surgeon's lint, sponges, tracheotomy tube, Nelaton's catheter, pus pans, water bucket, etc.

The wagons having been constructed and equipped as above described, and the fourteen Resident Students charged with the special duty of Ambulance Surgeons, the Charity Hospital Ambulance Service was organized by resolution of the Board of Administrators, February 2nd, 1885.

#### RULES AND REGULATIONS.

1. The ambulance service, constituted a part of the medical department, shall be conducted under the general rules governing the Hospital.

2. An ambulance will be dispatched to any part of the city at the call of patrons of the service, physicians, the city police, the fire department, or other responsible source, subject to the approval of medical officers of the Hospital.

3. When out on a call, the ambulance shall be attended *only* by the driver and a member of the medical staff on duty for the day, each designated by a badge of the service.

4. The medical attendant of the ambulance shall have entire control; shall administer to patients such temporary treatment as may be necessary, and, except in cases specified below, convey them without delay to the Hospital.

*a.* The ambulance shall not receive cases of small-pox, or other patients rejected by the rules of the Hospital.

*b.* In cases of surgical accident, by request, patients may be removed to their homes, or places of lodging, without charge.

5. Upon return of the ambulance to the Hospital, the medical attendant shall supervise the removal of patients to the ward, or operating room, and then report to the House Surgeon, or to the Assistant. It shall also be his special duty of the day to record in the clinical note-book of the ward his knowledge of the patient's disease or injury and the preliminary treatment adopted.

6. The ambulances may be hired by responsible persons, and for suitable purposes — for instance, the conveyance of patients between steamboat landings, railroad depots and the hotels — for ten dollars; the amount thus accruing to be credited to the fund of the service.

7. The Ambulance Relief Fund, created by resolution of the Board of Administrators, and aided by the contributions of patrons, shall be devoted exclusively to establishing and maintaining this service, and enhancing its usefulness as a practical charity.

Contributions to this fund are acknowledged by the Secretary and Treasurer of the Hospital, and up to date amount to \$2,690.

An account of the practical working of the service may be of interest. The ambulance is usually called by telephone. To insure hearing the signal at night, an electric bell at the gate, where the watchman is on duty, is switched on to the telephone wire. By a system of electric bells the call is immediately transmitted to the driver's room in the ambulance stables, and to the surgeon on duty for the day. In from one and a half to three minutes, day or night, the ambulance is under way.



By ordinance of the City Council the ambulance has right of way, within the city limits, over all vehicles except those of the fire department and the U. S. Mail Service.

In answering calls, the ambulance corps move with all possible dispatch. Several instances are cited. On the 3d of March, an Exposition lady visitor, unfamiliar with our open gutters, fell on the corner of Camp and Poydras, dislocated her shoulder and fractured her leg. Within fifteen minutes, the patient was in the Hospital operating room, and very shortly afterwards, her dislocated shoulder was reduced and her limb dressed in a fracture-box.

On the 15th of May, a call came for the Mexican musician, shot on the Exposition Grounds. Within forty minutes the ambulance reached the spot. The street-car goes in fifty-five minutes. The musician, thought to be fatally wounded, was brought to the Hospital and recovered. In gratitude for this service, the Mexican Band tendered a concert for the benefit of the Ambulance Fund, the net proceeds of which amounted to \$693.90.

In further compliment to the Hospital Ambulance service, Major J. Fernandez Ortigosa, Surgeon of the Mexican Commission, World's Exposition, has been instructed by the home government to order duplicates of our ambulances and outfit, to be used in the City of Mexico and in transporting patients from the city to the Army Hospital, eight miles distant.

The prompt aid rendered on the spot by the ambulance corps is in many instances invaluable.

On the 3rd of March a negro man received a stabbing wound of the abdomen, four and a half inches in length, through which protruded four feet of small bowel. The ambulance surgeon reached the spot promptly, reduced the bowel, sutured the wound, and conveyed the patient to the hospital. He recovered and was discharged one month afterward.

On the night of the 7th of June, the excursion train of the Mississippi Valley Railroad was derailed, seventeen miles out of the city, causing several serious casualties and a

number of minor injuries. The ambulances were dispatched to the depot, seven members of the medical staff, by special train, hurried to the scene of the accident with appliances for the emergency, and superintended the conveyance of those who chose to come to the Hospital.

Railroad and steamboat corporations, owners of machine shops, manufactories, etc., should surely be enlisted among the patrons of this service, and contribute to its maintenance.

By a system of signals, turned in from the fire-boxes, located throughout the city, the engineer of the fire department may, at any hour call an ambulance to the scene of accident.

Indeed, the Hospital Ambulance Service, within the short space of five months has become one of the most useful and practical of our public charities. The efficiency, so far attained, is due in large measure to the competency of the staff of Resident Students of the Hospital, and the zeal with which they discharge their special duty. It gives me pleasure to make this acknowledgment.

I remain, gentlemen, yours very respectfully,

A. B. MILES.

Charity Hospital, June 16th. 1885.

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**THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.**

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**LEADING ARTICLES.**

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**OUR NEW VOLUME.**

With this number begins the second volume of the **JOURNAL** under the present management, and we go out to our readers in an entirely new dress.

This is not an unfit place to look back at the beginning and briefly review the **JOURNAL**'s history.

There was no medical journal published south of Louisville, Ky., when in May, 1844, Drs. E. D. Fenner and A. Hester issued the first number of the **NEW ORLEANS MEDICAL JOURNAL**. In 1845 these gentlemen associated with them Drs. Wm. Carpenter and J. Harrison, the latter two having in view the publication of a new journal to be called **THE LA. MEDICAL AND SURGICAL JOURNAL**. After this union, however, the **JOURNAL**'s name was changed to the one it now bears. Through various changes in editorship the **JOURNAL** passed in 1857 under the control of Drs. Warren Stone, James Jones and S. E. Chaillè. For five years during the war the publication of the **JOURNAL** was suspended, and again from October, 1870 to July, 1873. At this latter date Dr. S. M. Bemiss became chief editor in which capacity he served till July, 1883. From the corps of editors who then assumed charge we acquired the **JOURNAL** in July, 1884.

From 1844 to 1861 and 1866 to 1867 the publication was a bi-monthly; from 1868 to 1870, a quarterly; from 1873 to 1877, a bi-monthly, and from 1877 to the present time a monthly.

It is with no little pride that we look back upon this array of predecessors so well known as scientific writers. Perhaps, then, it would not be amiss to give our friends the reason for the present change in appearance, and to say a word to them about what we have done in the past and what we hope in the future to do.

In the first place, then, our new garb is the outcome of a conviction that the majority of our readers *have* not yet sufficiently appreciated the fact that the JOURNAL did, one year ago this month, pass into the hands of a new management. In order to impress this fully upon even the most careless observer we have changed the cover, the arrangement, and, as far as possible, the whole appearance of the JOURNAL, hoping that a closer look will detect other and more important changes in the matter and manner of our contents.

When we bought the JOURNAL its financial condition was certainly not good and its business and books were decidedly muddled, but after one year of hard work we have paid off every debt and succeeded in placing the JOURNAL upon a firm, self-sustaining basis. It is true we have reaped no reward, save the consciousness of a deserving work well done, the enterprise having cost every member of the staff a small sum over and above the price paid the former owners of the JOURNAL, but for the present we are content, for the sake of Southern Medical Journalism, "some useful book to make."

Of the literary merits of the volume just completed it may not be becoming in us to speak, our readers being of this the proper judges, but we would call attention to the indisputable facts that we have published in our department of original articles a certain number of really valuable papers, and that our editorial department has given

evidence both in the quality and quantity of its work that the members of our staff are no laggards.

A look over the back numbers of the JOURNAL will show that formerly this department rarely ran over four or five pages, while our June number contained twenty-seven pages of matter devoted to the discussion of important medical matters.

Our present number is assuredly the equal of any issue of any medical publication in the South, and there is no journal in the country that would not have been glad to publish the three original papers, the excellent work of as many Louisiana physicians. We may point, too, to the department of Hospital Reports which is to be henceforward a permanent feature of value and importance.

So much we have accomplished in the past, but we are conscious of the exactions of the future and the great difficulties to be overcome before we can meet them and bring the JOURNAL to that plane of excellence upon which we ultimately hope to place it. If we had large means at our disposal it would, perhaps, be easy by offering handsome prices to fill our pages with excellent contributions, but for the present the friends of our enterprise must be content to help us with their pens as well as with their subscriptions, hoping with us for better times to come. The physicians of the South are undoubtedly behind their *confreres* of the North in this matter of reducing the results of their labors to a permanent form. In this they do themselves, as well as the profession, a serious injustice, and by a not praiseworthy reticence rob themselves of name and fame deservedly theirs. There are many among us who by reason of ability and long experience have much of importance to tell concerning our most important diseases, but we listen for their voices in vain.

We "cannot praise a fugitive and cloistered virtue," and it is for such as possess this that Horace wrote the couplet that appears as our motto on the title page: "Little does hidden worth differ from buried sloth."

There are others busy and ready enough with their pens,

who, with short-sighted policy, contribute to the Medical Journals of their sections only their inferior productions, reserving for the great Northern Journals their best work, hoping to attain thereby a larger audience and more extended fame. They deceive themselves. It is their Southern brethren who will be quickest to give them cordial appreciation and award them warmest praise. But were this not so, our Journals have large exchange lists, including every Medical Journal of any excellence in the country, and so their work, if of any merit, cannot fail in our JOURNAL to meet the eyes and command the applause of those men of every section who are most apt to appreciate its worth and extend its renown. Again, viewing the matter from the narrowest loop-hole of personal gain, our physicians must remember, that it is from their own sections that patients may be attracted by any reputation for superior excellence gained them by their pens.

The encouragement of medical literature in the South is one of the objects we have kept steadily in view, and we stand pledged to apply to this end the first profits of the JOURNAL, knowing well that a fair price for good work is the essential stimulus to production.

We stand greatly in need also of money that would enable us to employ correspondents and collaborators throughout the country and any future revenue will be promptly used for this purpose. In the meanwhile, a generous friendship has enabled us to place in our list of collaborators many prominent names, and we are encouraged to hope that by the close of the year we shall have a correspondent and collaborator in every Southern State.

These gentlemen, be it understood, do not merely lend us their names to ornament our prospectus, but they are distinctly pledged to contribute to the JOURNAL a certain number of articles each year.

In conclusion, we point to this past year of unpaid labor as an earnest that we are making a determined, vigorous, well-considered effort to establish here in the Southern metropolis a medical journal the equal of any in the

country, and we are bold enough to hope in time to make it the medical publication in the South. We are young it is true—our representative at the last meeting of the Association of American Editors being, by far, the youngest editor present—but our youth lends us energy and enthusiasm, and we can afford to labor and to wait. We are without capital, but also independent of the fears or prejudices of any publisher, and represent neither medical clique nor college. All we ask is a fair trial. It is in the power of our present friends and patrons to increase our subscription lists and thus furnish the means for instituting the improvements we have mentioned, and many others which will in time present themselves. But if, after some years, of earnest endeavor the work must fail for want of due support, we shall deplore more keenly than any personal pang the gloomy augury for medical progress in Louisiana.

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#### NOTE ON THE BACILLUS TUBERCULOSIS.

It seems to have been taken for granted by some of the enthusiastic supporters of the bacillary theory of tuberculosis that it embraced as a corollary the belief in the contagious nature of the disease. If tuberculosis is due to a bacillus, they seem to have said to themselves it must of necessity be a contagious malady; let us, therefore, proceed to prove it contagious and thereby hasten the conversion of the world to a belief in its bacillary origin, a doctrine of which we are proud to be the friends.

Now come, however, Prof. Sirena, Director of the Institute of Pathological Anatomy in the University of Palermo, and his assistant, Dr. Pernice, and show by recent experiments that while tuberculosis is probably a bacillary disease, the bacilli seem to quit their homes in the sputa and become wind-borne with extreme reluctance, and moreover they appear to become rapidly innocuous when deprived of moisture.

Drs. Sirena and Pernice performed their experiments upon rabbits and guinea-pigs, which animals were made by

a special apparatus to inhale the vapor arising from tuberculous sputa. The results were negative. In the liquid evaporated from sputa most careful examination failed to detect the bacilli, and this liquid injected or otherwise applied to five guinea-pigs, one rabbit and one dog, produced no effects. Finally, the sputa were dried in the sun and then gently pulverized, and the animals were made to inhale the powder, but they did not appear to be in any way the worse for it, and when killed exhibited no sign of tuberculosis.

The conclusions drawn by the authors are: 1st, the liquid obtained by evaporation from tubercular sputa is always free from Koch's tubercle-bacillus; therefore, when placed upon the cornea, injected into the subcutaneous cellular tissue, or into the peritoneal cavity, it does not give rise to tubercle; 2, tubercle-bacilli do not rise in an atmosphere moving over moist tubercular sputa, even when the sputa are very rich in bacilli; 3, the respiration for several hours, or even for several days, of tubercular exhalations does not give rise to phthisis in animals; 4, animals obliged to respire an atmosphere charged with the dried dust of tubercular sputum do not catch phthisis; 5, the subcutaneous injection of tubercular sputum produces for the most part a specific abscess, as is proved by the presence of the tubercle-bacillus in the pus, then, after a variable period, it produces tuberculosis of the abdominal and thoracic organs; 6, injection of tubercular sputum into the peritoneum produces at first local and then general tuberculosis, capable of successive inoculations in animals; 7, the injection of solutions of tubercular sputum into the trachea, even of animals affected with broncho-pneumonia, does not cause a specific infection, but, for the most part, a septic croupous pneumonia, characterized by the existence of micrococci in the exudation.

This is a very small straw, for the experiments are unconfirmed and the author of the translation, whence we draw our information (*London Medical Record*, May 15th) seems for some reason to regard them with suspicion; but



perhaps it may serve to show why tuberculosis is so slightly, if at all, contagious. If the bacilli of Koch have indeed the power of implanting the disease, it is extremely difficult to conceive, even taking for granted that a certain inherited or acquired weakness of resistance in the doomed individual is necessary, why in hospital wards those ill of debilitating diseases and crowded in with phthisical patients, so seldom become tubercular.

The reason is manifest, if it be true, that the bacilli seldom quit their favorite media and become diffused throughout the atmosphere, and if drying of the expectorated matter rapidly deprives them of their power for evil. The establishment of similar facts concerning the nature and habits of other organized infectious agents might serve to explain certain phenomena heretofore ill-understood.

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### THE DRUGGISTS AND THE DOCTORS.

Another so-called "professional" war is now in progress in New York and Brooklyn. The physicians of these two cities, but more especially Brooklyn, are up in arms against the druggists because of the wholesale prescribing done by the latter, and the enormous amount of proprietary and patent medicines, which the druggists almost force upon the laity. The means employed by the doctors as a counter-move against the druggists is to personally provide the medicines needed by their patients, but without any extra charge. The County Medical Society approved of the plan of furnishing the drugs, but decided that no extra charge should be made for them.

The struggle is becoming very bitter with many charges and counter-charges, which are derogatory to both sides, and must result in lowering both professions in the eyes of the community. The doctors say the druggists make from 200 to 300 per cent. on their drugs, and that the average cost of a prescription is not more than ten cents. The druggists reply that doctors' fees are unreasonably high, and that they resort to this method as a means to avoid an

inevitable demand on the part of the public for a reduction ; further, that they are afraid of the homœopaths, and take this step to stem the tide of advance of this sect. The druggists threaten to bring the whole matter before the State Society, and they have already inaugurated a move looking to inducing wholesale druggists to refuse to sell to any but retail dealers.

It is hard to foresee how matters will end, but it is scarcely to be expected, that either side will be much benefited, by the inevitable exposures of the "tricks of the trades," or that any of the questions involved will be definitely or satisfactorily settled.

One important point pertaining to the subject under discussion is, who owns a prescription which a physician writes for and gives to a patient? In other words, has a druggist a right to fill the prescription for another person, or even to refill it for the same person, without an order from the physician to do so? It would seem proper, and custom has almost made it so, for the druggist to refill a prescription for the same person so long as he is sick and still requires it. This, however, is very indefinite and gives the druggist a very wide limit in which to use his discretion, and the more unscrupulous could very easily abuse the privilege. Even an honest and conscientious man could very easily be deceived by one who wanted his bottle refilled for a friend or accomplice.

The other part of the question, namely who owns the prescription, has puzzled wiser heads than ours. One judge in a Northern State decided that it belonged to the physician. Another, also in the North, but from a different State, decided it to be the property of the patient ; but neither allowed its possession to the druggist.

There are laws governing this matter in some of the States, notably Alabama and North Carolina, but we can not at this moment give their full import. In Mexico the prescription belongs to the patient, and must be returned to him, though the druggist is expected to keep a copy.

It appears but just that the physician should be declared

the owner of the product of his own skill and own thought, not that he may thereby have a copyright upon it and withhold it from other physicians, or from any benefit it may bring to humanity in general, but simply to keep it out of the hands of dishonest druggists, of whom there are several in this world. A builder has no right to use an architect's plan on a second house, unless instructed by the latter so to do. The cases are very similar. It is hard indeed that a physician must innocently injure himself, and likewise his *confreres*, by unfortunately writing for a common ailment a prescription which commends itself to a druggist, and is immediately treated by that functionary as stock in trade, and handed over to Tom, Dick and Harry as a panacea for all their ills, and a sure preventive against a doctor. No true physician wishes to keep his useful formulæ secret—it is the essence of quackery to do so—but every physician must deprecate the indiscriminate and dishonest use of his prescription to the injury of everybody concerned, except the mixer of drugs.

Again, the charge of wholesale prescribing made by the Brooklyn physicians against the druggists there, is by no means an evil confined to that locality. It is, perhaps, nowhere worse or more general than it is here. How many patients at the hospital will tell you, that this or that druggist gave them medicine for two or three days, or two or three weeks, and, as they did not improve, they thought it best to come to the hospital. Or take a seat in a drug store—the larger, the better—for a half hour, and see how many people, rich and poor, will come in and ask, what is good for this or that? and see with what suavity and professional ease the druggist, or drug-clerk, or even the soda-boy, will put them up mixtures “which will cure you in a few hours—one dollar, please.” One of these druggists actually said to a physician, “you are doing our business much damage by giving so much medicine to the out-patients at the hospital.” The physician thought he had never felt so much like a criminal in all his life.

The whole matter is an evil, which should be corrected,

and while we heartily sympathize with our brethren in Brooklyn in the injury, which the evil undoubtedly causes them, we are not prepared to say that they have taken the best measures to overcome it. A full and free understanding with the more honorable druggists might possibly have remedied the matter somewhat, as far as such an affair could be remedied, for some people have more confidence in patent medicines than in doctors, or else prefer to be treated in a slipshod manner. Or legislation, looking to the restriction of patent nostrums, and the use of physicians' prescriptions by druggists might have availed something. In the South legislatures (the majority of them) reject every act that is offered, if it contains the word *medicine*, but at the North influential lay and medical journals do succeed in persuading the law-makers to notice these subjects occasionally. Finally, if the worse came to the worst, the establishing, directly or indirectly, by the physicians of several drug stores, which would be "regular," would have been a little more dignified, and would have done more material damage to the "irregular" stores.

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#### THE USE OF DISINFECTANTS IN LYING-IN WARDS.

In the *Boston Medical and Surgical Journal* for May 14th, 1885, we find a very interesting editorial on puerperal prophylaxis in Vienna, and a letter from Berlin on the same subject in the latter city. The statistics of puerperal mortality at present, as compared with the former results, before the introduction of the thorough system of antiseptic treatment in the maternity hospitals of those cities, certainly speak for themselves. It seems to be an exception to find febrile temperature in these wards, and though at first thought the systematic disinfection carried out would seem a herculean task, we have no doubt that, besides the great saving of life, the work in all obstetrical departments would be greatly lightened by its adoption.

The system in the two cities is practically the same. In Berlin the patient to be confined is first thoroughly scrubbed with soap and water, and the vagina and external genitals douched with a solution of bichloride of mercury. Whenever, during labor, there are repeated examinations, a vaginal douche of one to 5000 is used again, and towards the end the vulva is anointed with corrosive sublimate and glycerine, one to 1000. After delivery the vagina is well washed out with a one to 5000 solution, and if there has been any operation the uterus is also washed out with the same solution. After this there is no more need of vaginal douches. The external parts are kept clean and washed daily with a one to 1000 solution.

The most scrupulous cleanliness is required of the doctors and nurses, the hands and forearms being well scrubbed before touching the patient, and in deliveries the hand is dipped into a 1 to 1000 solution before making an examination.

Credé's procedure for the prevention of ophthalmia neonatorum is in general use. It consists in instilling a drop of a 2 per cent. solution of nitrate of silver into the eyes of new-born infants. The eyes are immediately washed off with cold water.

When we consider that this simple treatment has banished this disease wherever it has been adopted, we can scarcely understand its being omitted from the routine practice of any obstetrical ward.

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### THE EPIDEMIC AT PLYMOUTH, PA.

The town of Plymouth is at present unenviably famous. The occurrence of over a thousand cases of undoubted typhoid fever in a population of eight thousand has drawn the eyes of all medical men to its sanitary condition, and to the relationship between this and the outbreak of the disease. Never has a widespread epidemic been more clearly traced to its true source, and never has neglect of sanitary precautions been more promptly and severely pun-

ished. Before hygiene had reached a state of accuracy and taken its position among the modern medical sciences, such afflictions were counted among the visitations of an inscrutable Providence; but to-day we know that such visitations are not due to the unsearchable workings of a distant, mysterious power, but are the legitimate effect of flagrant violations of sanitary laws.

The investigations of the resident and visiting physicians all point to the conclusion, that the water-supply of Plymouth has been the agent in the propagation of the virus of the disease. Plymouth receives its water chiefly from a pure mountain-stream; the water is stored up in four successive reservoirs, from the last of which pipes lead to all the streets of the town. When the water in this stream is very low, the pipes are supplied with water pumped directly into the mains from the Susquehanna River. This was done from March 20th to March 26th; but the river water was then reasonably pure, and no suspicion is attached to it. It was suggested that the mountain-stream supplying the town might be at the bottom of the trouble; and a committee of three resident physicians was requested by the water-works company to investigate the condition of the reservoirs and streams.

The committee found that the stream was supplied with an abundance of pure water. Between the third and fourth reservoirs, however, in the only house situated upon the stream, there was a patient convalescing from typhoid fever. This patient visited Philadelphia on Dec. 25, 1884, and returned home on Jan. 2, 1885. It is presumed, that he contracted the disease in Philadelphia, though the condition of the town itself, according to competent report, was bad enough to generate typhoid fever or any other disease; it does not matter where he took the disease, the fact remains that he had it. He partially recovered, and suffered from a relapse, and on March 18th and 19th he had severe hemorrhages from the bowels that imperiled his life. During his illness the dejecta passed at night were thrown out on the snow within a few feet of the stream and with-

out any attempt at disinfection; while the day-stools were emptied into a privy, the contents of which lay upon the surface of the ground. The dejecta accumulated and remained innocuous upon the snow. From March 25th to March 31st the weather was sufficiently warm to melt large quantities of snow, and early in April there were frequent showers of rain with mild, warm weather. The thaws and rains washed the dejecta into the stream, whence the poison was sent to all parts of the town.

“Supposing that this occurred between March 25th and April 5th, and allowing from ten to fourteen days as the proper period of incubation, we would expect, from this cause, an outbreak of typhoid fever to occur from the 5th to the 15th of April. The time of the proven contamination of the water-supply, allowing the proper time as the period of incubation, corresponds so thoroughly with the onset of the epidemic, that the committee could but conclude that in this explanation sufficient cause was found for the epidemic of typhoid fever in Plymouth” (Dr. Lewis H. Taylor). Six hundred feet below the contaminated reservoirs there lives a family in which two persons had typhoid fever; the family dipped their water directly from the stream, below the point where the dejecta were washed into it. A little further down is a house in which hydrant water (*i. e.*, from the reservoirs) was used; the disease was prevailing in that house when the committee was investigating.

Only sixty feet away from the last one, stands a house supplied with well water; the family escaped. A short distance to the north there were eleven families using well water; none of these families were visited by the disease. On one side of a certain street, almost every family using hydrant water was stricken, while the families living on the other side of the same street, using well water, escaped. This was observed to be the case on several streets. Many other cases and phenomena indicate that the epidemic arose from the contamination of the drinking water of the town with the dejecta of one typhoid fever patient.

It is a very easy and cheap matter to destroy the infective properties of typhoid fever excretions; and when we reflect that a little instruction to the family might have averted the terrible calamity that has befallen a thriving town, we are more than ever convinced that health authorities should institute a prompt surveillance over all cases of infectious disease, and should take the necessary steps for stamping out a plague.

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### THE CHARITY HOSPITAL AMBULANCE SERVICE.

We take pleasure in directing the attention of our readers to the communication from Dr. Miles, House-Surgeon, Charity Hospital.

At the request of the *JOURNAL* the doctor has kindly prepared an account of the history and organization of the Ambulance Service, which has already in the short space of five months reached a degree of efficiency, which makes it the equal, if not the superior, of any similar service in this country. The wagons themselves, selected after careful examination of the best ambulances in New York, Philadelphia and Boston, are models of elegant and easy-riding vehicles, as numbers of poor unfortunates will attest.

Instances showing the remarkable promptness and great value of the service are daily multiplying, speaking loudly in commendation of the corps of resident students for their cheerful and active co-operation in making the service a manifest necessity. The wonder now is that our Charity Hospital has been able to do so long without such a valuable arm of its great charity.



# PROCEEDINGS OF SOCIETIES.

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## ATTAKAPAS MEDICAL ASSOCIATION.

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The Attakapas Medical Association met in New Iberia, La., May 5, 1885.

There were present Dr. L. G. Blanchet, of New Iberia, President; Dr. Thomas Hebert, of New Iberia, Secretary; Drs. A. Maguire, C. M. Smith, A. S. Gates, of St. Mary Parish; Drs. E. S. Barry, J. P. Francez, of St. Landry; Dr. F. M. Thomas, of St. Martin; Dr. F. S. Mudd, of Lafayette; Drs. G. P. Minvielle and T. J. Woolf, of Iberia.

Dr. Blanchet, from the chair, welcomed the Association to New Iberia. He explained at some length the proceedings leading to the adoption of the resolutions making New Iberia the future home of the Association.

The President made also some feeling remarks regarding the loss of a very active and much lamented member, Dr. Felix Guilbeau, of Grand Coteau, St. Landry Parish. On motion, duly seconded, a committee to draft suitable resolutions concerning his death was appointed. [The resolutions adopted will be found on another page in the Necrological Department.]

The report of the Committee on Malaria and Malarious Fevers, Dr. C. M. Smith, Chairman, was referred to next meeting of the Association.

The report of Committee on a Veritable State Board of Health was referred to a future meeting, awaiting action of State Society.

After some remarks by Drs. T. J. Woolf, Mudd and Maguire, on motion of Dr. C. M. Smith, duly seconded, it was unanimously resolved to appoint a committee from this Society to act in concert with the Committee of Arrangements of the State Society. Drs. Smith, Mudd, Francez, Thomas, Honore Guilbeau and Woolf were appointed.

The following preamble and resolution was offered by Dr. F. M. Thomas.

WHEREAS, The State Medical Society will meet by invitation in the town of New Iberia in April next ;

*Be it resolved*, By the Attakapas Association, that we, members of said Association, do hereby extend the civilities of the place to the members of the State Association, and guarantee that the citizens of Iberia will do all in their power to render their stay with us pleasant and agreeable. Carried.

It was moved by Dr. Maguire, and seconded, as an additional motion to that of Dr. Smith, that the committee appointed by the Attakapas Society, after ascertaining what means can be raised in their respective neighborhoods, should communicate with the committee of the State Association to the same effect, so that at our next meeting we will be fully acquainted with the means at our disposal. Carried.

On motion of Dr. Gates, duly seconded, it was resolved to suspend the rules, by unanimous vote, and have the Attakapas Medical Association meet annually instead of bi-annually, and that the place of meeting be fixed in New Iberia. Carried. This resolution granted the incumbent chairman, or president, the power to call extra meetings whenever in his judgment he thought such meetings necessary or advisable, and also granted the right to choose the place for any such meeting.

Drs. Blanchet and Hebert were reelected the officers for ensuing year.

Dr. C. M. Smith read a paper on Pneumonia. The Association passed him a vote of thanks and requested him to publish his paper in the *New Orleans Medical and Surgical Journal*.

Dr. Woolf presented specimens of an extra-uterine foetus extracted last year by laparotomy.

Dr. E. S. Barry presented the skull-cap of a young negro, who for 5 years suffered from epileptic convulsions, after having received at the age of 2 years a kick from a mule upon the right temple. The skull presented an old fracture with large hiatus, and a fragment of the internal table depressed to the extent of one-half inch or more into the skull cavity. This instructive specimen was received with thanks.

Thos. HEBERT, M. D. Secretary.

## PROCEEDINGS OF SHREVEPORT MEDICAL SOCIETY.

REGULAR MEETING, JUNE 2d, 1885.

The Society met in regular course and was called to order by the President, Dr. L. H. Fisher. A large attendance was present. After the usual preliminary business the Secretary announced Dr. D. H. Billiu as the essayist for the evening.

Dr. Billiu then presented his paper on

“OPHTHALMIA NEONATORUM.”

This disease he characterized as a purulent conjunctivitis of new-born children, beginning after birth at periods varying from a few hours to three weeks. It begins in one lid and rapidly extends to the other, and, if neglected or improperly treated, soon accomplishes the destruction of the eye. Uncleanliness and unhealthy vaginal secretions were leading factors in every instance, but gonorrhœa was the cause, in every *severe* case, of ophthalmia neonatorum. Soap, exposure to light and other extraneous causes never produced a severe attack of this affection.

The essayist made a distinction between gonorrhœal ophthalmia and gonorrhœal conjunctivitis. The former is of gonorrhœal rheumatic origin, the latter comes from direct contact of gonorrhœal matter. The first will get well with little or no interference, while the other requires special and persistent treatment; yet the progress of the two diseases is similar as are the discharges, and the structures involved are the same.

As a general rule, the disease appears among the lower classes, but it is also found among those in the upper walks of life. “Can we say that a virtuous, high-bred woman ever inoculated the eye of her new-born offspring with specific matter as it passed into the world?” In asserting the affirmative the writer referred the origin to the father who probably, previous to marriage, had suffered from gonorrhœa, which later degenerated into a gleet. This gleety discharge, he assumed, under vinous and venereal excitement may become pus-like and specific in its character and thus the wife and mother is contaminated. A microscopic pus-cell might be sufficient to originate an inflammation in the delicate eye-lid of a new-born babe. The conclusion, therefore, is, that all severe cases are of specific origin, while the mild ones are non-specific and readily yield to simple remedies.

Active treatment in this disease is of prime importance. The following he had successfully used in several typical cases of marked severity.

The medical man is generally called after the usual domestic remedies have been tried and have failed. In these severe cases, he finds the lids greatly tumefied and the purulent discharge very profuse. The removal of this matter is essential. The eye must be kept washed out day and night, as often as every two hours.

For this purpose he uses tepid water, slightly salted, applied with a clean rag or absorbent cotton. A fresh supply of water should be used at every application; then, the lids being pressed open, a solution of nitrate of silver (4 grs. to the oz.) should be thoroughly applied to the inflamed surface, at least three times in twenty-four hours. Preparatory to this application, the lids should be washed perfectly clean with simple tepid water, and afterwards, again bathed to prevent the deposit of the nitrate on the corneal surface.

This treatment is followed by reduction of the swelling and the appearance of a granulated surface. Astringent collyria, such as wine of opium, solution of boracic acid (10 grs. to oz.) may now be tried. In conjunction with this, it may be necessary also to continue the sol. arg. nit. once or twice a week. To prevent adhesion of the lids, and to further promote the cure, dilute citrine ointment, one to seven of cold cream, should be applied night and morning to the inflamed part.

In suspicious cases he would adopt the recommendation of Credé, and as a preventive measure drop into the eye, a half hour after birth, a two per cent solution of nitrate of silver. The essayist closed his paper by citing several examples of certain lying-in hospitals, where in recognition of the specific character of ophthalmia neonatorum mother and child were kept in separate beds.

Dr. T. J. ALLEN opened the discussion by saying, that he believed that gonorrhœal virus was the cause of perhaps a majority of the cases of ophthalmia neonatorum, yet we sometimes meet with cases in the offspring of persons whose high moral character almost precluded the possibility of a specific affection, and until the microscope shall reveal to us a characteristic micrococcus in the pus of the infant's eye, it would be more charitable to regard, at least in these cases, the cause as non-specific.

Dr. A., moreover, thought the distinction made by the

essayist between gonorrhœal ophthalmia and gonorrhœal conjunctivitis more theoretical than practical, as we are never able to say with certainty that cases of gonorrhœal ophthalmia did not receive the matter by direct contact, and it is often difficult to convince the patient, how little of the leaven is required to "leaven the whole lump." The treatment adopted by the essayist he regarded as good, but in his own practice he used a much stronger solution of the nitrate of silver, especially at the commencement of the attack.

DR. J. W. ALLEN was in accord with the essayist, in referring the probable origin of the disease under discussion to a specific cause, and he would go even further and treat *every* case, the mild as well as the severe, upon this assumption.

DR. W. HILLIARD did not recognize the distinction made by essayist between gonorrhœal ophthalmia and gonorrhœal conjunctivitis, nor did he regard gonorrhœal ophthalmia as a sclerotic inflammation and nothing else, such as we sometimes meet with in so-called rheumatism of the joints, but he thought it identical with the gonorrhœal conjunctivitis as described by the essayist. He believed he was borne out in this assertion by high authority.

On the subject of treatment, in cases of extreme tumefaction of the lids, complicated, as often happens, with blepharospasm, when retraction becomes impossible, he thought incision of the outer canthus might be practiced with good results. This practice is, of course, recommended only in extreme cases.

While approving the tepid water applications as recommended by the essayist, he would in case of failure substitute cold water. The removal of pus is, of course, of the highest importance, and in cases where accumulation is very rapid, he would clean the eyes more frequently than every two hours, say every twenty or thirty minutes. As a local application, he prefers a solution of nitrate of silver of less strength than that recommended by Dr. Billiu—, as little as  $\frac{1}{4}$  gr. to oz. and even this not to be used at all, unless other simpler treatment had failed.

DR. W. W. ASHTON, while approving the treatment proposed by Dr. Billiu, took occasion to remark upon the abusive use of poultices in this and kindred affections of the eye as practiced by some physicians, but probably to a greater extent by the non-professional public.

Poultices, he thought, had proven the death of many

eyes and could not be too severely condemned, when indiscriminately used.

DR. T. G. FORD agreed with Dr. Allen, Sr., in the conclusion, that many cases of ophthalmia neonatorum were found amid such moral and social surroundings as to forbid the idea of specificity. He thought there might be vaginal secretions, apart from gonorrhœa, of such character as to produce the phenomena of even the worst cases described by the writer—at all events he had seen such in circles that could not well be explained upon any other reasonable hypothesis.

DR. A. A. LYON, in reply to the point made in the essay relative to the revival of a gleet into a specific poison, said that he could not accept this as a fact. Some of the older authorities may have led us to conclude this possible, but his impression was that later investigators had demonstrated, that chronic gleet was a sero-mucous discharge alike bland and innocuous and incapable of producing infectious contamination. He did not think "wine and venery" could produce so radical a change in this secretion. Where infection followed, he would suspect a new ingraftment of the gonorrhœa. He cited a case from his practice, where a young man, engaged soon to be married, had been overtaken by, or perhaps, to speak more accurately, had overtaken a case of gonorrhœa. He was promptly and actively treated; the acute symptoms disappeared in due time, but a gleet remained. The anticipated nuptials were in consequence deferred for a season, still the gleet remained in spite of all that could be done. The case became embarrassing both in its medical and social aspects, until finally, with the doctor's approval the marriage was consummated, before the groom was fully restored. Diligent inquiry for several months afterwards failed to discover any evil consequences to the wife. Advice in such cases, however, should be rendered with great caution.

In consequence of the lateness of the hour and of other business to follow, no "Reports of cases in practice" were presented.

The next business taken up was the reports of delegates from the State Medical Society and the American Medical Association.

DR. T. J. ALLEN, for the former, reported the late meeting at New Orleans in many respects all that could be desired. The attendance was, perhaps, the largest obtained since our re-organization in 1878. The arrangements

were excellent, probably due in great measure to the near approach of the meeting of the American Medical Association. Of the papers presented, some were of a high order, but in the main he felt that both in number and quality the standard we were capable of attaining, and to which we ought to aspire, had not been reached. This failure was, he thought due to a want of proper interest and work on the part of the standing committee on "Reports and Essays." New Iberia was chosen as the next place of meeting and from what he could learn he had reason to believe the meeting for 1886 promised very favorably.

DR. LYON, the second delegate, as supplementary to Dr. Allen's report, presented a communication he had lately received from the editors of the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*, indicating their purpose "to use the full power of the *JOURNAL*" to promote the interests and further develop the Society during the coming year. The present management was a new one, composed of a corps of active and energetic young men of recognized talent, and he thought the *JOURNAL* should receive the undivided support of the profession throughout the State. Dr. Lyon further announced that he had, through the courtesy of Dr. T. J. Woolf, of New Iberia, received the printed transactions of the Attakapas Medical Association, in which it appeared that this body had appointed a special committee to act in conjunction with the committee from the State Society, in perfecting arrangements for the meeting to be held in New Iberia next April.

DRS. EGAN and BILLIU, delegates to the American Medical Association, made their respective reports, which were substantially as printed in the various journals.

DR. T. J. ALLEN, was announced as essayist for the next meeting. The Society then adjourned till Sunday, July 7th, 1885.

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## ABSTRACTS EXTRACTS AND ANNOTATIONS

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### MEDICINE.

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#### BICHLORIDE OF MERCURY IN PHTHISIS.

Dr. Kalloch reports in the *Philadelphia Medical News* marked improvement in every one of thirty-three cases in various stages under the following prescription :

R. Hydrarg. bichloridi..... gr i.  
 Ammonii chloridi..... ℥ijss.  
 Alcohol..... ℥ii.  
 Glycerine et aquæ q. s. *ad*.... ℥iv.

M. S., teaspoonful three times daily after meals.

Dr. Mulhall, commenting upon this in the *St. Louis Medical and Surgical Journal*, says he has discovered that any antiseptic (iodine, bichloride, creosote, etc.), when well borne in phthisis will at once improve the symptoms.

[A. Cooper, F. R. C. S., in speaking of conditions which contraindicate the use of mercury in syphilis places phthisis, except when very slight, at the head of the list (*Pacific Medical and Surgical Journal*, May). In the light of the preceding annotation this does not appear to hold. These, and our own observation, would incline us to regard the coexistence of phthisis with syphilis as an additional indication for the exhibition of moderate doses of mercuric chloride.—*Eds.*]

#### POTASSIUM SALICYLATE IN ACUTE RHEUMATISM.

Dr. E. L. Miller, of Eaton, N. Y. recommends the use of the potassium instead of the sodium salt of salicylic acid in acute rheumatism. He claims that the potassium favors the elimination of the worn-out albuminoid products which fall short of being converted into urea in the body; he has used this salt when the stomach refused to tolerate the sodium salt.

#### ORANGES AS A GALACTOGOGUE.

A "country doctor" in the *N. C. Med. Journal* reports an instance of oranges acting as a galactogogue. When the lady stopped eating the fruit her milk diminished; when she ate them regularly, she had all the milk her child required.

#### RINGWORM OF SCALP.

Dr. James Foulis—*Brit. Med. Journal*—thus treats ringworm of the scalp. Cut the hair short. Tie a towel closely around the forehead to protect the eyes. Pour common spirits of turpentine freely on the spot or spots and rub it in with the finger. As soon as it begins to burn, rub some carbolic soap (10 per cent) into the parts and make a lather with warm water. The pain rapidly ceases. Dry



the head with a towel. Paint the spots with two or three coats of tincture iodine. As soon as it is dry, rub some carbolized oil (1 to 20) all through the hair to catch any loose spores. Repeat this once a day in mild cases, twice in severe. In a week the case is well.—*N. C. Med. Journal.*

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#### DIAGONAL LINE IN DISTENTION OF GALL-BLADDER.

Jno. W. Taylor, F. R. C. S., in the *British Medical Journal*, for April 11th, 1885, again draws attention to the value of the *diagonal line* in distention of the gall-bladder. "This line is to be traced from the normal position of the larger end of the gall-bladder (near the tip of the cartilage of the tenth rib on the right side) to the opposite side of the abdomen, crossing the middle line slightly below the umbilicus." He details a case diagnosticated by this means alone, and the diagnosis questioned by an eminent surgeon, but in which autopsy confirmed Dr. Taylor's opinion.

[The writer recalls a case in the Charity Hospital, in which this point would have aided him materially. The tumor of the above shape was thought to be a hydatid cyst until aspiration revealed the accumulation of bile.]  
—*Eds.*

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#### CASCARA SAGRADA FOR CONSTIPATION.

Dr. Reid, in the *British Medical Journal*, thus sums up a paper on Cascara Sagrada:

1. Cascara was a most useful remedy, both regarding its immediate effects and after results in obstinate and chronic cases of constipation.

2. It was best to prescribe it in continuous small doses than in occasional large doses.

3. Cases were met with in which, even in larger doses—at any rate in the form of the fluid-extract—the drug had not been of service.

4. No rule could be laid down by which one could ascertain previously whether the drug would suit or not; but when pain was produced, it in all probability was owing to too large a dose being given.

5. It was of great service in hæmorrhoids, when other aperients had failed.

[The following combination used in the out-door clinic of the Charity Hospital has proved of much service in those forms of constipation resulting from indolent habits, carelessness, and a sluggish state of the canal :

Ry. Strychniæ sulphatis . . . . . gr.  $\frac{1}{4}$ ,  
 Cascaræ sagradæ fl. ext. . . . . ℥iv.  
 Elixir cinchonæ ferrat. . . . . ℥iiss.

M. Ft. sol. sig. dessertspoonful three times daily.

Patients are cautioned against using it as a purgative. If they do so it is apt to gripe.—*Eds.*]

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## SURGERY.

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### SYPHILIS AND CIRCUMCISION.

Three cases are recorded in *Annales de Derm. et de Syph.* (See also *London Medical Record*, March 16th, 1885), where syphilis was communicated to new-born children by the assistant who sucked the wound in the rite of circumcision. The operator was healthy, but the assistant had mucous patches in his mouth. The parents were in all cases healthy, but the mothers subsequently became infected in the breast from suckling the offspring.—(*Boston Medical and Surgical Journal*, April 16th 1885.)

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### CURE OF ANEURISM BY INSERTION OF WIRE.

Another wonderful triumph has been added to the surgeon's crown of laurels.

Signor Loreta, of Bologna, has cured an abdominal aneurism by cutting down upon it and inserting into the sac two metres of silvered copper wire. The first night the patient rested free from the acute pain, which he had been enduring for months, the femoral pulse, until then barely perceptible, gradually returned, and he went on to complete recovery, being discharged 3 weeks after the operation.

The late Mr. C. H. Moore, of Middlesex Hospital, introduced this plan of procedure by thus operating upon a thoracic aneurism and inserting 26 yards of wire; but the result was not a success. The case was not a favorable one and it is thought that too much wire was used.

This practice is probably only adapted to sacular aneurisms and great care must be observed to prevent the wire from adhering to the inner sides of the tumor.

Our iodide of potassium, sugar of lead, ergot, ice compresses, etc. etc., will no longer be needed, if the Surgeon can thus come to the aid of the Physician.

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#### ERYSIPELAS AND LISTERISM.

At a recent meeting of the Paris Academy of Medicine, Dr. LeFort declared that the diminution of erysipelas in the hospital wards was due, not so much to the so-called Listerism, as to improved methods of treating tranmatism, medically as well as surgically. All the methods were good provided they were intelligently carried out and fulfilled certain indications, such as the prevention of irritation of wounds, the stagnation of pus, and the avoidance of frequent examinations, particularly of wounds of the head, which are so frequently followed by erysipelas, as are also those made by the knife, in comparison with those produced by caustics or the thermo-cautery —Paris Letter in *Medical Record*, May 2.

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#### LUPUS CURED BY ARSENIC INTERNALLY.

Mr. Jonathan Hutchinson publishes in the *British Medical Journal* an account of a case of lupus erythematosus cured by the internal administration of arsenic. The remedy was pushed until physiological effects, red eyes, and an attack of "shingles" appeared. Mr. Hutchinson is not very sanguine, however, and seems to regard the case as exceptional.

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PROFESSOR BUDIN—The *British Medical Journal*, of May 6, states that on May 6 Mr. Lawson Tait performed laparotomy and hepatotomy, at Nice, on Professor Budin, of the Faculty of Paris, who has been ill for some two years. His symptoms pointed, from the first, to some abnormal condition of liver, though the precise nature of the trouble remained obscure. About the first of May a consultation was held between Professors Tarnier, Brouardel and Bouchardat, and Drs. Bar and Thaon, when it was

decided that laparotomy should be performed, and Mr. Tait was asked to go to Nice to do the operation. On cutting into the liver he found a tumor containing a large mass of hydatids, which he successfully removed. A drainage tube was left in the wound. Since the operation Professor Budin has made an uninterrupted recovery.—*Journal of the American Medical Association.*

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## OBSTETRICS, GYNÆCOLOGY AND PÆDIATRICS.

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### THE FINGER NOT THE UTERINE SOUND.

DR. BULLIET, of Geneva, in the "*Archives de Toxicologie*," April, 1885, discountenances, as altogether inefficient, the use of the sound in the diagnosis of fibroids of the uterus. He says the requisite for diagnosis is not the sound but the finger, and that digital exploration of the uterus is entirely innocuous, provided suitable precautions are taken. With a well prepared sponge tent and thorough antiseptics no evil results are to be feared.

Having detected a fibroid, the finger is introduced into the cavity and along it a guarded bistoury. The uterine wall is incised just above the tumor and the incision is prolonged along its diameter to the depth of about one third of an inch. Strict antiseptic precautions are to be taken after the operation. The tumor pushes its way slowly towards the uterine cavity, gradually becomes pediculated, and as a result of the incision there exists, instead of an interstitial fibroid, an intrauterine fibrous submucous polyp. This by the contractions of the uterus gradually becomes forced into the vagina, and, eventually, completely out of the genital passage.

(From a "Report on Progress of Obstetrics and Gynecology in France." By A. Auvard, M. D., *American Journal of Obstetrics*, for June, 1885.)

### OAT-MEAL FOR CONSTIPATION OF CHILDREN.

Poulain, *British Medical Journal*, January 31st.

The writer has found this useful, used in the following way: A tablespoonful of fine bran in bread and milk; the bran should be allowed to soak in the milk, and then when warmed up to a little below the boiling-point it should be poured on the bread.—*Archives of Pediatrics.*

## ACUTE CHOREA.

FAILURE OF ARSENIC AND BROMIDES; CURE BY CONIUM AND CHLOROFORM  
INHALATIONS.

*Lancet*, November 29.

The patient, a boy of twelve, had had a mild attack a year before. The present one was brought on by a severe fright. He had been treated by arsenic and bromides for six weeks without benefit. All voluntary muscles were the seat of constant and incessant movements. Chloroform had been administered on account of night screaming. He was then put on drachm-doses of succus conii four times daily, arsenic being continued in four-minim doses four times a day. Marked improvement was noticed in three days and continued; at the end of a month the choreic movements could scarcely be noticed. He had incontinence of urine at the time, which was relieved by belladonna.—*The Archives of Pediatrics*.

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## REVIEWS AND BOOK-NOTICES

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*A Practical Treatise on Nasal Catarrh and Allied Diseases*; by Beverly Robinson, A. M., M. D. P., Clinical Professor of Medicine at the Bellevue Hospital Medical College, New York; Physician to St. Luke's and Charity Hospitals, etc., etc.; second edition revised and enlarged. N. Y., William Wood & Co. [New Orleans, Armand Hawkins. Price \$2 50.]

In all new fields of medicine, as well as other sciences, there is a period of observation, which is sure to yield an abundant harvest in the end. The advances in laryngology and rhinology have been rapid; but so far the many monographs and treatises that have been written during the last few years have tended more towards giving us an exalted idea of the direful results attending pathological processes (which not many years since never caused the least anxiety to the average medical practitioner), than towards furnishing a means of cure.

It is true all the authors give remedies. There is no dearth of them; but nearly all treat the disease differently.

In reading this book, however, we begin to see that some unanimity is creeping into treatment, and that useless or injurious remedies are becoming gradually weeded out.

The author has had large experience and in his efforts, he says, to find the best remedies has tried nearly everything that was ever used by regular practitioner or quack. Surely we can do no better than to try for ourselves the practical outcome of so varied an experience. Though treating ostensibly of the nose and naso-pharynx, these cavities and their diseases are so intimately connected with the other cavities of the head, that we are unavoidably led off on excursions into these neighboring caverns which make us regret that the work in question was not more comprehensive in its scope.

We hope, however, that as the second edition has been so much improved by the edition of Part II, the author will be induced with his next edition to add a Part III, treating of the Pharynx and Larynx.

Thirty-five pages are devoted to the anatomy, the instruments used and the methods of examination. We there have the various forms of coryza, and Part I is concluded with Post-nasal Catarrh.

The addition to the first edition contains "Aural Complications of Catarrhal Inflammations of the Nose," "Deflections of the Nasal Septum and Bony Obstructions of the Nose," "Ulcerous Coryza," "Adenoid Vegetations at the Vault of the Pharynx," and "Gelatinous or Mucous Polypi of the Nose."

We must confess that in the treatment of post-nasal catarrh we were more particularly drawn towards Dr. Robinson, by his emphatic condemnation of the douche and his assignment to the spray of its rightful place as simply a means of cleansing, than by any extensive experience with the use of powders.

The surgical treatment is very good. If there is any one thing definitely settled in this branch of medicine, it is that the first step towards the cure of post-nasal catarrh and its complications is to clear out the nasal passages.

One of the features of the book is the quantity and quality of its illustrations. It is very hard to give an adequate idea of an instrument from description solely; the author seems to have appreciated this and has given us a cut of nearly every instrument he describes. G. B. L.

*The Year Book of Treatment for 1884.* A critical review for practitioners of medicine and surgery. [By a large corps of contributors] Philadelphia, Lea Bros. & Co. 1885, [New Orleans: Armand Hawkins, 196½ Canal St. Price 1.25.]

The object of this book is to present to the practitioner

not only a complete account of all the more important advances in the treatment of disease but to furnish also a review of the same by competent authorities.

Each department of practice has been fully but concisely treated, and care has been taken to include such recent pathological and clinical work as bears directly upon the ailment.

The medical literature of all countries, as stated by the compiler, has been placed under contribution, and the work deals with all the more important matters relating to treatment that have been published during the year ending September 30th, 1884.

A full reference has been given to every article noticed.

The list of compilers and reviewers who have contributed to this excellent compilation embraces the names of the most distinguished and competent authorities in Great Britain and is sufficient to insure the usefulness and thoroughness of the work.

We have carefully scanned its pages and as an index to the very latest therapeutic progress we heartily recommend it to our readers.

R. M.

*A Guide to the Diseases of Children*; by James Frederick Goodhart, M. D., F. R. C. P., Assistant Physician to Guy's Hospital and Lecturer on Pathology in its Medical School; Physician to the Evelina Hospital for Sick Children; revised and edited by Louis Starr, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital, Philadelphia. Price \$3 00. P. Blakiston, Son & Co., Philadelphia. [Armand Hawkins, New Orleans.]

Without aspiring to the rank of an exhaustive treatise on children's diseases, this is something more than a manual. The more unusual diseases are treated very concisely, economizing space so as to be able to devote it to the conditions most likely to be met with by the ordinary practitioner.

To select at random we would say the chapter on pneumonia is particularly good. In this disease, he says, "If after the crisis the temperature should again rise, particularly at night, the formation of fluid, and *perhaps pus*, in the pleura, or some fresh mischief in the lung, may be suspected. These acute forms of inflammation of the lung are not at all uncommonly followed by empyema." Then under the

treatment of pleurisy he gives very full directions for the treatment of this complication.

The description and treatment of chorea also appear to us very well handled.

On the whole, Dr. Starr should have the thanks of the profession for giving us an American edition of Dr. Goodhart's work, enriched by the additions he has made.

The editor has also, very thoughtfully, given us in footnotes the composition of the English mixtures found in the formulæ at the end of the book.

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## *Necrological.*

DR. JAS. L. SATTERFIELD, died at his home in Iberia Parish May 15th, aged 71 years.

DR. WILLIAM SLADE HERRICK, died in Stewart, Lee Co., Ill., May 10th, of mesenteric tuberculosis, aged 47 years. He was a brother of Dr. S. S. Herrick of this city, the Secretary of the Louisiana State Board of Health.

Died at his father's residence in the Parish of Lafayette, March 3d, 1885, Dr. Felix Guilbeau, age thirty-four years.

At the regular meeting of the Attakapas Medical Association held in New Iberia, May 5th, 1885, the following resolutions were adopted: Whereas, it has pleased the Almighty God to remove from amongst us our friend and brother, Dr. Felix Guilbeau, therefore, be it resolved, that in his death the community in which he lived has lost a good citizen and an eminent physician, his wife an affectionate husband, and his children a loving father. Resolved, that this Society has lost one of its most active and energetic members, one in fact who was ever ready to take the lead in anything, whether for the benefit of the profession in general, or for that of the Society, a man quick in perception and prompt in action.

Resolved, that these resolutions be published and a copy of the paper be sent to the family of the deceased.

T. T. TARLTON,

E. S. BARRY,

J. P. FRANCEZ.

Dr. JNO. J. SPEED, of Louisville, died at his home in that city on May 6th, in the sixty-ninth year of his age.



## MEDICAL NEWS AND MISCELLANY.

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### IMMENSE OVARIAN CYST.

On Sunday, June 14th, 1885, Professor E. S. Lewis, assisted by Dr. J. H. Bemiss, tapped a unilocular ovarian cyst in the person of a colored woman, age 30 years. She had first noticed the tumor fifteen years ago. The measurement around the waist was 5 feet 8 inches, and from the ensiform cartilage to the symphysis pubis 3 feet 6 inches (about.) The contents of the tumor, chocolate in color, weighed 161 pounds.

A RABBIT'S EYE TRANSPLANTED INTO THE HUMAN ORBIT.— Dr. Chibrét, of Clermont Ferrand, an oculist of considerable repute, reported to the "Académie de Médecine" at its séance May 27th, that having been obliged to remove an eye from a young girl, he, with her consent and that of her relatives, replaced it with the eye of a rabbit. At the time of writing, two weeks after the operation, the doctor reports that the eye held well ("*se teniat bien*") and that there was every prospect of the operation's proving a complete success. Dr. Chibrét does not enter into details, and makes this communication with a view of establishing the fact that he is the first who attempted this remarkable feat of reparative surgery. The editor of "*La France Médicale*," May 28th, in commenting on the above communication says:

"The nineteenth century has been called the age of steam, the age of electricity, the age of many other things but we are of opinion that it should be termed 'The Age of Surgery.'" The audacity of Dr. Chibret opens up an extensive and wonderful horizon: "Since we have already been successful in engrafting an entire lobule of the nose and an entire eye, with every prospect of success, why should we not succeed in grafting an amputated leg as well? If we keep on as we are going our children will witness marvellous things."

Dr. Henry Dickson Bruns, of our Editorial Staff is off on a summer jaunt. We wish him a pleasant trip and hope he will return in the fall with renewed vigor for the winter's work.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—MAY. STATION—NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Temp't'e.	Daily Max. Temp't'e.	Daily Min. Temp't'e.	Daily Rain fall, inches	GENERAL ITEMS.
1	29.867	76.8	81.5	73.9	.19	Highest Barometer, 30.085. 3d.
2	30.021	71.6	78.0	64.2	....	Lowest Barometer, 29.621. 20th.
3	30.036	70.0	76.8	65.0	....	Highest Temperature, 87.0. 28th.
4	29.981	71.3	77.6	65.0	....	Lowest Temperature, 60.5. 9th.
5	29.764	71.7	77.2	66.8	.04	Greatest daily range of Temp't'e, 15.0.
6	29.706	71.3	80.0	68.7	1.00	Least daily range of Temperature, 7.6.
7	29.874	73.2	79.2	66.9	....	Mean daily range of Temperature, 11.9.
8	29.943	74.2	82.1	67.6	.16	Mean Daily Dew-point, 63.8.
9	29.939	65.6	73.8	60.5	.04	Prevailing Direction of Wind, S. E.
10	29.971	68.3	74.4	61.1	....	Total Movement of Wind, 4,538 miles.
11	29.992	70.2	71.3	63.9	....	Highest Velocity of Wind and Direc- tion, 28 Miles N. E.
12	29.990	72.1	77.0	68.8	....	No. of clear days, 7.
13	29.962	73.6	81.3	67.2	.02	No. of fair days, 17.
14	29.958	73.5	78.7	68.5	.01	No. of cloudy days, 7.
15	29.994	73.5	80.0	66.5	....	No. of days on which rain fell, 15.
16	29.991	73.6	81.8	68.9	....	Date of solar halos, 0.
17	29.899	73.2	79.1	67.0	....	Dates of lunar halos, 19, 20, 21 and 28.
18	29.761	68.4	72.5	63.0	.91	Dates of frosts, 0.
19	29.767	69.4	74.2	62.5	....	COMPARATIVE MEAN TEMPERATURE.
20	29.740	67.8	72.3	64.5	1.36	1873.....73.7   1880.....77.0
21	29.886	74.5	80.8	67.6	.22	1874.....75.7   1881.....74.4
22	29.892	75.4	81.2	68.9	....	1875.....76.2   1882.....74.4
23	29.930	77.4	83.5	70.1	....	1876.....74.8   1883.....74.3
24	30.008	78.1	85.5	71.2	....	1877.....73.5   1884.....76.4
25	30.028	78.0	86.7	71.7	.01	1878.....75.5   1885.....73.9
26	29.972	77.8	85.4	75.1	.75	1879.....76.5
27	29.936	79.9	85.9	75.1	....	COMPARATIVE PRECIPITATIONS.
28	29.901	80.4	87.0	75.0	.12	(Inches and Hundredths.)
29	29.866	80.9	86.8	75.2	.61	1873.....18.68   1880..... 1.58
30	29.834	79.4	85.5	76.2	.33	1874.....22.00   1881..... 3.20
31	29.891	79.2	85.0	74.0	....	1875..... 2.53   1882..... 6.86
						1876..... 7.10   1883..... 5.41
Sums	.....	.....	.....	.....	5.77	1877.....1.48   1884..... 4.33
Means	29.913	73.9	80.3	68.4	....	1878..... 8.11   1885..... 5.77
						1879..... 4.63

M. HERMAN, Sergeant, Signal Corps, U. S. A.

MORTALITY IN NEW ORLEANS FROM APRIL 25TH, 1885, TO MAY 30TH, 1885, INCLUSIVE.

Week Ending.	Yellow Fever	Malarial Fevers.	Consumption.	Small-Pox.	Pneu-monia	Total Mortality
May 2d.....	0	5	21	0	3	119
May 9th.....	0	6	20	0	6	145
May 16th.....	0	5	21	0	4	127
May 23d.....	0	7	19	0	5	155
May 30th.....	0	7	17	0	4	154
Total.....	0	30	98	0	22	700

ERRATUM.—In the May No. of the JOURNAL the column in the Mortality Report headed "week ending" should read March 28th, April 4th, and so on to April 25th.

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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AUGUST, 1885.

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## ORIGINAL ARTICLES.

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

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### \*External Perineal Urethrotomy.

BY FELIX FORMENTO, M. D.

One of the most dangerous remote consequences of stricture of the urethra is certainly retention of urine and urinary infiltration. This is not rare in practice and calls for immediate relief, especially when met with, as is often the case, in old, debilitated subjects. I have met with quite a number of such cases, and have on several occasions been able to appreciate the difficulties and dangers of the situation. I have seen surgeons of greater experience than myself hesitate to perform the necessary operation for the immediate relief and subsequent cure of this dangerous complication, and can, therefore, well understand the embarrassment and perplexity of the younger practitioner in the presence of such cases.

The surgeon is often called after there has been more or less prolonged retention of urine, with extravasation in the perineum, scrotum and surrounding regions. I have seen this extravasation reach the lower portion of the abdomen; the anatomical disposition of the aponeurotic fascia explains such diffusion, previous to the extravasation. The bladder is

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\*Read before the Orleans Parish Medical Society.

often so distended as to be ready to burst ; in fact, there have been such cases. But generally, before this takes place, under the terrible efforts made by the patient to empty his bladder, the canal gives way at some point, fissure of the urethra and extravasation are produced, and then nature comes to the relief of the sufferer. There can be no doubt that this extravasation of urine, although in itself a dangerous complication, has been at times the means of saving life.

The different tissues, in which extravasation or infiltration has taken place, are very much swollen, of a dark reddish hue, and hard and tense to the touch, unless suppuration has already followed. The poisonous infiltrated urine destroys rapidly every tissue with which it comes in contact, and generally, in less than 48 hours gangrenous spots are noticed, indicating that mortification has taken place. There are, in that case, great undermining of the skin and sloughing of cellular tissue, which is eliminated in large shreds. Constitutional symptoms soon follow ; there is fever, restlessness, nervous agitation and, at times, delirium.

The pain, the straining, the constant and terrible efforts to make water, which existed at first, disappear as soon as extravasation has taken place. The bladder has been relieved, urine is being forced more and more into the cellular interspaces. "*Le malade pisse dans ses bourses,*" is the graphic expression of French surgeons. He experiences a sensation of great relief, but this is only temporary, and his life continues in great danger, if the surgeon does not very soon interfere.

An attempt should be made to pass a small catheter, especially if there is only retention, without infiltration. A capillary probe-pointed whale-bone bougie is very often the only instrument that will reach the bladder after prolonged and persistent attempts, which should always be made with mildness. The passage of an instrument into the bladder, however small may be its calibre, will always give relief ; the canal will soon be dilated and the urine will flow alongside the bougie. Besides, the introduction of the instrument into the bladder, will enable the

surgeon to perform either divulsion or internal urethrotomy on a conductor, which is assuredly the safest method. For my part, I prefer by far Maisonneuve's operation; it has always given me perfect satisfaction, and has never, to my knowledge, caused the slightest accident. Where infiltration has taken place, the urine, which is being extravasated more and more into the cellular tissue, must be evacuated. For that purpose, and also for relieving congestion and tension, deep incisions should be made in the most prominent parts along the perineum, scrotum and both sides of the penis. I have often made my incisions 3 and 4 inches long, and wondered the following day how comparatively small they looked. The fact is, that the parts are sometimes so enormously distended with urine, that there is but little flesh to cut into. As it has been said, you really are cutting into urine.

These deep, bold incisions will generally give immediate relief, and will be followed, at times, by remarkable recoveries, especially if the patient is well nourished and properly stimulated. In some cases, the whole scrotum has been seen to slough away, leaving the testicles exposed in the wound for a considerable time, and yet complete cicatrization has followed.

But all these measures afford only temporary relief, if the cause of all the trouble, the *stricture* of the urethra, is allowed to persist. This should at once be attended to, especially if, as often occurs, urinary fistula has resulted from the infiltration of urine. There is no possibility for these fistulous openings to close, as long as urine flows through them. The first thing to do, therefore, is to remove the stricture and re-establish the free passage of urine. The stricture most generally exists in the perineal regions. In such cases external perineal urethrotomy is the most rational and effective method of treatment. The advantages of this operation were well demonstrated several years ago by my friend, Dr. J. W. S. Gouley, of New York, who has given it its present name, which means precisely division of the urethra from without inward, *in perineo*. And in

These few words we have described the whole operative procedure. This appellation of external perineal urethrotomy is certainly preferable to that of "external urethrotomy," which applies to external division of the urethra in front of the scrotum as well as *in perineo*, and to Civiale's "perineal urethrotomy," which might also be applied to indicate internal urethrotomy in the perineal portion of the urethra. Dr. Gouley not only gave its proper name to the operation, but introduced in its performance several excellent modifications.

This operation was formerly looked upon, and is to this day considered by many, as one of the most difficult and dangerous operations in surgery. No doubt, but that, in many instances, its performance has been deferred so long, that the bladder and kidneys have become irreparably damaged by the action of the frequently-retained urine, and this delay accounts, in a great measure, for its former large percentage of mortality. As to the difficulties in operating, they will depend entirely upon the possibility or impossibility of introducing as a guide an instrument into the bladder. With a guide, it becomes perfectly easy—not so without it. Prof. Van Buren remarks: "The dangers of this operation depend upon the condition which necessitates its performance, rather than upon the proceeding itself. If, as is always desirable, its necessity has been foreseen and time secured for the examination of the internal organs, and ample preparation made, *the danger is trivial*; but, if on the contrary, as often happens in hospital practice, the patient falls into the surgeon's hands with prolonged retention or extravasation of urine, from recklessness and neglect, the operation is likely to be much less favorable; and if in addition to these serious complications, the stricture should prove to be impassable and the operation is necessarily undertaken without any guide in the bladder, it becomes *one of the most difficult and uncertain proceedings of surgery.*"

Sir Henry Thompson says: "It has been stated that the hazard to which the patient's life is exposed by the opera-

tion is too great to be incurred for the sake of obtaining a cure of his complaint. This view has not improbably arisen, in some measure, from the still common, but erroneous habit, already alluded to, of confounding external division of a permeable stricture upon a sound with the operation upon an *impassable* one without it."

Prof S. D. Gross observes: "The operation is by no means free from danger, and requires the most consummate skill for its successful operation. None but a madman or a fool would attempt it, unless he had a profound knowledge of the anatomy of the parts, and a thorough acquaintance with the use of instruments." (1855.)

Prof Syme, of Edinburgh, was the first to recall the attention of the surgical world to the operation (Syme's external urethrotomy) and to prove by a large number of successful cases, that it was not as perilous as was formerly believed. For him, the *permeability* of the urethra is absolutely *pre-requisite* to the performance of the operation. Numerous observations have since proved the fallacy of such a doctrine. The case, that I will relate to you, can be added to these observations.

Perineal urethrotomy is now firmly established and admitted by all surgeons. It is as safe as, in fact, safer than, lithotomy. The impermeability of the canal, the impossibility of introducing a guide into the bladder, renders the operation more tedious and more difficult, but does not contradict it. Every surgeon will endeavor to pass in a conductor, but if he fails in this, he will operate without it, for the purpose of dividing the stricture and relieving or averting retention of urine and its terrible consequences. In impassable strictures (with no guide, necessarily), complicated with retention or extravasation of urine, or urinary fistulæ, the operation becomes imperative and cannot be postponed without greatly endangering the life of the patient.

Judging from the results of recent observations, we must either conclude that great progress has been made in the operative procedure or that the dangers of the operation had been greatly exaggerated by our predecessors.

In 345 operations of external division of strictures, performed by American surgeons, 233 of which were done without a conductor, there were 41 deaths—about 12 per cent. The assigned causes of death were: advanced disease of the bladder and kidneys in 22 cases (more than half); pyæmia in 15 cases; erysipelas and pyæmia in one case; intra-pelvic abscess and pyæmia in one case: and thrombosis in 2 cases.

In the 25 cases tabulated by Dr Gouley, it will be noticed, that not a single death has occurred among the eleven patients operated upon without a conductor.

I have operated six times under similar circumstances, with perfect success, once on a colored man 60 years old, Mr. Nelson Foucher, of this city. My last case, which I will now give you, was, perhaps, the most difficult of all, as it occurred in a man broken down in health by chronic disease of urethra and bladder, and one who had been operated on 10 years before by myself for *stricture*, and who, at the time of the last operation, was suffering with impassable strictures, attended with retention and extravasation of urine and numerous urinary fistulæ.

CASE. On the 27th of June, 1884, I was called to visit Mr. Jules Vallon, residing at No. 200 St. Ann street. I at once recognized him as a former patient of mine, whom I had operated upon for stricture of the urethra ten years before, in April, 1874. He informed me, that after the operation (Maisonneuve's) he had been well for over a year, having a very good flow of urine with no trouble in micturition; but that, having neglected to continue passing the sound, as I had directed him to do, his urethra contracted gradually until he had to be treated, by gradual dilatation; and that 3 years after, in Marseilles, where he then resided, he was operated upon for an abscess in the perineum, which gave rise to a urinary fistula. This finally cicatrized, after the prolonged use of the sound, which he had learned to pass every time he wanted to make water. Ever since that time, he has been troubled with more or less difficulty in urinating, requiring at times the use of the catheter.



After spending a few years in France, working at his trade, restaurant-cook (an excellent *chêf, bye-the-bye*), and being no exception to the general habits of his craft, viz: hard drinking at times, he had returned to this country, spending some time in Little Rock, Arkansas, before he came back to New Orleans. For over a year, he had ceased passing sounds into his bladder until he gradually reached the pitiful condition in which he found himself when I first saw him.

This condition was as follows: Complete retention of urine for 24 hours, infiltration in the scrotum and along the penis, with enormous swelling, dark reddish coloration, and tension of those parts, high fever, irregular chills, great nervous agitation and extreme prostration. For nearly a year, I was informed, no urine had passed through the anterior portion of the urethra, which seemed to be obliterated, giving to the touch the sensation of a fibrous cord. The patient urinated through 3 or 4 small fistulous openings in the perineum, and when I say there was then complete retention, I mean, that for over 24 hours no urine had passed through these openings, which had become his ordinary channels for the emission of that fluid.

The condition of the patient was, as you see, precarious, indeed, and required immediate relief.

Having made all necessary preparations, and secured the assistance of Drs. Chas. Faget, Jr., and H. de Mahy, I proceeded at once to the performance of external perineal urethrotomy, without a conductor, for there was then no possibility of passing the smallest whale-bone bougie into the anterior portion of the urethra, through which no urine had dripped for over a year.

The patient was completely chloroformized, placed in the lithotomy position and held by two assistants on a table opposite a window affording an excellent light. The scrotum and penis were well drawn upwards. Seated on a low chair, I first made a digital examination per rectum, to ascertain the condition of the membranous and prostatic regions of the urethra; then I made a free incision in the

median line, extending from the base of the scrotum to within half an inch of the margin of the anus. This incision involved several of the fistulous openings. I then cut slowly and carefully, always in the median line, the superficial and deeper fasciæ and connective tissue, until I could see and feel what seemed the urethra. You must remember, I had no intra-urethral staff, or bougie, to guide me, but my long incision, which always presents great advantages over smaller ones, generally made, permitted me to see distinctly the bottom of the wound. Having punctured the urethra, a loop of silk was passed through each edge, and these edges being kept well drawn apart by the projecting threads, I opened the canal, upon the curved grooved sound, longitudinally, in the median line, for fully three-fourths of an inch. This excellent idea of the loop of thread, which serves as a sort of guide and greatly facilitates the operation, was suggested and is greatly recommended by Drs. Avery, of London, and Gouley, of New York. After incising the urethra, I had no difficulty in passing into the bladder a large rubber catheter, through which urine passed freely. The instrument was subsequently withdrawn and the urine allowed to flow through the median cut. A few incisions in the scrotum and alongside of the penis terminated the operation, which was performed to our general satisfaction, both the patient's and surgeons', giving immediate relief and averting the most dangerous consequences.

The patient would have been perfectly contented with this removal of his stricture and its accompanying complications. He was satisfied, if he could, as in the past, urinate freely, woman-like, per *perineum*, not per meatum. But, encouraged by my first success, I determined, to attempt, at least, to restore the anterior portion of the urethra to its proper function, and to close the perineal opening. It was evident that the latter depended upon the former; as long as a single drop of urine continued to pass through the perineum, this would remain open.

On July 5th, one week after the *external* perineal

urethrotomy, I performed the following operation, with the assistance of the same *confreres*: After complete chloroformization, I attempted to pass a capillary, probe-pointed, whale-bone bougie; but we were soon convinced of the absolute impossibility of doing so. My smallest capillary bougies penetrated about one inch from the *meatus*, and could go no farther, in spite of persistent, prolonged, patient, efforts. The whole of the urethra, on this side of the perineal operation, was obliterated, and utterly impassable. Judging this occlusion to be caused by simple agglutination of the urethral mucous membrane, I concluded to operate as for *forced* catheterism. For that purpose, I used the metallic small grooved conductor of Maisonneuve, pushing it gently, but steadily, and following the lower floor of the urethra, guided by the touch of the finger, introduced into the perineal wound. I finally succeeded, without much trouble, and you may imagine our satisfaction at seeing the instrument protrude in the depth of the perineal division. From this point to the bladder, there was of course, no difficulty.

The metallic conductor once in the bladder, I incised thoroughly with Maisonneuve's urethrotome, both along the concave and the convex curves of the instrument, the narrowed and constricted parts of the *whole* channel. Making allowance for the retractility of these tissues, I knew I could not cut too much. After these incisions, a large metallic catheter was passed with ease, from the meatus to the bladder, and then allowed to remain for eight long days, being replaced at the end of that time by a Jacques' or Nelaton's vulcanized rubber catheter, which remained *in situ* for eight days longer.

You will, undoubtedly, be surprised at such a proceeding, which is generally not followed. In fact, most surgeons, with Sir Henry Thompson, Van Buren, and others, condemn the practice of tying in a catheter after a perineal urethrotomy. Syme has proposed the use of a short catheter to be introduced into the bladder through the perineal wound and secured in position. But, as a

rule, this practice of leaving an instrument in the bladder is considered not only unnecessary, as not always preventing the flow of urine through the wound, but harmful and dangerous. Some cases of death have been reported as due to that cause. I was well aware of all this, but I had learnt from previous experience that, at times, the urethra and bladder are perfectly tolerant of the presence of such instruments. I had often, in cases of obstinate stricture, after either divulsion or cutting, allowed sounds, metallic or rubber, to remain for 8 or 10 days in the bladder without any inconvenience, but with the good result of modifying and softening the canal by the suppuration they produced. It may be, it is highly probable, in fact, that here in Louisiana, we may advantageously follow operative methods and procedures, which would be dangerous elsewhere. Our climate is peculiar; our warm, damp atmosphere, as I stated in a paper, read the other day before the Surgical Section of the American Medical Association, seems to be extremely favorable to operations of all sorts. It has some analogy with the climate of lower Egypt, where surgical operations succeed admirably well. We have here but seldom, after our operations with or without antiseptic precautions, erysipelas, gangrene, or pyæmia, which are so frequent and so dreaded elsewhere. A warm, damp atmosphere is highly favorable to vegetation. Why should it not be also favorable to animal growth and reproduction, to cicatrization of wounds and injuries? I think it is, and I believe that if the results of our Cesarean sections, ovariectomies and abdominal surgery and autoplasmic operations were published or better known, they would astonish the surgical world.

Be this as it may, I concluded that in this case of obstinate, chronic stricture, with occlusion of the canal, through which no urine had passed for months, and with numerous urinary fistulæ, which had become, so to speak, the natural, physiological, channels for micturition, I concluded to retain a sound in the bladder until such time that cicatrization of the perineal wound should take place, or at

least, until the instrument should be bridged over in the perineum by firm and healthy granulations. During the whole time, 15 days, one or two occasions excepted, during which there was a slight oozing, urine never passed into the perineum, but through, and not around, the instrument. The patient was recommended to always urinate in a standing posture and not to strain. The perineal division once closed, the urine passing through the natural canal would be sure to keep this open, provided, as I impressed repeatedly upon the patient's mind, that he would later on continue for months and years, to pass occasionally an instrument into his bladder. I knew, that if I did not leave a sound in that canal, if I followed the general recommendation of surgical authors, my operation would have been a failure, that we would have worked in vain, that the anterior portion of the urethra would very soon have closed up, and that the patient would have continued urinating through his perineum.

Subsequent events proved that I was not wrong, as the results obtained were even beyond all my expectations. No complication, no danger, no inconvenience followed the operation and retention of the sound in the bladder for fifteen days. The patient had only a slight traumatic fever of about twenty-four hours. I kept him, as I invariably do after all serious operations, under the influence of extract of opium for several days, and administered sulphate quinine during the fifteen days he retained the sound in his bladder, at first in the dose of five grains, three times a day, and later of three grains. He was properly fed and stimulated, and after stopping the opium, he had twenty drops tincture chloride iron given him three times a day, before meals.

A few days after removing the soft sound from the bladder, the large perineal wound was completely closed and covered by a firm, smooth cicatrix. The stream of urine was large and regular, such as, for many years, the patient had not enjoyed. There never was any cystitis or irritable bladder and the urine could be retained for six and eight hours at a time.

I continued passing a large sound, No. 18 (American), once a week for three months. During that time, there was no recurrence of stricture, nor any difficulty in urinating. The patient now passes the sound himself, without trouble. I have strongly impressed upon him the absolute necessity of passing it for months and years to come, making him understand that it is an indispensable condition, *sine qua non*, for his complete recovery, and that a third operation would most probably kill him. At this day, Mr. J. V. is in perfect health, attending to his duties as chief cook at Mme. Antoine's.

I hope, gentlemen, that this case may have been of some interest to you. It demonstrates the possibility of relieving suffering and saving life even under most unfavorable circumstances, by means of an operation, whose dangers were at one time considered so great as to render it unjustifiable. But, no doubt these dangers were exaggerated, or, perhaps better, have become, of late, less formidable, thanks to the important modifications introduced in the operative procedure of Gouley and others, and to this fact, that the operation is now not delayed beyond the useful time for surgical interference, as it used to be in former days.

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### \*A Case of Paralysis of the Bladder and Rectum.

BY P. E. ARCHINARD, M. D.

*Gentlemen:* The case I am endeavoring to report tonight is one which has proved of considerable interest to me, and which I hope will call forth an animated discussion from all those present, who have had experience in the treatment of spinal and other forms of nervous affections. J. S., white, male, aged 50 years, born in Italy, has been in New Orleans seven years, is married and has four children, the oldest of whom is nineteen years of age and the youngest about six years. He has always been of

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\*Read before the N. O. Medical and Surgical Association.

good habits and has none of the vices sometimes found in men of his class. He is, however, a moderate pipe-smoker. He has never been afflicted with rheumatism, nor has he ever contracted syphilis, and up to his present ailment has always been a vigorous and healthy man. In his family, as far as can be traced, there is no predisposition to nervous affection. On the 26th of April, 1881, he was engaged picking oranges in Plaquemine Parish, twenty-five miles down the river, when the step-ladder, on which he was standing, gave way and he was thrown to the ground from a height of about twenty feet; he struck on his two feet and, after reeling from side to side a few seconds, fell against a tree near by, stunned but not totally unconscious. He had, at the time, tied around his chest and shoulders a bag, containing one hundred oranges. The man was immediately picked up by those around and carried to a neighboring house on a stretcher. He states, that from that time he suffered considerable pain in the lower part of the back, the pain being much like that felt in a severe bruise. The pain was so bad, that, though he could move his legs, yet he did not do so for fear of increasing it. There were no marks of violence externally, and the accident was not followed by fever nor any general symptoms. The detrussor muscles of the bladder and rectum were paralyzed from the first, and he suffered with retention of both urine and fæces; there was no numbness nor disordered sensation in the lower extremities. On the following day, he was brought to the city and his bladder for the first time relieved by the catheter. From that time on, he remained in bed for six weeks, suffering more or less pain, his urine being drawn regularly two or three times a day, until the twentieth day, when the sphincter of the bladder became paralyzed and complete incontinence set in. At about that time, his bowels, which had remained confined since the accident, moved for the first time, and from this on, he noticed that he had lost all feeling, when evacuating and all control over the rectum, his bowels being incontinent. As soon as he could attempt the act of

intercourse, he discovered that, though the desire was still present, the act had become impossible owing to the abolition of the function of erection.

He remained under the care of several practitioners of this city for two months, receiving both local and general treatment, and in two months after the accident was in the same condition, he informs me, as he was a year ago, when I first saw him, and as he is now.

He first came to my office in the summer of 1884, over three years after the receipt of his injuries, when I find the following record in my note-book :

J. S. general health good, appearance denoting a man in the full vigor of age, appetite and sleep good. All the functions, except those mentioned below, are normally performed. There is complete incontinence of urine ; when standing, his urine passes from him *guttatim* ; in the recumbent position, the bladder is able to hold, perhaps, a table-spoonful of urine, but this comes away from him unawares upon the slightest movement of the body. The fæces pass from him at irregular intervals or upon the least exertion. Copulation cannot be accomplished through want of power of erection, though he claims the amorous appetite to be in no way diminished. He assures me that, occasionally, he has at night seminal discharges.

Upon examination, I found the muscles of the lower extremities well nourished and answering normally to all classes of stimuli, cerebral and reflex (mechanical and electrical). General and tactile sensibility was normal, except in the following localities, where all kinds of sensations were abolished : Glans penis and over the skin of the organ, except the upper half of anterior surface ; the whole scrotum, except about the upper half of the lateral surfaces ; over the perineum in the anal furrow, and, laterally, about two inches on each side of the furrow to the tip of coccyx. The glans penis and prepuce were corrugated and hardened by continuous contact with the ammoniacal urine. The total amount of urine passed in 24 hours amounted to 40 oz., and was strongly alkaline ; its specific gravity was normal and up-



on examination it furnished no sign of kidney-disease ; but, microscopically, a large amount of pus-corpuscles and triple phosphate crystals, with shreds of bladder-epithelium, showed the evidence of chronic cystitis.

I considered the case helpless and told the patient so, but, upon his insisting that I should try to do something to relieve him, I agreed to make electrical applications to the paralyzed parts, gratuitously.

I continued to make three applications a week for over four months, using at first a 24-cell portable, galvanic battery, and afterward a combination of the galvanic and faradic currents as recommended by de Watteville ; at the end of that time I abandoned the case, concluding that all treatment was useless. The last three or four applications had been followed by a little hemorrhage and by a rather severe chill.

In order to arrive at a satisfactory diagnosis in this case, one that will satisfactorily explain the symptoms, two important questions are to be answered, and these I propose for discussion by the Association: 1st. Is the lesion in this case situated in the periphery or in the spinal cord ; if in the cord, in what portion and in what division? 2nd. What is the nature of the lesion?

That the lesion is situated in the spinal cord, scarcely admits of doubt, for in looking over the nervous supply of the parts, we see that no single nerve is distributed to the whole affected region. It is true, that the pudic, a branch of the sacral plexus, supplies the muscles of erection, urination and, partly, the sphincter ani, and also nearly the whole of the affected skin, but it sends no direct branch to the detrussor urinæ muscle, nor to the involuntary muscular fibres of the rectum, the parts which first showed signs of paralysis in this case. Besides, to suppose the pudic injured by the accident, we would have to assume both nerves equally effected at the same spot ; for the lesion is symmetrical on the two sides ; then, too, there was nothing in the mode of infliction of the injury which would cause these nerves to be the more liable to suffer. The injury, then, must be situ-

ated in the cord ; but in what portion of the cord? evidently in that portion, where both the sensory fibres, conducting impressions to the brain and the centres, presiding over the different affected portions, come into close contact ; for the lesion must be very limited in extent, as appears from the limitation of the symptoms. The only portion, where it is possible for a lesion of this sort to be situated, is in the gray matter of the spinal cord, in the neighborhood of the central canal, the large anterior motor-cells and the posterior gray substance being involved. The lesion, therefore, is bilateral, situated somewhere in the gray matter of the spinal cord, in the neighborhood of the central canal, in that portion of the cord, which gives origin to the nerves forming the sacral plexus.

This last point, I surmise from the fact, that the paralyzed regions are supplied with motor influence, either from the sacral plexus, through the pudic nerves, or by the pelvic and hæmorrhoidal plexuses of the sympathetic, which also receive branches from the sacral plexus.

I would like to call the attention of the gentlemen present to the fact, that this case would seem to point out, that the centres of urination, defæcation and erection are situated close together in the gray matter of the spinal cord, probably opposite the origin of the nerves, which go to form the sacral plexus.

The suddenness of the attack, taken in conjunction with the history of the injury, indicates that the lesion must have been a medullary hæmorrhage of very limited extent, probably a miliary hæmorrhage, such as Charcot mentions as being the main cause of cerebral apoplexy.

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### **\*Simple Continued Fever.**

By JOHN P. DAVIDSON, M. D.

This is defined to be a continued, non-contagious fever, not due to a specific cause, commonly of short duration, wanting in the distinguishing characteristics of the other continued fevers, rarely fatal in temperate climates, and, when death occurs, presenting no special lesions.

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\*Read before the Orleans Parish Medical Society.

A variety of names have been given to it: febricula, synochus simplex, irritative fever, sun-fever, heat-fever and, when lasting from a few hours to one or two days, it has been called ephemeral.

The fever may continue a period of from three to eight and even ten days. This was called synocha, or inflammatory, fever by Cullen and other nosologists of the last century.

The existence of a continued fever, occurring independently of inflammations or traumatic causation, distinct from typhoid, typhus and relapsing fever, has long been a disputed question, and this difference of opinion obtains even at the present time. Many observers contend that the conditions to which this name is applied may be regarded with propriety as only mild, modified or undeveloped forms of the graver varieties of fever, in which the characteristic symptoms are absent. Dr. Tweedie, in his lectures on the continued fevers, takes this view of the subject, and after reviewing the arguments for and against recognition of a simple continued fever, as a distinct disease, asserts, "there is not sufficient evidence to justify encumbering our nosology with a doubtful novelty." The weight of authority, however, among modern writers is decidedly in favor of those, who claim for it recognition, as a distinct and separate disease.

It is contended, as above remarked, that many cases, which are classed under the head of continued fever, are really "mild or abortive cases of typhoid or typhus fever, in which, in consequence of partial protection, the characteristic symptoms of those diseases have not been developed." We can readily believe, too, that such cases may have been observed during epidemics of those diseases, but it is, nevertheless, undeniably true, that they have been found abounding when such epidemics did not prevail. This fact applies particularly to this city, in which typhoid and typhus fever, attended with the rose-colored eruption of the former, and the petechial eruption of the latter, are comparatively rare occurrences, while sim-

ple continued fever in its several varieties is frequent, and for several years past, according to my observation, is becoming more so.

Practitioners of medicine here, and, doubtless, elsewhere in the Southern States, are familiar with a fever of a continued type, occurring side by side with remittent and other varieties of malarial fever, which they could not class as of miasmatic causation, and they must, at times, have found themselves embarrassed by the question put them by parents or friends, as to what kind of fever the patient had.

This fever, so often met with here, while it corresponds in its mildest forms with that described as ephemeral or febricula, having a duration of from one to three days, and occasionally, without any modification, extending to eight or more days, presents itself frequently under more ardent features, corresponding in some of its aspects with the tropical continued fever described by Murchison. It constitutes the synocha, or inflammatory fever of the older writers, and differs from the more benign forms only in intensity. It is due, doubtless, to climatic causes, which have a tendency to increase pyrexia.

It also bears a resemblance in many cases to infantile remittent fever, a name of dubious character, for it must be remembered, that it may embrace many varieties of fever from which, however, the fever we are considering is unquestionably distinct.

We have seen this form of continued fever prevailing at all seasons of the year, but most frequently in the summer and autumnal months, during the prevalence of malarial fevers and in conjunction with enteric fevers, yet evincing none of the typical conditions peculiar to the one or the other.

It would seem proper to include under the heads of synocha, or inflammatory fever, all essential continued fevers of non-specific origin, whether they be ephemeral, or be prolonged through many days

## CAUSATION AND COURSE.

The causes of attacks of simple continued fever are very numerous, and may be found in whatever disturbs one or more of the important functions of the body. Among the young, errors and excesses of diet are chief causes; exposure to the direct rays of the sun, great bodily exertion in hot weather, extremes of heat and cold, mental and bodily fatigue, may be assigned as the chief factors in its causation.

When we take into consideration the fact, that the young are more liable to attacks of the disease than the old, and those below the age of maturity than those above it, it is highly probable that a predisposition to the fever may exist among the young, making operative with them causes, which, in those of maturer age, have less or no effect in developing fever. In the young, the whole vital organism is more exalted and impressible, and consequently, more liable to be disturbed in function by the various causes, named.

In very young children, it is often due to irritation caused by dentition, and may be produced also by intestinal irritation, occasioned by the presence of worms, which has added one more name to the long list the fever bears—that of “worm fever.”

Simple continued fever occurs only as a sporadic disease, and has no ascertained anatomical characters, and almost invariably terminates in recovery, at least, in temperate climates. No special lesions have been found in cases which have proved fatal from complications.

The invasion in cases of febricula is uniformly abrupt, but may be preceded by such prodromic symptoms as malaise, lassitude, loss of appetite, etc., for two or three days before fever is developed. A sense of chilliness sometimes precedes the fever, but rarely a pronounced and decided chill. Nausea or vomiting only attend those cases attributable to errors in diet. The sudden rise of temperature and the height it attains,  $103^{\circ}$ - $104^{\circ}$ , is a remarkable feature in the disease. All the febrile phenomena are quickly established, hot skin, rapid pulse, headache, pain in the back and

limbs. The tongue is coated with a whitish fur, the bowels are constipated and the urine scanty. Other symptoms are, excessive thirst, jactation, sleeplessness and a tendency to somnolence.

The subsidence of these symptoms is often quite as sudden as their onset. In a few hours or a day, defervescence begins and the temperature falls to the standard of health, being marked by free perspiration and a copious deposit of lithates and sometimes by slight diarrhœa and epistaxis, or hæmorrhage from the bowels or uterus.

Simple continued fever is not attended with any constant or characteristic eruption, but sometimes a diffused rash appears on the loins, abdomen or thighs for a day or two and disappears.

Other cases of a more marked pyrexia occur, in which the symptoms, though not differing in kind, are more intense than those before detailed and in which the fever is more prolonged.

The invasion begins with a chill, followed promptly by a hot dry skin, a throbbing headache, intolerance of light, a full, bounding pulse, tendency to somnolence, which gives place to delirium. The temperature, though not attaining its maximum as speedily as in the preceding form of fever described, yet attains a height as great or greater. There is rarely any nausea or vomiting, nor is there uneasiness or pain elicited by pressure anywhere in the gastric zone. The tongue is furred white, generally broad and pale, the edges rarely red, but indented by the teeth. The thirst is very great, bowels confined, urine scanty and high-colored. There are usually pains in the back and limbs. The exacerbation declines towards morning with a fall of temperature. At noon, or towards evening, the exacerbation takes place, attended by all the febrile manifestations ushering in the attack.

The defervescence is gradual, slower than the rise of temperature, and accompanied with copious perspiration and a deposit of urates in the urine. The duration of the fever is generally from six to eight, ten, or more, days.

## DIAGNOSIS.

The diagnosis of simple continued fever is important in practice, as determining the employment of appropriate measures to arrest or shorten the duration of typhoid or typhus fever.

In the pyrexia of this latitude, malaria is so often a prominent factor, that the mind of the physician is always suspicious of its poisonous influence and presence, and the thermal curve, not unfrequently observed in this form of continued fever, is such as to awaken doubts in his mind as to the precise character of it. These may, however, be resolved by a differential diagnosis. Malarial fevers present striking points of difference, as contrasted with the fever under consideration. They essentially differ in the laws governing their causation, by the febrile paroxysms, or marked exacerbations, which occur and recur in regular order, and particularly by the curative or controlling effects made upon them by well-known remedies.

The absence of gastric symptoms, nausea and vomiting, which characterize malarial fevers, the discoloration of the skin, and redness of the edges and tip of the tongue, so common in them also, all of which are absent in part, or wholly, in simple continued fever, make the diagnosis clearer.

The treatment instituted to clear up the diagnosis, if successful to this end, leaves open to the mind of the physician, the query: was the disease, if not malarial, an arrested or incompletely developed typhoid or typhus fever, or was it a febricula or synocha?

Flint asserts, "that cases occur in which it is difficult or impossible to decide during the progress of the fever, whether it be typhoid or typhus or a febricula, and after the fever ends, whether it has been a febricula or an abortive or arrested typhoid or typhus fever."

## TREATMENT.

In the milder forms of the disease, very little in the way of medical interference is required. If the attack has

arisen from any imprudence in diet and there is reason for believing that ingesta occupy the stomach, it will be proper to give a gentle emetic. The bowels should be moved by a saline purgative, evaporating lotions applied to the head and the surface sponged with tepid whiskey and water or vinegar and water. Acidulated drinks may be allowed *ad libitum* to allay thirst and to quiet restlessness; the tincture gelsemium may be given in doses appropriate to the age of the patient, every two or three hours. To procure sleep, the bromides may be given combined with a small amount of chloral or a few drops of the tincture gelsemium may be added to the bromide instead of chloral. During the existence of the fever, the diet should be restricted to liquid food, and during convalescence, small doses of quinia may be administered as a tonic.

If there should be any prostration upon the subsidence of the fever, stimulants may be given, such as wine whey and milk punches.

In the cases of a more ardent pyrexia, in which the temperature during the exacerbations has a range of  $103^{\circ}$ ,  $104^{\circ}$  and  $105^{\circ}$ , resort must be had to the usual measures for reducing the temperature. The whole surface of the body must be sponged with cold water, vinegar or whiskey, repeated as often as the skin becomes hot and dry. Enemata of ice water, in conjunction with the sponging, will be efficacious to the same end. The head should be kept cool by cold evaporating lotions and the thirst slaked by any of the aerated drinks, vichy, apollinaris water, lemonade and iced tea, acidulated with the juice of the lemon. As an anti-pyretic, as well as with a view to clear up the diagnosis, should any suspicion of a malarial complication be entertained, quinia may be administered in full doses until cinchonism is produced, under which the temperature in most instances will be lowered, but, as far as my experience has gone, it has almost invariably failed to exercise any controlling or curative effect upon the progress of the fever, the sedation, obtained under its use, lasting usually but a brief period, and the temperature returning



to its maximum or near it, in the succeeding exacerbation. Malarial poisoning enters so frequently as a factor into all of our pyrexiaë, that the physician feels it to be both a safe and proper procedure to give a fair trial of quinia for the first few days of the fever, not only for its anti-pyretic effect, but with a hope that he may curtail, or cut short, the attack. Beyond the resulting tinnitus aurium and the occasional nausea it excites, I have not found any distressing effects to follow its exhibition.

Salicylate of sodium, as an anti-pyretic, is regarded by many practitioners with much favor. It certainly lowers temperature with considerable rapidity, but I cannot say that it has fulfilled the indications for its use as satisfactorily in my hands as quinia. I have found it more liable to offend the stomach than quinia, and to exercise an enfeebling effect upon the pulse. Antipyrine, a remedy of recent introduction in the treatment of pyrexiaë, effects the reduction of temperature more rapidly and, perhaps, with more certainty than either quinia or the salicylate of sodium, but, like them, I fear, will disappoint the expectations of its advocates in arresting this form of continued fever.

If the arterial excitement is very great, with throbbing pain in the head or delirium, and the pulse be full and bounding, a few leeches may be advantageously applied to the temples or over the mastoid processes. Under these conditions, the tincture of gelsemium may be given, both as an arterial and nervous sedative. The dose should be proportioned to the age of the patient, and repeated every two or three hours until the specific effect of the remedy on the nervous system is obtained. Under its exhibition the restlessness ceases and diaphoresis and sleep are induced. These measures failing to diminish pyrexia, resort may be had to the tincture of the root of aconite, in doses of from one to three drops every hour, or two hours, its effect upon the pulse being closely watched. The bowels should be acted on promptly, a dose of calomel being given at night and followed in the morning by some saline purgative.

They should be kept open subsequently by an occasional enema.

If restlessness and vigil at night exist, the bromides may be given in combination with a small amount of chloral, or with the tincture of gelsemium.

An asthenic form of simple continued fever, a variety of the disease of not unfrequent appearance here, differs from the forms before considered. The febrile action, as the name implies, is less intense and its duration is much more prolonged.

The fever is less abrupt in its invasion, and all the phenomena are of an adynamic character. The pulse is frequent and rather compressible than otherwise. The heat of skin is marked but not pungent. There is cephalalgia, but rarely severe, and the tongue is moist, pale, slightly furred and tremulous on protrusion. There is a general sense of languor and loss of appetite with restlessness, and the bowels are confined. The fever may continue with these symptoms but little changed, excepting the gradual decline of the patient's strength, for three or more weeks.

The treatment must be a supporting one generally, and, our main reliance quinia in small doses, chiefly as a tonic, the mineral acids and stimulants; these latter are necessitated, indeed, from the beginning of the attack.

Nutritious food, adapted to the taste and desires of the patient, must be sedulously administered, not excluding solids and ripe fruits. The disease is rarely fatal. In cases, however, resulting in death from untoward complications, no characteristic lesions have been observed, which clearly shows it to be distinct from typhoid or typhus fever.

The mind is brought to the conclusion, in reviewing the clinical history of simple continued fever, that the disease, in a large number of cases, is a self-limited one, and the treatment consists in the fulfilment of the indications for the relief of the more distressing symptoms, and by careful nursing and appropriate hygienic measures conducting the case to convalescence.

I may add, in conclusion, that I have remarked in numerous instances, that although quinia failed in the early stage of the fever to arrest the exacerbations, when it was exhibited later, after the fever had run on for several days, a recurrence to its use has had the desired effect of terminating it.

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### **Gunshot Wounds of the Heart. Two Cases, with Remarks.**

By A. B. MILES, M. D.

This report was suggested by a recent letter, published in the May 9th number of the *New York Medical Record*. The writer, Dr. Louis C. Pettit, of Bismarck, D. T., asks: Is death from heart-wounds instantaneous? and relates a case involving a medico-legal question of great importance. The plea of self-defence, argued by the defendant in the criminal suit, rested largely upon the fact whether such a wound, as the autopsy revealed, was necessarily instantly fatal. The weapon used was a shotgun, charged with B. B. shot. The track of the wound passed through the anterior wall of the right ventricle, the ventricular septum and the posterior wall of the left ventricle, at its centre. The ventricles were considerably lacerated, the upper margin of the wound not quite reaching the auricles. Three fingers could be introduced into the wound in the heart.

The wounded man fell about eight feet from the spot where it is alleged he received the shot. The question then occurred, and five medical experts were summoned to decide, whether such a wound as above described was necessarily instantly fatal—fatal on the spot—or whether it was possible for the wounded man to have walked or reeled a distance of eight feet after receiving the shot. The jury disagreed, as did the doctors, and a new trial is set for next spring.

A case cited in Taylor's *Medical Jurisprudence*, vol 1. p. 609, which occurred in the city of Glasgow, in 1819,

bears a striking resemblance. A sailor lay dead in the street, with the auricles and part of the aorta next to the heart "shattered to atoms," by the wound of a piece charged with slugs and nails. Medical witnesses testified that such a wound was instantly fatal on the spot. The prisoner was held for murder. The testimony of those who witnessed the scene, supported by other evidence, proved that the sailor was wounded while forcibly entering the prisoner's door, and fell eighteen feet from the spot where he received his shot. The jury so decided.

The question of the immediate mortality of wounds is immaterial to the surgeon; but, in determining the grave issues involved in legal medicine, it becomes one of paramount importance.

The decision of a case of suicide, murder or justifiable homicide, is not unfrequently appealed to the judgment of medical witnesses.

It is not the purpose of this paper to take sides in any controversy now pending, but simply to report two cases of heart-wounds, taken from the records of the Charity Hospital, with a running review of the literature of such wounds.

CASE I. At 7, P. M., October 9th, 1883, Geo. I., a negro, aged twenty-one years, while escaping from officers of the law, received a gunshot wound of the left ventricle, inflicted by a thirty-two calibre pistol. He ran about fifteen feet and fell. For three hours afterward he spat blood from a wound in the left lung. At 10, A. M., October 10th, he was admitted into the Charity Hospital. Temperature 101° F., pulse 116, respiration 48: emphysema of the cellular tissue of the thorax; considerable pneumo-hæmothorax. Patient rested very quietly until 3.30, P. M., of the day of admission, when he suddenly sprang from bed and stood on the floor. Fifteen minutes later he died, having lived twenty hours and three quarters after receiving his wound.

At the autopsy it was discovered that the ball entered the thorax between the eighth and ninth ribs, three-quarters of

an inch to the left of the spinal column. The left lung was perforated, and the pleura filled with blood. The ball entered the pericardium from behind, passed through the left ventricle and out at the apex of the heart, and, striking the fifth rib, one inch from the junction of the cartilage, dropped into the cavity of the pleura. The pericardium contained no blood. The coronary arteries were not injured.

Here is an instance of a man running fifteen feet after a gunshot wound of the left ventricle, and dying twenty hours and three-quarters afterward, and only then after the unpardonable imprudence of suddenly jumping from bed.

This case occurred in the ward service of Mr. John Callan, in 1883.

CASE II. On the 12th of January, 1885, at 11, A. M., R. B. received, with other wounds, a superficial wound of the left ventricle, inflicted by a six-shooting Tranter pistol. Very shortly afterward, he was admitted into the pay-ward of the Charity Hospital. His condition upon admission was that of extreme shock; respiration, rapid and painful; pulse, very frequent and faint. His pulse, at times, increased in strength, and beat steadily at 120; then suddenly failed so as to become imperceptible. This alternate rising and sudden falling of the pulse, in such cases, may usually be taken as strong evidence of hemorrhage internally.

The autopsy was made by Dr. J. F. Finney, coroner, and revealed a wound of curious interest. The doctor has kindly placed his notes at my disposal. The fatal shot passed through the arm, three inches above the elbow, entered the left side of the chest, between the fifth and sixth ribs, one and a half inches below, and two and a half to the left of the left nipple, and, passing through the body, lodged under the skin of the right side. The bullet passed through the left pleura, wounded the diaphragm at its central tendon, burrowed through the convex surface of the liver, and, perforating the right pleura, lodged beneath the skin of the chest wall. Although the ball traversed the pleuræ, the lungs were not injured, and though the peri-

cardium was not opened, the heart sustained a lacerated wound just beneath its apex, deep enough to lodge the first phalanx of the finger. The ball passed along just outside of the pericardium, and with such force as to lacerate the ventricle, most probably at the moment of its distention. The pericardium contained two ounces of blood. The cavities of the pleuræ contained blood in large quantity.

This wounding of the heart, without opening the pericardium, has a parallel in a case reported in Gross' System of Surgery, as follows: "Prof. Holmes, of Montreal, has recorded a curious instance, in which the right ventricle of a young man contained a transverse linear opening, large enough to admit the finger, without any wound in the pericardium, leading to the inference that this membrane had been driven before the ball into the heart, while the latter was forcibly distended."

In addition to the terrible chest wound, above described, the subject of this report sustained also a gunshot wound of the ilium and of the forearm. He never fell after receiving his shots, but walked down stairs from the third floor of the building, and took conveyance to the Hospital. Patient was a man of forty-six years, well-nerved, of rare personal courage, excellent physique, and in the enjoyment of perfect health. The nervous system of such men is not easily shocked by sudden and serious injury, and they are not so apt to fall, however badly wounded, on the very spot.

It may be of interest here to recall from the literature of wounds of the heart, some of the more remarkable instances of prolongation of life. Prof. Gross records the history of a negro boy, who died sixty-seven days after having received a load of shot in the chest, three of which lodged in the base of the ventricle and two in the bottom of the auricle. The same author relates a case of a gunshot wound of the right ventricle in which the patient died at the end of ninety-seven hours, when the ball was discovered in the inferior cava.

In the Medical and Surgical History of the Rebellion, are reported the case of a patient, who lived one hour and a quarter after perforation of the right auricle and left ventricle, by a conical pistol ball; the case of a man who lived forty-six hours after a pistol wound of the left auricle and left ventricle; also, one in which the patient survived fourteen days a musket ball wound of the right auricle.

In the case of Pool, reported by Dr. Carnochan, of New York, the patient lived eleven days with a bullet in the apex of the heart. The heart's tolerance of bullets embedded in its tissue is less surprising in view of the following very remarkable cases. M. Ferrus reported an instance, copied in the modern text-books on surgery, in which the patient lived twenty-one days, with a skewer transfixing his heart, traversing the left ventricle, the septum and projecting into the right ventricle. More remarkable still, is the curious case recorded by Agnew, in which the patient lived three weeks with a watchmaker's file transfixing the left ventricle and the right auricle of his heart. Another singular case is well authenticated, and copied in classical works, in which a boy lived more than a month, with a piece of wood three inches long, lodged in the right ventricle.

The most industrious collator of wounds of the heart is George Fischer, of Hanover. Of 452 cases collected, 104 died immediately; in 276, death occurred at periods varying from one hour to nine months; 72 cases recovered. In one half the recoveries, examination long after the injury verified the diagnosis. In the rest, from similar symptoms, the diagnosis was presumably correct.

Dr. Purple, in the *N. Y. Journal of Medicine*, in 1855, recorded 42 cases of heart wounds which were not instantly fatal.

In the Surgical History of the Rebellion, four gunshot wounds of the heart are reported which were not immediately fatal.

MM. Sanson and Ollivier collected 29 cases of penetra-

ting wounds of the heart, only two of which were fatal within forty-eight hours. The rest died within a period varying from four to twenty-eight days.

Indeed, the literature of heart wounds abounds in surprising instances of the heart's tolerance of the gravest injuries.

Instantaneous death is caused by shock to the organ itself—heart syncope. The shock is not always proportionate to the extent of the lesion. Instances are recorded of immediate death upon slight heart wounds. History tells us that Latour d'Auvergne, the first grenadier of France, died instantly from a superficial lance wound of the left ventricle; and it is of medical record that the Sardinian prince, into whose right ventricle his wife thrust a gold needle, died immediately.

The susceptibility of the nervous system has much to do in producing shock. The writer was once called to a patient, who lay apparently mortally wounded. There was a gunshot wound just over the epigastrium. The ball had only perforated the skin, yet the man was almost pulseless and in a condition of extreme shock.

The statistics show that about twenty per cent. of heart wounds are instantly fatal. It is difficult to reduce to definite rules the duration of life after heart wounds, and the ability of the wounded man to exercise his volition and power of locomotion. Only one condition justifies the opinion of instantaneous death—when the cavities are laid widely open by wounds incapable of collapsing. In such cases, if not instantly by heart-syncope, death by hæmorrhage follows precipitately.

In the face of the cases so far recorded, some of the most striking of which are herein noticed, a medico-legal expert should be very cautious of insisting upon the instantaneous fatality—death on the spot—of gunshot wounds of the heart.



## HOSPITAL REPORTS AND CLINICAL NOTES.

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We are anxious to make Clinical Reports a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

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TRAUMATIC ANEURISM OF THE ANTERIOR OR POSTERIOR  
TIBIAL ARTERY.

BY DAVID JAMISON, M. D., Ass't. House Surgeon, Charity Hospital.

J. B. Narcisse, age 28 years, was admitted into ward 2, August 28th, 1884. His trouble was a large, pulsating tumor on the inner aspect of the right leg, about three inches from the knee-joint. He received a gunshot wound in the leg about two years before admission. The tumor made its appearance eighteen months after this injury. After careful examination, the diagnosis, "traumatic aneurism of the anterior or posterior tibial artery," was recorded. On September 6th, the man was brought under the influence of chloroform and a ligature placed around the popliteal artery. Pulsation in the tumor immediately ceased. The wound healed kindly and was completely closed by October 1st. Pulsation, however, returned in the tumor in two weeks after the ligation of the popliteal and the tumor commenced again enlarging. As the patient suffered a good deal of pain, another effort was made to relieve him. Concluding that the collateral circulation had been established through the posterior tibial, a ligature was placed on that artery beyond the aneurism.

No difference was noticed in the tumor. It pulsated as before, and by actual measurement was larger and firmer. One week later his condition was not improved. His pains were sharp and lancinating. The lymphatics of the groin were enlarged and the feet œdematous. Large anastomosing vessels were found running into the tumor, which continued slowly to increase. The tumor was now examined by Dr. A. W. Smyth, who said that it was being supplied through the anterior tibial, and, on his suggestion,

this artery was ligated on the distal side. The pulsation in the tumor immediately ceased. For a long time it grew no smaller, but gradually the patient's condition improved, and six months later he was discharged from the Hospital entirely cured.

The interesting feature about this case is the ligation of the artery carrying a retrograde or collateral current of blood to a recurrent aneurism, after the ligation of the artery on the proximal, or cardiac, side had failed to effect a cure. We believe this is the only instance in which ligature of the branch carrying the collateral circulation to a recurrent aneurism has been successfully practised.

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SOME FORMULÆ IN COMMON USE AT THE CHARITY HOSPITAL.

HAUSTUS QUINLE, (H. Q.)

- R̄. Quiniæ sulph..... ℥ii.  
 Acidi sulph..... q. s.  
 Tr. opii..... ℥i.  
 Aq. menth. pip..... ℥vi. m.
- S. Dose from one to two teaspoonfuls.

ANTI-EMETIC MIXTURE.

- R̄. Sodii bicarb..... ℥i.  
 Aq. lauro-cerasi..... ℥i.  
 Aq. menth. pip..... ℥v. m.
- S. Tablespoonful at a dose.

ANTI-RHEUMATIC MIXTURE.

- R̄. Potass. iodidi..... ℥ii.  
 Vini colchici sem.  
 Syr. simplicis aã..... ℥ss.  
 Aq. menth. pip..... ℥v. m.
- S. Tablespoonful at a dose.

MISTURA CRETE COMP.

- R̄. Tr. opii..... ℥i. m.  
 Tr. kino..... ℥i.  
 Mist. cretæ..... ℥v.
- S. Dessertspoonful, or tablespoonful, at a dose.

INTERNAL STRANGULATION OF THE SMALL  
INTESTINE--DEATH.

By A. B. MILES, M. D., House-Surgeon, Charity Hospital

Edward B , a colored man, aged forty years, lived on the upper Mississippi coast. On the morning of the 14th of July, while spading in his garden, he suddenly experienced pain in the lumbar region. The pain increased in intensity and spread across the middle regions of the abdomen. At 10 o'clock at night of the same day, patient appeared to the by-standers to be suffering of an attack of "cramp colic." At 7, A. M., of the following day, the 15th of July, patient was attended by Dr. D. R. Fox, of Jesuits' Bend, La., who thus describes his condition: "Countenance anxious; features pinched; face covered with large beads of sweat; indications of intense pain; abdomen swollen and tympanic; paroxysms of pain occurring every three or four minutes; bowels constipated; temperature normal; pulse ranging between 90 and 100; hiccough; vomiting at frequent intervals." At 11, A. M., of the same day, there was stercoraceous vomiting. The condition was clearly recognized by the physician in charge, and treated accordingly. Medical remedies proving of no avail, it was determined to send the patient to the city for surgical operation.

At the time of entering the hospital, at 7 P. M., July 16th, patient's condition was unpromising; pulse feeble, at 116, respiration somewhat jerky; extremities cool and a little wrinkled; voice weak and other evidences of increasing exhaustion. Dr. Miles, the house-surgeon, at once made laparotomy, and relieved the internal strangulation. Patient died on the following day. He was unfortunately one who bore chloroform and anodynes very badly.

The cause of the strangulation is very singular, and warrants the report even of an unsuccessful case. The vermiform appendix was long, curled upward and by a web of mesentery attached to the ileum. Thus a kind of hoop was formed with a membrane of the peritoneum stretching across. Twelve inches of the small bowel had

herniated through this membrane and become strangulated by the coiled appendix. We have seen some, and heard of many more instances, in which the vermiform appendix had entrapped all kinds of foreign bodies passing unwarily along the large bowel, but have never known this idling organ to set such a snare for catching and strangulating a loop of small intestine.

#### THE TWO CASES OF YELLOW FEVER.

[Our readers will find below the histories of the two cases of fever reported by the State Board of Health of Louisiana in June and July of this year. The first case was reported by Dr Fowler, of Gretna, and announced as a suspicious case by the Board; the second was attended by Dr Wiendahl, a practitioner for many years of this city, and reported as an undoubted case of yellow fever. The reports are very much the same as those published sometime since in the daily press. We refrain from making any comments or expressing any opinion on the nature of the cases, but will leave our readers to draw their own conclusions. We think it right that such cases should be properly placed before the medical profession, especially after their publication in the public press. The report of the second case was kindly furnished us by the President of the Board of Health, with the consent of Dr Wiendahl.—*Eds.*]

#### CASE NO. I.

##### DR. FOWLER'S CASE.

I was called at 7:15, A. M., on June 8th, 1885, to see Bella Lindon, aged two and a half years. On arriving at the house I found the child in a state of collapse, pulse 140, respiration 26, extremities cold. I was informed it had been ill for three days, suffering from bilious vomiting and, originally, constipation, for which the relatives had given purgatives, that had acted freely. I was shown some vomit, which had just been ejected and which I recognized as true coffee-ground, or black, vomit. The body and conjunctivæ were icterosed. I prescribed stimulants and a

mixture of bismuth and sal volatile and returned to my house for the purpose of obtaining a thermometer and test tube. On going back I found the child had just died. There was a discharge of grumous blood from the mouth and nose of the corpse.

I considered it my duty under the circumstances to report the matter to Dr. Holt, and he, with Drs. Watkins Holliday and Davidson, came to Gretna with me for the purpose of holding a *post mortem* examination, which it is to be regretted, was not to be obtained.

There were two possible modes of infection: the grandfather with whom the child lived is a cotton screwman and had the week before been working on a steamship from an infected port. He also kept behind the house a junk store with rags, etc., coming from all parts.

I should feel very derelict in duty if I were to refrain on the present occasion from expressing my admiration of Dr Holt's honesty of purpose and promptitude in making public all gravely suspicious cases that come under his notice.

I take leave to state, that in my own opinion, derived from experience of yellow fever on the west coast of Africa, and also at the Isthmus of Panama, the above case presented to my mind all the external features of the dreaded disease.

CASE No. 2.

DR WIENDAHL'S CASE.

Mr Chas. Babad, age 24 years, married, clerk in the hardware store of Messrs Holloway and Gardes, Nos. 23 and 25 Magazine st., residence 309 Dumaine st; a native of New Orleans; has never been out of the city; always sober and industrious. I have been his family physician for the last 19 years and have never known him to have a serious ailment.

Patient took sick Friday morning, June 26, complaining of headache, pain in the limbs, sick feeling in his stomach and chill; was compelled to leave his business and go to bed.

June 26, 6, P. M. Intense pain in head, back and shoulder; face and neck, very much flushed; eyes, bright and glossy; conjunctivæ, injected; great gastric distress and frequent efforts at vomiting and evacuating the bowels, accompanied by tormina; tongue, coated, except at tip; skin, dry and hot; temperature  $103^{\circ}\frac{1}{2}$  Fah.

June 27, 10, A. M. No sleep during the whole night, very restless; bowels, better; pain over stomach and liver, very intense; still nauseated; fever, one-half degree lower.

8, P. M. Very much nauseated; skin, very dry and hot; very restless; calls for fresh air; very thirsty; wants to get out of bed; no sleep; tongue, coated white, tip red; slightly delirious at times.

June 28th, 10, A. M. Passed a very restless night; slightly delirious, but answers intelligently when spoken to; no sleep; gastric troubles persisting; pain very intense over stomach and liver; liver enlarged; spleen normal in size; temperature  $101^{\circ}$ , pulse 99.

9, P. M. No alteration; eyes bright and lustrous; face has a dusky hue.

June 29th, 10, A. M. Temperature  $99$ , pulse 84; whole body completely jaundiced; no sleep; very restless, somewhat delirious at times; gums spongy and inclined to bleed under slight pressure; urine of a red color passed freely; nausea continues.

8, P. M. Temperature  $101\ 1-5^{\circ}$ , pulse 92; sp. gr. of urine 1011, no albumen.

June 30, 10, A. M. Temperature  $99\ 2-5^{\circ}$ , pulse 80; gastric distress still present, but somewhat less; eyes and skin deeply jaundiced; urine passed freely, red color, sp. gr. 1011, 3 per cent. albumen; bowels moved naturally; slept very little last night; mind wandering; tongue, large, covered with a whitish film, tip of tongue red; gums spongy and disposed to bleed; answers questions rationally.

8 P. M. Temperature  $100^{\circ}$ , pulse 84, no change.

July, 1, 10 A. M. Temperature  $100^{\circ}$ , pulse 80, intensely jaundiced; spat up a few magma of dark blood; still nauseated; slight bleeding from the nose; passed a better

night; thirst not so great; has taken some arrow root and broth; still feels great lassitude, has slept about six hours; urine of a red color, passed freely.

July 2, 7:30 A. M. Temperature  $98\ 4-5^{\circ}$ , pulse 78, general appearance better; appetite returning; still feels very much prostrated; urine of a very dark color, sp. gr. 1012, copious, no albumen, plenty of bile; bowels moved naturally; gums covered with a rusty, sanious coating.

7 P. M. Vomited several times during the day, mucus and black particles being found in the vomited matter; he spat also, a few clots of blood; he urinates with difficulty; feels very weak; pulse weak and gaseous.

July 3, 7:30 A. M. Temperature  $99\ 3-10^{\circ}$ , pulse 70, and weak; has slept; no bleeding from gums or nose; still has pain over stomach and liver; voided an immense quantity of very dark urine of sp. gr. 1012, no albumen, but full of bile.

7 P. M. Temperature  $99\ 3-5^{\circ}$ , pulse 66, weak and gaseous; vomited three large blood-clots; complains of intense pain when legs are touched; general appearance better; he now takes a little food.

July 4, 7 A. M. Temperature  $98\ 1/2^{\circ}$ , pulse 66, better and stronger; passed a good night; is considered convalescent.

4 P. M. Temp.  $98\ 1/2^{\circ}$ , pulse 60.

Signed,

J. H. WIENDAHL, M. D.

J. F. LOEBER, M. D.

Have seen the patient in consultation with Dr. Wiendahl, from July 1 to July 4, 1885, and endorse the diagnosis of yellow fever of local origin.

I saw the case on the eighth day of his fever and from his *condition, color, rate of pulse and general condition* have no hesitancy in asserting that my firm belief is that it is an *undoubted* case of *yellow fever*.

Original signed,

DAN'L. C. HOLLIDAY, M. D.

See Medical News and Miscellany.

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#### A CASE OF PACHYMENINGITIS.

S, J., a prostitute, white, aged 36 years, born in N. O., on June 16, 1885, was admitted to the Charity Hospital Ward 52, service of Dr Bemiss, Mr. W. S. Bickham, resi-

dent student, with the following history: During her childhood she had always been in good health. At the age of 15 years, and before the first appearance of her catamenia, she became pregnant and gave birth to a child at term. When 16 years of age, she contracted syphilis, and five months after the appearance of the disease she received medical treatment. Menstruation began when she was 16 and has never been very regular; the irregularity consisting either in an extension of the interval beyond one month, or in the regular observance of two or three periods in succession, to be followed by a non-recurrence of the menstrual flow for two or more months consecutively. The amount of blood lost upon these occasions was generally above normal. From the time of her seduction she led a life of easy virtue, and for the last 9 years indulged freely in alcoholic stimulants. Two years ago, she began to be afflicted with rheumatic pains in all her joints; this steadily-increased in intensity up to the time of admission. For the last three months she has been taking opium at intervals to alleviate her suffering. She has been coughing for seven months, and has suffered with pain in right lung for some time; during this time her body weight has steadily diminished. She says she never had fever. There is no predisposition to nervous affections in her family, as far as could be ascertained.

Upon admission her condition is described as follows: Appearance, that of a person who has been imbibing freely of alcoholics; she is very tremulous and unable to walk unsupported. She complains of almost constant pain in the head, referred to temporal regions of both sides. There is no tenderness about the head, but occasionally there is throbbing, and, on effort, vertigo and dizziness. Her reason and memory are generally fair, but at times she is stupid and occasionally delirious; her temper is irritable, and in her delirium, which generally comes on at night, she uses very vulgar and profane language. There is no disturbance of the special senses. Her sleep is restless and of short duration. There is no pain nor tenderness about the



spine. General and tactile sensation in extremities are diminished and retarded. There is general restlessness and paresis of both upper and lower extremities. Arms are flexed on thorax and hands flexed on fore-arms, the lower extremities are partially flexed and pain is complained of when they are forcibly extended. A disposition to stagger and fall exists on attempting to walk. Patient can not stand unassisted. The muscles are flaccid and partially atrophied. Some degree of inco-ordination is found in upper and lower extremities. The tendon and skin reflexes are about normal. The bowels are costive. No urinary trouble.

From the time of admission the patient's condition grew rapidly worse, the paresis soon passing into almost complete paralysis with increasing muscular atrophy. Delirium became more frequent and violent, so much so, that, at times, it became necessary to tie her in bed. During the intervals, however, she answered questions intelligently and complained only of rheumatic pain.

Two days previous to death she passed into profound coma. She died on July 7, 1885. Autopsy, performed 18 hours after death, revealed the following condition: Lungs and heart fairly normal, liver and kidneys fatty; a large amount of fluid in the cranial cavity; cerebral arteries, atheromatous; dura mater, thickened and in a stage of acute inflammation, with diffuse hæmorrhage between its layers over the whole convexity of the brain. On the right side in the dura mater over the parietal lobe a hæmoma, an inch or more in diameter, pressed against the cerebral convolutions and caused a marked depression in the brain at that place; the basal portion of the membrane was much thickened. The arachnoid and pia mater were healthy; the brain itself in good condition. The spinal dura mater was thickened and in the portions covering both the anterior and posterior surfaces of the cord were numerous spots of extravasated blood, which from their color did not appear to be of very recent origin. Macroscopically, the cord itself seemed normal; it was, however, preserved for future microscopical investigation.

## CORRESPONDENCE.

## IS YELLOW FEVER INDIGENOUS?

*To the Editors of the N. O. Med. and Surg. Journal:*

In complying with your request, to give my reasons for regarding yellow fever in this city as of exotic origin, I do so reluctantly, under a sense of the seated belief on the part of a number of my *confreres*, gentlemen of eminence, for whose opinions I entertain profound respect, who hold that the disease is of domestic production. These opposite opinions have divided the profession from the earliest history of yellow fever in the United States, and the subject remains to this day "a vexed question."

While controversy on this subject would seem to be interminable, from the nature of the case and the divergent interpretation of the facts, relative to the derivation and spread of yellow fever from one locality to another, under the most careful and exhaustive investigation by competent observers, the history of the disease establishes, as palpable and overwhelmingly important to this community, its *promotion* by local insanitary conditions.

That belief in the indigenous origin of yellow fever in the city of New Orleans should be held, under the convincing proofs, to its advocates, of successive recurrences of the disease, sporadically, from year to year, with occasional outbreaks epidemically, under favoring circumstances, cannot be wondered at, when we contemplate the appearance and movements of so subtle and mysterious a disease—so refined and subtle, indeed, that the derivation of the infection, in the first cases presenting themselves, is usually untraceable; and so often has it defied all attempts to discover its origin, that we cannot marvel that the popular and scientific mind should yield to the belief that the product is a spontaneous one, legitimately resulting from conditions, which they recognize, as coexisting factors in the

generation of the disease. These may be thus summarized : a long sustained elevated solar heat ; a certain hygrometric state of the atmosphere, with low dew-point ; deficiency of ozone and the toxic effect of gaseous emanations from decomposing animal and vegetable matter, distributed through the atmosphere of the city.

Admitting that the above conditions may be rightly supposed to originate yellow fever in this city, the query at once arises, how does it happen that it has *never been generated*, where these same conditions exist annually, in equal or much greater intensity? Why has it never been produced in Calcutta, Zanzibar, Cairo or Madras? The explanation is to be found in the fact, that the special cause of the disease has not been introduced from abroad, these several cities being so remote that no intercourse is maintained with the well-known habitats of the disease.

The theory is now generally received that yellow fever is caused by a living, organized, microscopic entity, animal or vegetable, which, produced out of preëxisting germs, can propagate itself indefinitely under favoring circumstances. These developed germs may be conveyed in ships, in their cargoes, or in the clothing of individuals, coming from infected ports, in which the disease has been long known to originate and continue throughout the whole year, as the West India Islands and along the coast of Mexico. "The existence of a true yellow fever zone" is, indeed, the cardinal fact in the history of the disease. Its geographical habitat is as well marked as that of almost any plant which is capable of transplantation but difficult of permanent naturalization. *There is no good reason to believe the disease ever arises spontaneously.*

If yellow fever belongs to the class of zymotic diseases, for which very cogent reasons may be assigned, its mode of origin cannot be materially different from them. Few persons would seek to trace the germs of rubeola, or scarlet fever, to animal and vegetable decompositions, in filthy gutters, cess-pools and the effluvia arising from bad drainage, and other unsanitary conditions which abound in this city.

The occurrence of sporadic cases of yellow fever from year to year by no means establishes the fact of a spontaneous generation of the fever in this city, under the well-known survival of the special cause for an indefinite period of time. The history of epidemics of yellow fever in New York, Philadelphia and other places, furnishes abundant evidence of the occurrence of sporadic cases, in years following epidemical visitations of the disease. As well might one contend for the indigenous origin of Asiatic cholera in America, which, after appearing on the continent in 1832, continued to reappear, from time to time, both sporadically and in epidemical form, and even to 1873, when the last cases of the disease were recorded. Should it ever reappear, it will only be when reintroduced from abroad.

That cholera underwent domestication for 41 years, is no more remarkable than that yellow fever should have done so for a much longer period. It must be borne in mind, that both diseases were liable to undergo increment, throughout the whole period of domesticity by the reintroduction of the special cause occasioning the one and the other.

Whatever the favoring conditions of the atmosphere may be, which are supposed to influence the spread of yellow fever, *they of themselves will never produce the disease, unless the special cause, or germ, is first introduced into it.*

The earliest recorded visitation of yellow fever in the United States occurred in the city of New York in the year 1667. It appeared there destructively again in the years 1702, 1743, 1795, 1803, 1805, 1818 and 1822.

Philadelphia was first visited by it in 1695, also in 1793, 1797, 1798, 1799, 1805 and with less severity in subsequent years, the last time in 1853. Mobile underwent an epidemic of yellow fever in 1705, and New Orleans, for the first time, in 1769. The years of the most serious epidemics in New Orleans have been 1817, 1819, 1822, 1830, 1832, 1847, 1853, 1854, 1855, 1858, 1867 and 1878.

The fever in 1830 was introduced from Vera Cruz by refu-

gees from Mexico, who were expelled the country as royalists, during the last attempt of Spain, under General Baradas, to recover the colony to the Crown. The refugees reached New Orleans from the sea-ports where the fever prevailed, in September. Their introduction gave rise to a fatal epidemic. In 1832, yellow fever was prevailing epidemically in the month of October, when the cholera made its appearance. The two diseases, contrary to the generally received opinion on the subject, prevailed concurrently for a short time, when the fever yielded its sway to the more rapidly diffused and fatal Asiatic scourge.

There can be no doubt of the fact, that notwithstanding one or two very imperfectly conducted quarantine efforts, which offered faint barriers to the introduction of infection by ships and persons, nothing like effective repression or protection, was carried into execution until 1879. It is but reasonable to suppose, that the introduction into New Orleans of yellow fever, kept pace with the commerce of the city with infected ports, throughout the series of years embraced in the history of epidemical visitations of the disease cited above; and that the sporadic cases occurring in other years may be fairly ascribed, either to the development under auspicious circumstances, of surviving germs from previous outbreaks, or to the direct importation of infection by fomites and persons, the infection, in those non-epidemic years, being limited, as has often been remarked in yellow fever, to restricted localities, without extension, the atmospheric constitution being, probably, uncongenial to its epidemical development. There can be no doubt that epidemics of the disease are promoted by local conditions of insalubrity, and that the intensity of the disease is increased by them.

To show at how early a period of the history of yellow fever dissentient opinions were held by physicians of eminence on the subject of the origin of the disease in the United States, the subjoined quotations from some early writers are given.

Tytler in his treatise on yellow fever as it appeared in New York, Philadelphia and other places in the United States, published in 1799, after describing the epidemic in the city of New York, in 1795 (p. 446), uses this language: "If the citizens of large commercial cities were attentive in tracing the origin of yellow fever, on its first appearing among them, they would find that the disease was imported. In some instances it would be extremely difficult to discover the origin. But the mischief lies in this, that the inhabitants of such cities, whenever a contagious disease makes its appearance among them, endeavor to suppress all rumor of it, from an apprehension of alarming the country and injuring their commerce. \* \* \*

As it extends itself slowly at first, seasonable exertion might both detect its source and prevent its increase, but when diffused through a city it spreads with rapidity, and it is no longer possible to discover where it began. But as, whenever the yellow fever has appeared in the United States, it has always been in sea-port towns and originated near wharves, docks and warehouses, there seems to be high probability that the disease is imported. The evidence here seems so strong, that no counter evidence that can be brought appears likely to invalidate it." Again (p. 448), "the question, therefore, rests here, can we at all times promise that, with the utmost care taken, the circumstances of a place may not be such as to give activity to an imported contagion? Before any theory of this kind could be supported, it would be absolutely necessary to bring an unequivocal proof that yellow fever had been, in one instance, at least, produced by local causes; but this cannot be done."

Dr. Felix Pascalis, who held the office of Health Physician in New York, in a publication by him entitled, "An Account of Yellow Fever," gives the following comparative statement of deaths during the pestilential fever of 1793 in Philadelphia, 1795 in New York and 1798 in New York and Philadelphia. (See p. 8.)

In Philadelphia in the year 1793,	- - - -	4,041.
“ New York “ “ 1795,	- - - -	732.
“ New York “ “ 1798,	- - - -	2,086.
“ Philadelphia “ “ 1798,	- - - -	3,506.

He continues: “I have thus finished my observations concerning the sickness which prevailed in 1798. I shall now make a few remarks concerning that which occurred in the year 1799. There was, then, a very considerable alarm in consequence of a sickness, which, by some was supposed to have originated from exhalations arising from grounds lately made, while others maintained that it had been introduced by some vessel, or vessels, from one of the sickly ports in the West Indies. With respect to the origin of this disease, a diversity of opinion then existed, amongst our most respectable physicians, and though much has been written on the subject, at that time and afterwards, the points in dispute still remained unsettled

“From the year 1798 to the year 1803, there were, in *every year*, in the sickly season, some sporadic cases of yellow fever. But, except in the years 1799 and 1803, they had excited no great alarm.” Dr. Edward Miller, in the year 1803, gave an account of the epidemic of that year to his Excellency, the Governor, from which Dr. Pascalis makes an extract, and precedes it with these remarks:

“The Doctor, after stating his opinion concerning the source from which this epidemic was derived, makes the following very judicious observations, which I deem it proper to transcribe for the consideration not only of the *present*, but also of every *future* board of health.

“‘The different opinions,’” says he, “‘concerning the origin of yellow fever, would seem, on a slight survey of the subject, to lead to very different means of prevention and public safety; but a more attentive consideration will impress the opposite consideration. Both parties insist on the necessity of detaining and cleansing foul and sickly vessels, the importers of yellow fever from abroad, for the purpose of *excluding* contagion, and the advocates of domestic generation, for the purpose of removing the filth, which, by

the operation of heat, is so readily conveyed into poisonous vapors.' "

" 'As to the removal of nuisances in the city, and the rendering it as clean and pure as possible, all parties, even on their own principles, ought to be equally agreed.' " After commenting on the immunity from the disease, enjoyed by the inhabitants of neighboring villages—Newark, Brunswick, and Elizabethtown, whither refugees from New York fled, and there sickened and died, without communicating the disease to the respective communities, which circumstance he ascribed to their cleanliness, and the purity of the air—Dr. Miller sums up his report with these reflections, which amount to prophecy.

" It seems, therefore, to follow, of course, that the great desideratum towards banishing yellow fever from New York, however it may be supposed to originate, *is such a degree of cleanliness and purity as may be found in the villages of the neighborhood*, or as near an approximation to it as possible. Such a system of police as this, vigorously adopted and enforced, aided by the regulations of the health establishments on Staten Island (the quarantine station), would, in my judgment, completely secure this city from the ravages of yellow fever."

In the epidemic of 1805, the same discordant opinions were held as to its derivation, as in preceding years. Dr. John R. B. Rogers, then Health Officer, inclined to the belief of its domestic origin. In an official letter to the Board of Health, after referring to the number of vessels lying at the wharves of the city the greater part of the season, and on board of which some one, or more, of their crews had died, or had come from sickly ports, he could trace no sickness among the carpenters employed on board, or among their families, from any connection with such vessels. He goes on to say, in this letter to the Board: " In this season, as well as in every season preceding, in which we have been visited by yellow fever, it was a subject of deep regret, that a collision of opinion existed, not only with respect to the origin, but also in rela-



tion to the nature of the disease. While, on the one hand, it was contended that it was imported from abroad, it was, on the other hand, asserted with equal earnestness, that it originated at home, or was generated on board of vessels which arrive amongst us, and that it is entirely non-contagious. These discordant opinions, maintained by medical gentlemen of the first respectability and eminence, and which enter deeply into the passions, as well as the interests of the community, have had a very inauspicious influence upon most of the leading measures, either of prevention or remedy." Dr. Rogers concludes thus: "I have now clearly shown, as far as negative proof can go, *that whatever might have been the cause of the late epidemic, it did not arise from any neglect of duty at the quarantine ground; nor did it come through that channel.*"

Dr. David Hosack, preëminent in his day as a physician and teacher in New York, in a letter to the Board of Health, dated November 15th, 1805, says: "It has been said that I have departed from the opinion that I had heretofore entertained of the origin of the yellow fever, and that, as in the present year no particular vessel has been charged with the introduction of it, we were compelled to acknowledge its domestic origin. In reply to this misrepresentation of my opinion, I have only to remark that if I had before entertained any doubt of the origin of this calamity, the circumstances attending its appearance in the present season would alone have satisfied me (as it has some others who have had opportunities of watching its early progress) that it is not the product of our own soil and climate, but is always introduced from abroad. The intercourse, I might, perhaps, say, the *unlimited intercourse*, which has existed between the quarantine ground and the city, by night, as well as by day, *sufficiently accounts* for the pestilence of of the *last season.*"

This contrariety of views and opinions is proof of one of the great mysteries of nature, the unfolding of which still baffles the scientific mind, but the study of which, like other heretofore obscure and unknown essen-

tial causes of disease, will, ere long, it is confidently expected, reveal to us what has so long been hidden and guessed at. The outcome of this close study both from the lights of the past and that of the present day will so shape measures of public hygiene as to limit, if not wholly prevent, future serious inroads of this disease.

The main object of these hurriedly embodied remarks on the probable origin of yellow fever in New Orleans will have been accomplished, should they promote a consideration of our duty to the welfare of our city, growing out of a proper regard to what the two opposing theories of the origin of the disease make not only *possible* but *certain*. If the price of liberty be vigilance, repression and protection from the introduction of infectious diseases must be secured equally by its exercise.

N. O. July 18, 1885.

J. P. DAVIDSON, M. D.

## THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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## LEADING ARTICLES.

THE NEW QUARANTINE SYSTEM OF OUR  
STATE BOARD OF HEALTH.

Through the courtesy of Dr. Holt, an invitation was extended to one of the editorial staff of this JOURNAL to form one of a party of gentlemen to inspect the different Quarantine Stations and see the practical working of the system of disinfection adopted by the Board of Health of this State. The party was composed of representatives of the Boards of Health of several of the surrounding States, the Board of Health of Louisiana and representative men of the city. On our way down the river we stopped at the upper Quarantine Station for a short time, but finding nothing available for disinfection resumed our trip down the river. Our next stopping place was the new station in "Pass a l'Outre," an unused pass, one of the arms of the Delta, through which, on account of the bar at its mouth, no sizeable craft can enter. We could hardly credit our senses, when we were told that, six weeks before, there was nothing but a bank covered with rushes at the site of the substantial and commodious hospital we now saw before us.

This is the station to which infected vessels are sent by the officer stationed at Port Eads. A large, well-built wharf, with deep water, makes the station everything that could be desired.

There is a large male ward, a smaller female ward, an office, drug-store, kitchen and pantry. In the wards, the walls are lined with terra-cotta tiles as non-conductors of the surrounding heat. In fact, everything has been done for the comfort of such sick as may have to remain there.

After spending the night at this place, we steamed up to the upper station to see the practical work of disinfection. Unfortunately the only vessel we could get was one with a clean bill of health from an uninfected port, and with a load of lemons, which did not admit of being fumigated. To exemplify the working of the fan, the quarantine tug steamed up alongside and sent a blast of cold air through the hold and cargo. This air, in the regular disinfection, is charged with sulphurous fumes, which are thus made to permeate through the whole cargo.

To show how much more efficacious this was, than the old method, Dr. Holt went through the form of the old process of letting down into the hold a few pots of burning sulphur. It looked like a crude relict of barbarism. Next, instead of sprinkling the deck with carbolized water, as formerly, a one to one thousand solution of bi-chloride of mercury was used and whatever fomites could be found in the vessel were spread on the deck and sprinkled. The tug then steamed alongside of a coal barge lying at the wharf and put a dense volume of sulphurous fumes through it as a further demonstration.

When we consider the short space of time and small amount of money at the disposal of the President of our Board of Health, we are struck with the skill and energy he has displayed in overcoming seemingly insurmountable difficulties and in practically demonstrating the possibility of a thoroughly scientific disinfection of vessels.

It would be unfair to compare the disinfection, as carried out in this instance, with that as described in the June number of this JOURNAL, for the reason, that the steamship, used for demonstration, not coming from an infected port, could not lawfully be subjected to such a process. Let us rather see, whether Dr. Holt demonstrated his ability to disinfect properly when the circumstances require it,

The process may be examined under two headings :

- I. Disinfection of the ship and cargo ;
- II. Disinfection of apparel and other portable fomites.

For the first, we think the preparations ample. The quarantine tug is furnished with a powerful steam syphon to pump out the bilge water and replace it with the bi-chloride solution (1-1000), the inner sides being washed down with the same solution. A large iron tank is used for preparing the solution and a hand force-pump with hose and a sprinkler for washing the decks.

A large powerful fan drives the fumes of sulphurous gas, generated on the tug, through every portion of the hold and cargo. If it is considered advisable to unload the cargo, this is disinfected separately.

The second part of the process we were not so well pleased with. Quoting from Dr. Holt's letter to our June number, we are promised that "all clothing and articles that will admit of it, will be laundried and in this process subjected to boiling water and the hot iron. The clothing worn is presently exchanged for other already treated, and this in turn disinfected."

Now, we saw no place in which any laundrying could be done on the scale required to carry out the above promise. As a substitute the fomites are sprinkled (those we saw looked as if they ought to have been put into a tank and *soaked*) with bi-chloride solution and then put into a chamber and steamed up to a temperature of 270° F.; and in answer to one of the visitors we heard Dr. Aby (the quarantine physician) say, that the apparel, actually worn, was considered not to need disinfection on account of its having been freely exposed to the air. This strikes us as being far from efficacious. If we may be permitted, we would make the following suggestions: Whatever admits of sprinkling should be soaked and remain in soak for some time. Everything that is capable of harboring germs should be subjected to a moist heat not of 270° only, but of 350° to 400° for three or four hours, for, according to Dr. Sternberg, there are some spores which nothing short of

this will annihilate. And finally, everything that admits of it should be laundried. As a general thing, we think, the crews would be benefited by a scrubbing.

The chamber we also think much too small for expeditious treatment. All this, however, is mere detail which will perfect itself in time. It would have been little short of a miracle to attain perfection at once and we sincerely congratulate Louisiana for having placed such efficient guardians over its health and commerce.

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### A CLINICAL STUDY OF THE LIVER, AS VIEWED THROUGH THE URINE.

If Dr. Oliver's new test for bile\* acids in the urine proves as accurate and reliable as it appears to be, he will certainly have the honor of having done more than any contemporary towards the clinical study of those conditions depending upon faulty production or elimination of the bile in the system.

No study has been possible, before this, of the increase or decrease of bile in the urine during different pathological conditions, because only an expert chemist, with suitable apparatus, was capable of attempting such an analysis, and the trouble was such that only limited observations could be undertaken. Dr. Oliver gives a test that any physician should be competent to make, and with as little trouble as the test for albumen.

His clinical observations, though numerous, are really in their inception, for he has entered upon a field so large, it has been hard to know where to commence.

A number of interesting experiments are given on the difference in the amount of excretion between a sedentary and an active life, which only confirm what has been determined empirically. The most interesting parts of the study, however, refer to what he calls cholæmia, or an abnormal amount of bile-products, not necessarily accompanied with jaundice, in the blood. First, he recap-

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\*See abstract on another page.

tulates the train of symptoms produced by the injection of bile in greater or lesser amount into the blood of animals and examines the urine in those diseases accompanied with parallel symptoms. In these he finds, invariably, a greater or less increase in the bile-salts in the urine, above the normal,

As an example we will quote what he has to say on "Hæmolytic Diseases." "Dissolution of the blood, and especially of the red discs, obstruction of the capillaries and hæmorrhages, are prominent factors in the poisoning of animals by injecting bile-salts into their veins. On turning to clinical experience, we find the counterpart of these experimental data. In anæmia, the balance, which in health is maintained between the generation and the destruction of blood-corpuscles, is disturbed. There would seem to be, either a failure in the hæmogenesis, or an increase in the hæmolytic process; determining, as the case may be, a hæmogenic or a hæmolytic form of the ailment. Probably, the defect is generally on the side of construction; but I have met with several instructive examples of the hæmolytic type, in which there was a considerable excess, pretty regularly and persistently maintained, of bile-salts in the urine; then it was, that some attention to the portal organs was indicated, and was of greater service than the ferruginous treatment of the blood-state, the pernicious work of the liver apparently causing the failure. I suspect that arsenic is a valuable remedy in some of these cases of hæmolytic anæmia; purgative doses of the sulphates are certainly useful. The following figures indicate the range of increase of the urinary bile salts which I have recorded in this form of anæmia: 400 per cent. 300, 60, 100, 300, 60, 60, 400." etc.

Their enormous increase in malarial hæmaturia also explains the presence of bloody urine and suggests the point of attack in the treatment of the disease.

In fine, he goes through a long list of diseases, with such suggestive results, that we anxiously await further developments from himself, and from other observers in a so

promising line of inquiry. Also, we may hope now to have a harmless method of determining the physiological action of the different cholagogues in the human system, to which the objections, raised against Prof. Rutherford's experiments, cannot be made.

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### THE INTERNATIONAL MEDICAL CONGRESS.

The absorbing topic of the day is the organization of the Ninth International Medical Congress, proposed to be held in Washington, D. C., in 1887. This Congress is the most distinguished body of medical and scientific men in existence to-day, and the first meeting on American soil will be an event of great moment in our medical history. It was natural to expect emulation among medical men for positions of honor on the National Committee of Arrangements and the various sub-committees and sections. It was reasonable, too, to expect, that the competition would be all the more interesting in a country, where there are so many medical men of distinguished merit, acknowledged at home and abroad as leaders in their specialties, and where every man, even of the rank and file, feels himself a sovereign. But the contest of an emulation and the incidental controversy over the plan of organization have exceeded all expectation. We have already injured our good name at home and, we fear, abroad; fomented domestic differences to mar the pleasure of our coming guests, and even to imperil the success of the Congress; and yet the disagreement widens every day. The questions at issue have been freely discussed in the medical and secular press; but, unfortunately, not in the spirit of peace-making. Avoiding, as much as possible, any comments to aggravate differences now existing; which we sincerely deplore, we propose to our readers a plain statement of the points still in controversy.

The American Medical Association, in 1884, appointed a committee to invite the International Medical Congress, then about to convene in Copenhagen, to meet in Washing-



ton in 1887. The committee thought proper to extend the invitation in the name of the Profession of the United States. After the invitation was accepted, the committee, interpreting the resolution under which it was appointed, as granting executive authority, proceeded to make the necessary arrangements for the meeting of the Congress. The committee officers were elected, the membership increased, the chairmen and members of the various sub-committees and sections appointed, and a general plan of organization adopted. The policy of the committee was broad and liberal, recognizing representatives of American medicine, regardless of residence and difference of opinion on matters of purely local interest. The committee appointments, therefore, were made regardless of membership in the American Medical Association and without respect to differences on questions of medical ethics. After all, the International Medical Congress, organized in the interest of medical science and medical philanthropy, feels no concern whatsoever in the professional policy or politics of the country where a meeting may be held. The work of the committee, under the circumstances, extremely delicate and difficult, was practically well done and, in the main, acceptably, we believe, to the American profession, as well as to a majority of the members of the American Medical Association. However, there were murmurs in various quarters.

Some complained of the committee for exercising unwarranted authority. However, this may be, we believe the committee acted in good faith and in the interest of the International Congress. The language of the resolution, under which the committee was constituted, is certainly very wide in its scope and may easily be interpreted as granting full executive power.

Others thought the committee wanting in propriety to elect its own members to the most exalted positions in the organization. Why should the committee have gone beyond its own membership, we ask, when its personnel comprised names historical in American medicine, honored by their countrymen and respected abroad.

More objected to the appointments of the committee on the ground of an unequal sectional representation. "The North, the South, the East and the West" were arrayed as if we were in the midst of a presidential canvass. This argument had its effect upon a few inflammable minds, but, fortunately, devotees to the science of medicine are not hedged in by sectional lines. We favor the appointment of men who represent American medicine, wheresoever they may reside, whether in the empire of Texas, in California or in the cities of the East.

The real cause of all the discord arose from a feeling perfectly natural among men struggling for personal or professional preferment. There were not offices enough to go all around, and for this reason, only, many men of unquestioned merit were excluded from official connection with the Congress. The justice with which some others were excluded we now realize more fully, since they have demonstrated so clearly their own unfitness for high official positions.

So, at the New Orleans meeting of the American Medical Association, the report of the committee was presented and disapproved. Many of our readers will recall the intemperate discussion on the occasion. It was characterized by offensive personalities, well calculated to widen the differences already existing. One spokesman from the West, in imitation of the wicked ruler, who leveled the highest reeds in his garden as a warning to his subjects, proposed to behead the great men of the East. The sentiment was applauded. As a crowning act of discourtesy to the original committee, composed of some of the most honored names on the roll of the Association, a resolution was finally adopted appointing a new committee, to be composed of the membership of the original committee of seven, enlarged by the addition of thirty-four members of the Association, one from each State and Territory represented, and from the Army, Navy, Marine Hospital Service, and the District of Columbia. To the new committee, thus constituted, was granted the power of reviewing,

altering and amending the work of the original committee, as deemed necessary. This enlarged revisory committee some of our most esteemed contemporaries choose to call the "New Orleans Committee." True, the committee was born here, but of foreign parentage, and certainly conceived elsewhere. It is a fact worthy of record that not a single Louisianian raised his voice in the discussion which led to the organization of the new committee.

In the May number of this JOURNAL we expressed in unqualified phrases our disapproval of the action of the association in setting aside the report of the committee, and in a manner so discourteously, and appointing a new committee vested with revisory power. Equally out-spoken were most of the medical periodicals issuing from all parts of the country, reflecting the sentiment of the American profession. Aside from all considerations of professional propriety, the competency of the Association to set aside the work of a committee, to which executive power had once been given, was seriously questioned. However, the written opinion of the Hon. Samuel J. Randall, whose ability as a parliamentarian we all acknowledge, has satisfactorily arbitrated this question and legalized the appointment of the Committee.

The first meeting of the new committee was held at the Palmer House, in Chicago, on the 24th of June; present, twenty-five of the thirty-four new members and two members representing the original committee. The committee had ample time, and surely no lack of opportunities, for ascertaining the drift of professional sentiment, and, therefore, was expected to move with wisdom and discretion. A brief summary of these proceedings is given. Early in the session it was resolved, in literal obedience to instructions conveyed in the resolution under which the committee were appointed, to review, alter and amend the work of the original committee as deemed necessary. Dr. Beverly Cole was elected to the chairmanship of the committee, made vacant by the resignation of Dr. Flint; Dr. John V. Shoemaker, to the office of Secretary-General, in which Dr.

Billings declined to serve further. The names of the new officers appear in the last published proceedings of the American Medical Association. The nineteen sections previously arranged were reduced to sixteen; four chairmen of committees were changed; a number of names were transposed in the revision of the committees; and the advocates of the New Code, favored by the original committee, were rigidly eliminated. Only members of the American Medical Association were appointed to office. The chairmen of the sub-committees were appointed from a wider field, giving more equal sectional representation. There were two from Chicago, one each from Cincinnati, St. Louis, Louisville, New Orleans, Baltimore, Boston, Rome, Ga., the U. S. Army, and three each from New York and Philadelphia.

While the committee was still in session, the Philadelphians on the committee, with the Louisville chairman as an invited guest and concurring, met and resolved to decline to hold office in connection with the congress, as proposed to be organized. Subsequently members of the profession of Boston, Baltimore and Washington, whose names had been chosen to office, also met and formally declined to serve in the organization as now contemplated. Up to the present writing, we have heard of six resignations from the original committee of seven—Drs. Flint, Billings, Johnston, Brown, Hays, and Engelmann. Other resignations will surely follow; a list of those who have so far resigned all connection with the Congress, including the adherents of the New Code, who have been displaced, contains many historical names, that would be sadly missed in an international gathering of representative medical men.

Already, it is painfully evident that it is simply impossible to organize the American meeting of the International Medical Congress upon the plan adopted by the Chicago Committee. Truly, we stand to-day a divided household, and unless some reconciliation can be effected, the failure of the Congress is inevitable. The present situation is

deplorable beyond expression. A mighty responsibility rests on the present committee on organization. The members must realize the impossibility of organizing the Congress in further pursuance of the policy recently adopted. For the sake of harmony, through which alone the Congress can succeed, and the profession escape a national disgrace, the committee should make concessions to the gentlemen, who feel aggrieved by their action: and such concessions to those who have resigned, as well as those who have been displaced, should meet only friendly responses and pledges of harmonious coöperation.

We favor the organization of a National Committee of peace-makers, composed of representatives from the States and Territories, to be appointed by the Presidents of State and Territorial Societies; from the District of Columbia, to be appointed by the President of the District Society; and from the Army, Navy and Marine Hospital Service, to be appointed by the ranking medical officer of each service.

It is contemplated that a committee, constituted as above suggested, would be very potent in reconciling the differences now existing between the committee of arrangements, on the one part, and, on the other, the gentlemen who have been displaced and those who have voluntarily resigned all connection with the organization as now proposed.

This committee failing in its purpose, we suggest that it is better to appeal the matter, as it now stands, to the American Medical Association for final adjudication.

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## EDITORIAL COMMENTS,

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THE SANITARY SURVEY OF ILLINOIS.—We have received from the Illinois State Board of Health the schedule of a proposed Sanitary Survey of the State by that board.

The schedule embraces nineteen conditions pertaining to the public health and covers forty-four pages, the points of inquiry being in the left-hand margin with blank lines opposite for the information desired. The scheme is a most elaborate one, and if the schedule is properly and generally filled out a vast amount of valuable statistical information, with practical bearing, will be obtained. The State Board of Health of Illinois is to be congratulated on the work already accomplished and complimented on its continued energy as displayed by this latest effort.

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THE FEVER COMMISSION.—The following well-known physicians all in long practice in this city constitute the commission appointed to investigate and determine the nature of all cases of fever reported as suspicious, to the State Board of Health:

Dr. Charles Turpin,

Dr. G. Devron,

Dr. J. P. Davidson,

Dr. F. Loeber,

Dr. C. J. Bickham.

These gentlemen will, upon the request of the President of the Board of Health, visit, examine and report to the Board of Health their opinion regarding a case in doubt. The Board of Health accepts their opinion as final and will act accordingly. We think this plan the very best solution of the difficulty regarding doubtful cases of fever. With the matter committed to such wise and careful hands we feel sure of securing the utmost possible confidence of surrounding States as well as the endorsement of our own people.

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THE TEXAS COURIER RECORD.—On the editorial page of the June number, we see the announcement that Dr. F. E. Daniel has withdrawn, leaving Dr. W. B. Brooks in sole charge. Our sprightly contemporary has done a valuable work in Texas, and deserves all the success it has

achieved. We wish for Dr. Brooks a continued and increasing prosperity.

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DANIEL'S TEXAS MEDICAL JOURNAL.—Dr. F. E. Daniel has issued in Austin the first number of his journal, *Daniel's Texas Medical Journal*, which we have received and read with much pleasure. The cover is a dark red, made very attractive by the blazing Texas star. The contents and general arrangement are very creditable and sprightliness is noticeable throughout. Texas is a great State and capable of magnificent development and we believe there is ample room for the two very excellent monthlies now established within her borders. We wish Dr. Daniel abundant success in his new venture, and we believe he will secure it.

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MR. KLEIN, in his announced experiments regarding Koch's cholera bacillus, has in many instances arrived at results so much at variance with those of Mr. Watson Cheyne, that the latter has proposed to Mr. Klein that they perform their experiments side by side, as the only proper and definite way of arriving at the truth regarding the points in dispute. Mr. Klein has accepted the challenge, provided that Dr. Koch shall assist in the experiments. If three such competent investigators, seeking only the truth, shall work together in this important matter, we may expect ere long some very interesting and instructive reports.

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“THE NEW ORLEANS PHYSICIANS,” says the *Texas Courier Record of Medicine* for July, “claims that quinine has no beneficial action in hæmorrhagic malaria, but increases congestion of the kidneys and produces greater hæmorrhage; but that the free use of calomel gives the best results in this form of malarial poisoning. Is not this something new to the profession?”

We do not know where our valued exchange got its information; we do know, however, that some of our best

physicians believe in giving, and do give, quinine freely in this disease, considering it the sheet-anchor in its treatment.

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WE take pleasure in welcoming the first number of the *Revista de Laringologia, Otologia y Rinologia*. Judging from the present number, it will certainly deserve the success we hope it may attain.

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ABSTRACTS    EXTRACTS    AND    ANNOTATIONS

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MEDICINE.

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A NEW TEST, QUALITATIVE AND QUANTITATIVE, FOR BILE-ACIDS IN THE URINE.

Dr. George Oliver, in the *London Lancet* proposes a new test for the bile-acids. Bile-salts appear in the urine as taurocholates and glycocholates, secreted by the liver, and as their derived salt, the cholate. Pettenkofer's test is not sufficiently delicate and is inaccurate. Dr. Randolph's mercuric iodide reacts to such small traces of peptone, that it, also, is not practical.

The proposed test is founded on the fact that, physiologically, the bile precipitates peptones from a slightly acidified solution. A standard test-solution is made by Dr. Oliver as follows :

R.    Pulverized peptone.....gr. xxx ;  
       Salicylic acid.....gr. iv ;  
       Acetic acid (B. P.).....m. xxx ;  
       Distilled water.....℥viiij.

Perfect transparency is obtained after repeated filtration. When twenty minims of urine are run into sixty minims of the test-solution, an opalescence, proportionate to the amount of bile-derivative, appears.

The test will readily determine the presence of bile in a one to twenty thousand solution, and no other constituent of the urine, normal or pathological, seems to produce a precipitate under like conditions.



spot, from seven to fifteen drops of a one per cent. solution of the acid in water. In all his cases he has met with no accident, except in one case of cervico-brachial neuralgia, in which relief from pain was obtained, but paralysis of the radial nerve followed injections over the musculo-spiral nerve. Dr. Jacoby thus concludes:

1. That in osmic acid we have an agent serviceable in some cases of peripheral neuralgia.

2. That it is not an anti-neuralgic, and that its action is localized.

3. That it frequently succeeds where other agents fail.

4. That it is dangerous to implicate a motor nerve in the injection.

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## SURGERY.

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### TREATMENT OF ANEURISM BY INSERTION OF WIRE INTO THE SAC.\*

The case of aneurism of the abdominal aorta, mentioned in our July number as cured by this method, died suddenly ninety-two days after the operation, in consequence of rupture of the aorta at the angle of junction between the artery and anterior wall of the tumor. "The sac," says *Gaillard's Journal*, "had shrunk to the size of a walnut and was completely filled with coagula." "The copper wire was found unaltered and rolled up into a globular mass in the sac." The case, unsuccessful though it was, lived long enough to prove the procedure to be entirely rational and promising in a more favorable case.

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### DIGITAL EXPLORATION OF THE STOMACH.

An interesting case is reported by Billroth to the Imperial Royal Medical Society of Vienna. A girl swallowed a plate of false teeth too large to pass the pylorus. Billroth made laparotomy and gastrotomy, and, failing with instruments, introduced his hand into the stomach and removed the foreign body, which had lodged in the posterior portion of the organ. The patient recovered perfectly.

\*See abstract of same case in July number.

## KUSSMAUL'S METHOD IN INTESTINAL OBSTRUCTION.

Before any operative procedure, it is proposed to wash out the stomach, to relieve its condition of over-distention, and give nature a better opportunity of releasing an invaginated or twisted loop. The simplicity of this treatment, the possibility of cure, and, in any event, the probability of affording temporary relief, warrant its adoption.

## LARGE VESICAL CALCULUS.

The *Lancet* (May 2d) reports a vesical calculus, of uric acid, weighing fourteen ounces, and measuring four and one-half by three and one-fourth by two and one-eighth inches, recently removed, by the high operation (Petersen's modification), by Sir Henry Thompson. This is one of the most remarkable calculi that the records of surgery furnish.

## LARGE GALL-STONE

At a recent meeting, according to *Boston Medical and Surgical Journal*, of the College of Physicians, of Philadelphia, Dr. J. H. Musser presented for Dr. Livingstone, of Columbia, Penn., an immense gall-stone, which was removed at the autopsy of a female, aged 66 years, who died of colloid cancer of the omentum. The stone weighed 394 grains and was three and one-third inches long.

## EXCISION OF THE RECTUM FOR EPITHELIOMA.

An instructive case has recently been reported in the *Medical Chronicle*, of Manchester, Eng., by Dr. Geo. Elder, late Senior-Surgeon, Hospital for Women and Children, Nottingham, England.

A mushroom-shaped growth, friable in its texture, projected from the anterior surface of the rectum, three inches up the bowel. There seemed to be no invasion of the contiguous tissues. Three inches of the anterior two-thirds of the bowel were removed with but little hæmorrhage. The wound was irrigated with a 1-2000 solution of the mercuric chloride and dressed with absorbent lint soaked in a saturated solution of iodoform in glycerine. The wound healed in one month without incontinence of fæces.

The writer strongly advocates early excision of cancer of the rectum, even after ulceration, if the disease be with-

in reach and circumscribable, upon the ground, that the operation, even if not curative, will palliate the distressing local symptoms and prolong the patient's life.

Professional opinion is now reacting in favor of cutting operations in cases of cancer of the rectum. The latest views on this subject are clearly set forth in Pepper's System of Medicine. The statistics show as satisfactory results as in excision of epithelioma of the lip. Now and then are reported in medical periodicals cases of successful excision of cancer of the rectum, which strengthen the opinion now forming in favor of the operation. Even in cancers far advanced, in which the growth blocks up the lumen of the gut, cases which, for a time, were cut only by those denounced as rash and unscientific, the operation of excision is preferable to an artificial anus, and affords marvelous relief from the terrible tenesmus.

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#### INGROWING NAIL.

In those intractable cases of ingrowing nail, not curable by the simpler methods, it is recommended to cut away completely the tissues overlapping the side of the nail. Should it be necessary to extract the nail, never fail to cut down the overlapping edges.

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#### WHAT SHALL BE DONE WITH THE OMENTUM IN HERNIOTOMY?

An article in the *Medical Chronicle*, by F. A. Southam, Assistant-Surgeon to the Manchester Royal Infirmary, treats the subject very clearly. The omentum may be returned into the abdomen; it may remain in the sac; or it may be excised. If extruded in small amount, and perfectly healthy, it may be returned. If, however, the extrusion be of largé size and indurated, inflamed, extravasated with blood, even congested and thickened, the reduction threatens acute peritonitis. Of the two alternatives, of leaving such an extrusion in the sac, or excising it, the latter is preferable. The omentum may now be ligated with catgut and excised, with results much more satisfactory than obtained by the older surgeons. If the omentum be of large size, the writer advises transfixion of the mass, and ligation in sections. In femoral hernia, more especially, the author advises that the omentum be utilized in closing the crural canal. In omentocele, with adhesions, it is recommended

to dissect up, and ligate in two sections, the sac and the contained omentum, at the femoral ring; then excise the parts below the ligature. In similar cases, complicated with extrusion of the intestine, it is recommended to reduce the bowel, and then proceed in the manner above described.

The advantages of the plan are, that the mass of the omentum plugs the canal and acts as a barrier to future descent of the bowel; that the barrier is further strengthened by the exudation of lymph, consequent upon the inflammation excited by the transfixion of the neck of the sac, as well as the pedicle of the omentum; and, finally, that the double ligation ensures against hæmorrhage from the pedicle, an accident which might otherwise occur from slipping of the ligature.

These remarks apply as well to inguinal hernia, but the results, guarding against the return of the hernia, are not so satisfactory as in the femoral variety.

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#### RADICAL CURE OF INGUINAL HERNIA.

Professional opinion is gradually drifting toward the conclusion, that the most advisable plan of procedure in the operation for the radical cure of inguinal hernia consists of an open incision for the exposure of the parts, ligation of the neck of the sac, and approximation of the pillars of the canal,

Mr. James Hardie, in the *Medical Chronicle*, gives the result of seventeen operations favoring his special method of procedure. First, in the welding together of the structures to close the canal, he relies greatly on the inflammatory exudation into the tissues. Therefore, he favors ligation of the transversalis fascia and the underlying cellular tissue, as well as of the neck of the sac. Secondly, the writer prefers to leave the sac *in situ* below the ligature, thus avoiding its exsection which is often tedious and difficult. When allowed to remain it is invariably obliterated.

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#### GUNSHOT WOUNDS OF THE KNEE-JOINT.

At the ninety-fifth annual session of the N. H. Medical Society, Dr. G. H. Bridgeman reported a case of gunshot wound of the knee-joint, with perfect recovery. By the authority of Professor Gross, in but one such case was the limb saved in the Crimea, in none in India. In the Franco-

Prussian and late civil wars, of 451 cases recorded, twenty per cent. of those treated by excision recovered, and twenty-seven per cent. when treated by amputation.

On the 14th of September, 1874, a young gentleman of this city received a gunshot wound of the knee-joint. The ball entered at the centre of the patella and emerged through the popliteal space. The gentleman is to-day a lieutenant in a famous military company of New Orleans.

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CYSTITIS.

The following has been found very valuable in chronic cystitis used locally as an injection into the bladder :

R̄.	Ex. hydrastis can. fl. . . . .	ʒii.
	Sodæ bicarb. . . . .	ʒi.
	Glycerinæ . . . . .	ʒii.
	Aquæ ad. . . . .	Oj.

—*The American Medical Digest.*

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OBSTETRICS, GYNÆCOLOGY AND PÆDIATRICS

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EXTRA—UTERINE PREGNANCY.

This condition now terminates favorably more frequently than formerly. The former treatment was expectant ; nowadays, if the diagnosis can be made positively, electricity can be employed to destroy fœtal life. This gives nature a better chance to effect a cure. In the cases reported by Dr. Thomas to the N. H. Medical Society, less than one-half recovered.

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DOUBLE UTERUS WITH A FŒTUS IN EACH.

The case is reported by Dr. E. W. Lane, of Scarboro, Ga., at the thirty-sixth annual meeting of the Medical Society of Georgia, recently held in Savannah. The patient, Mrs. K., is described as a healthy, robust, Georgia lady, a primipara, aged thirty-five years. The first child came foot foremost and died almost immediately. The second was born on the following day, also dead. Both placentas were retained and each cord led into its own separate uterine cavity. After the delivery of the placentas, both wombs were felt through the abdominal walls well contracted. The mother recovered.

## EXPLORATORY INCISION IN THE DIAGNOSIS OF ABDOMINAL TUMORS.

Terillon has recently reported to the Society of Surgery of Paris 179 cases of exploratory incision in the diagnosis of abdominal tumor; of this number 39 died, or 79 per cent. This mortality is higher than reported by Tait, Knowsley Thornton, Keith, Billroth and others. The percentage of recovery is less in cases of malignant disease.

## HYSTERECTOMY AND LISTERISM.

Mr. J. Knowsley Thornton has just performed eighteen hysterectomies, with only two deaths. He strongly commends Listerism with the spray as a great safeguard in the operation. Mr. Lawson Tait, on the other hand, says he has thrown his tea-pot away, as useless, if not harmful.

## APPLICATION FOR SORE NIPPLES.

Groussin recommends for application to sore nipples in nursing women an ointment of equal parts of white sugar, oxide of zinc, glycerine and gum arabic.—*New York Medical Journal*, June 20.

## VIENNA OBSTETRIC STATISTICS.

In the Vienna Obstetrical Hospital about nine thousand patients are confined every year. The mortality from all causes is said to be less than one-half of one per cent. for mothers, and about fifteen per cent. for children.—*Maryland Medical Journal*.

## THE USE OF CORROSIVE SUBLIMATE AS A DISINFECTANT IN OBSTETRICS AND GYNÆCOLOGY.

In a review of the experience with this drug, by Dr. A. Jasper Anderson in the *Medical Chronicle* (Manchester, Eng.) for July, the following conclusions, are arrived at:

That this agent should be used in weaker solution than formerly, say about one to five thousand, and with more caution; and from the clinical histories of most cases of poisoning, and the toxicological effect of the agent, it would seem better not to employ it at all when the kidneys are diseased.

In laparotomy it is not safe to use it in cleansing the peritoneum. By experiments upon rabbits it was found that sponging out the peritoneal cavity with a solution of the sublimate (one in two thousand or one in five hundred), was fatal, but not so of carbolic acid.

## REVIEWS AND BOOK-NOTICES.

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*The Elements of Physiological Physics*; An outline of the Elementary Facts, Principles, and Methods of Physics, and their applications in Physiology. By J. McGregor-Robertson, M. A., M. B., C. M.; Muirhead Demonstrator of Physiology in the University of Glasgow. Illustrated with 219 Engravings on wood. Philadelphia: Lea Bros. & Co., 1884. [New Orleans: Armand Hawkins, 196½ Canal street.]

The modern development of physiology has been largely due to the application to this branch of science of physical and chemical principles and laws. Physics and chemistry are now constantly appealed to for aid in working out physiological problems; and the physiologist finds himself continually resorting to physical methods and apparatus, both for purposes of illustration and research. In some respects, therefore, the study and teaching of physiology have become increasingly difficult, because of the broadening of its relations with other sciences.

It is as true, as it is lamentable, that in the majority of the institutions of this country where medical science is taught, a knowledge of the contents of a work such as the one before us, even rudimentary as it is, is not demanded as a pre-requisite to the study of the fundamental branches of medical instruction. It is plain, however, that to ignore the imperative necessity of a preliminary cultivation of the physical sciences prior to the study of medicine is rapidly becoming an impossibility, for under the light of modern teaching even the most elementary lessons in medicine, whether given by conscientious teachers or writers, are absolutely unintelligible and meaningless, without some knowledge of physical notes and principles. The day, therefore, when text-books in medical physics will be indispensable to medical students is very rapidly approaching, and to those already engaged in their medical apprenticeships we can give no better advice than to prepare themselves for the coming day by perusing the excellent paper of McGregor-Robertson.

R. M.

*The Oleates*; An investigation into their nature and action; by John V. Shoemaker, A. M., M. D., Lecturer on Dermatology, Jefferson Medical College, etc. Philadelphia: F. A. Davis, Attorney, 1217 Filbert street. 1885. pp. 111.

A very fair presentation of the claims of the oleates in medicine, giving in a pleasant style, their history and origin, process of manufacture, physiological action and therapeutic effect.

The author's experiments prove that the supposition that the oleates were directly absorbed and conveyed into the blood is entirely erroneous; their advantage consists in the fact that they can enter into the minute openings of the glands and follicles, on account of being dissolved in the fatty base and vehicle. Hence, for local use in various skin-affections, they are extremely valuable. We recommend a perusal of the little book to those contemplating the use of the oleates.

F. W. P.

*Minor Surgical Gynæcology*: A Treatise of Uterine Diagnosis and the lesser technicalities of Gynæcological Practice, including General Rules for Gynæcological Operations, and Operations for Lacerated Cervix and Perineum, and Prolapsus of Uterus and Vagina, for the use of the advanced student and general practitioner, by Paul F. Mundé, M. D. Second edition revised and enlarged, with three hundred and twenty-one illustrations. New York: Wm. Wood & Co.; [New Orleans: Armand Hawkins. Price, \$5.00.]

A few years ago we were delighted with the appearance of the first edition of Dr. Munde's book, and we were sorry that a book, that should be in every physician's library, should have its circulation confined to the subscribers to Wood's library. The second edition is not open to this objection, and has been much improved. Those students and practitioners who have not had the opportunities of hospital routine in diseases of women, will find this book of incalculable value, for in gynæcology, particularly, it is the attention to minor details which will bring most success. Even specialists, however, will find in it such valuable hints as to insure its popularity.

The first and second parts are really the second edition. The third part is an addendum which we do not altogether approve of. As the book stood before, it appeared com-



plete, now, it has an unfinished look about it which makes us wish Dr. Munde had published the major surgical part separately, or waited until he had written a complete work on gynæcological operations.

G. B. L.

*Hay Fever, and its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane;* by Charles E. Sajous, M. D., Instructor of Rhinology and Laryngology in the Post Graduate and Spring Courses, Jefferson Medical College; etc., etc. Illustrated by thirteen wood Engravings. F. A. Davis, Att'y, Publisher, Philadelphia.

Dr. Sajous in his excellent monograph has not only shown us how to cure the tendency to hay fever, but as his treatment includes that of hypertrophic rhinitis we have also a very full description of the latest and most approved methods of removing troublesome nasal hypertrophies. Dr. Sajous considers hay fever to be due to an abnormal condition of the nerve endings of the nasal cavities which render them liable to intense irritation from inhalation of certain noxious substances. His treatment consists in carefully cauterizing each supersensitive spot. He relates a number of cases illustrating the success of the treatment, and the difficulties, occasionally met with, in making thorough applications.

G. B. L.

*Diagnosis and Surgical Treatment of Abdominal Tumors:* by Sir Spencer Wells, Bart., Late President of the Royal College of Surgeons, of England. Philadelphia: P. Blakiston, Son and Co. [New Orleans: Armand Hawkins, 196½ Canal street. Price, \$1.55.]

Messrs. Blakiston, Son and Co. deserve the thanks of the profession for the present edition of Sir Spencer Wells' work. It is an improvement on the old edition in every way. Much matter, that was formerly necessary to establish ovariectomy on a firm basis, has been left out, as having fulfilled its mission, and there have been extensive additions, as was to be expected in so growing a department as abdominal surgery. The second part, devoted to uterine and other abdominal tumors, is very thorough and comprehensive. The author has an extensive experience in every variety of abdominal tumors and can well lay claim

to speak as an authority. The unusual cheapness of the book will be a potent factor in spreading knowledge in this department.

G. B. L.

*Doctrines of the Circulation.* A History of Physiological Opinion and Discovery in regard to the Circulation of the Blood. By J. C. Dalton, M. D. Philadelphia: Henry C. Lea's Son & Co., 1884. Pages, 296.

Dr. Dalton's work is the fruit of the deep research of a cultured mind, and to the busy practitioner, engrossed with the affairs of daily life and unable to make historical researches, it cannot fail to be a source of instruction and will inspire him with a feeling of gratitude and admiration for those plodding workers of olden times, who laid the foundation of the magnificent temple of medical science as it now stands.

A. McS.

*How to Drain a House.* Practical Information for Householders. By Geo. E. Waring, Jr., M. Inst., C. E., New York: Henry Holt & Co., 1885. Pages, 222.

Mr. Waring has for some years been before the public as a consulting engineer for sanitary drainage, and his established reputation at once gives a high status to all productions emanating from his graceful pen. This last contribution to household sanitation is written in plain language, devoid of technicalities, and is addressed to families themselves, especially to mothers. It will go beyond the somewhat limited circle of scientific readers, and will bear fruit in enlightening a large portion of the public. It is sound sanitary advice, given by a man of large experience, and placed before the reading portion of our people in a presentable and accessible form.

A. McS.

*The New Local Anæsthetic,* Hydrochlorate of Cocaine, and Etherization by the Rectum. By Laurence Turnbull, M. D., Ph. G. Philadelphia: P. Blakiston, Son & Co., pp. 76.

In this pamphlet, Dr. Turnbull states all the known facts relating to hydrochlorate of cocaine and rectal etherization, published up to the present time. The plant is described, and the chief constituents and their mode of extraction given in detail. Then follow the results of the use of cocaine in ophthalmology, otology, rhinology, laryngology,

and, in short, in all departments of medicine and surgery in which local anæsthesia is a desideratum. Etherization by the rectum is more briefly treated, but sufficiently, however, to make the pamphlet a trusty guide in the application of ether per rectum.

A. McS.

*Berlin as a Medical Centre.* A Guide for American Practitioners and Students. By Horatio R. Bigelow, M. D. Washington, D. C. (Reprint from *New England Medical Monthly*). Sandy Hook, Conn: New Eng. Publ. Co. 1885.

For those intending to study medicine in Berlin, this little book will be a valuable guide, giving, as it seems to, detailed information on all points likely to confuse a student. As such a guide we recommend it.

*A System of Practical Medicine, by American Authors:* Edited by William Pepper, M. D., L.L. D., assisted by Louis Starr, M. D. Vol. II. Philadelphia: Lea Bros. & Co., 1885. [New Orleans: Armand Hawkins.] Sold by subscription.

This volume consists of General Diseases (continued from Vol. I), and Diseases of the Digestive System. The volume is gotten up in the same magnificent style as the first, and as all the rest may be expected to be. The volume shows throughout evidences of very careful preparation and accurate proof-reading. A critical review, to do anything like justice to such a book, would be too long. We can sum up our opinion of the work in our advice to our readers: it is a work you cannot afford to be without; buy it and you will not regret it.

F. W. P.

*The Curability and Treatment of Pulmonary Phthisis:* By S. Jaccoud, Professor of Medical Pathology to the Faculty of Paris: Translated and edited by Montague Lubbock. New York; D. Appleton & Co., 1885. [Armand Hawkins, New Orleans.]

Any one, who could read this book without absorbing some of the author's enthusiasm, or being encouraged as well as stimulated to greater endeavor in this branch of medicine, is either so devoid of the instincts of a true physician, or else so grounded in therapeutical skepticism,

that nothing is likely to be of service to him. The author that can say of a cavern, "far from rendering the prognosis gloomy, it may be the signal for legitimate hope," cannot fail to chain the reader to his pages, until the latter has acquired his means of saving life and is thus able to put them in practice.

The first chapter is devoted to the discussion of the curability of phthisis, in the course of which the author asserts his continued belief in the *anatomical unity*, but *clinical duality*, of this disease. Phthisis is invariably tubercular, though in its origin it may be diverse, and *defective nutrition*, or, as expressed in another place, *insufficient nutrition*, is at the bottom of every case. Right here, upon the principle of nutrition, he bases all his hopes and his means of prevention or cure.

He distinguishes the varieties as the *hereditary, innate and acquired*. The first form is an ancestral, or parental legacy; the innate form "is observed in the descendants of those, who, though not tubercular, are weakened by scrofula, cachectic diabetes, alcoholism, or simply by bad hygienic conditions." Here, also, he places those cases following consanguineous marriages. The third variety is divided into the "primary form of acquired phthisis," which can only be due to debility, the result of insufficient or improper nutrition; and the "secondary form of acquired phthisis," to which belong those cases which can rationally be imputed to a constitutional affection, past or present.

The hereditary form is the least favorable in prognosis, for the tendency or diathesis, is present and active from the moment of birth until death; but it offers a wide field for conscientious endeavor at prophylaxis. If it does develop, it invariably takes the chronic, or miliary form, which is always less curable than the pneumonic.

The innate variety, so often confused with acquired phthisis, does not so frequently occur as miliary tuberculosis, and the prognosis is thereby more favorable than in the hereditary.

Primarily acquired, or idiopathic, phthisis is the most favorable of all varieties, whether the anatomical form be granular or pneumonic. This is because it is preëminently due to defective nutrition. It is accidental and will readily yield to proper treatment if taken in time. The cases of this form occurring late in life, say from 35 years on, are especially liable to be due to over-work, bad food and bad

hygiene, and are especially amenable to treatment. The secondary form of acquired phthisis, of which the disease occurring in a scrofulous person (not a person whose parents were scrofulous—the innate form) is a type, though not so readily curable as the primarily acquired, should always be expected to be relatively cured, so that the patient will enjoy immunity from the disease for years.

The lack of space forbids a more extended notice, but the above will suffice to show the drift of the author's reasoning. The remainder of the work is devoted to the conditions of curability, prophylaxis, treatment of ordinary forms of phthisis, treatment by mineral waters, and climatic treatment. With reference to the selection of proper climate, he urges that the physician inform himself personally, by visiting and examining the place, as to the surroundings, hygiene, food and meteorological data. Two places of exactly similar climatological phenomena may be exactly dissimilar in their effects upon patients. These effects, or impressions, often "must be felt to be understood."

We could wish that the translator had not so frequently and so closely followed the French idiomatic expression and construction in rendering the volume into English. In some cases, where there might have been danger of altering the meaning, this defect may be pardonable, but in many instances it savors of a shirking of extra labor.

The book itself is gotten up in Appleton's best style.

J. H. B.

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## PUBLICATIONS RECEIVED.

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*What to Do in Cases of Poisoning.* By Wm. Murrell, M. D., F. R. C. P., London: H. K. Lewis. 1884.

*Hernia Cerebri.* [Extract from report of E. J. Beall, M. D., Chairman of Section on Surgery, meeting of Texas State Medical Association, at Houston, April 1885.]

*Clinical Studies on Diseases of the Eye.* By Dr. Ferdinand Ritter Von Arlt; translated by Lyman Ware, M. D. P. Blakiston Son & Co. Philadelphia: 1885.

*The Art of Massage.* Translated from the German of Reibmayer, with notes, by Benjamin Lee, A. M., M. D., Ph. D. Philadelphia: 1885.

*Many Drugs, Few Remedies;* By Geo. T. Welch, Keyport, New Jersey. Reprint from Medical Record, June 14, 1884.

*Scarlet Fever.* By T. Griswold Comstock, A. M., M. D. Reprinted from The New York Medical Times, March, 1885.

*Bacterial Pathology.* A series of Papers on the Exhibits at the Biological Laboratory of the Health Exhibition, under the charge of Watson Cheyne. Reprinted from the London Lancet Industrial Publishing Co. New York: 1885. Pages, 43. Price 25 cents.

*Transactions of the New York State Medical Association* for the Year 1884. Volume i. D. Appleton & Co. New York: 1885.

*School Hygiene.* Reprint of a paper read before the last meeting of the American Public Health Association, by Felix Formento, M. D., of New Orleans.

*Transactions of the Sei I Kwai, or Society for the Advancement of Medical Science in Japan.* Transactions No. 40, English Supplement, No. 5.

*The Pre-Albuminuric Stage of Chronic Bright's Disease.* Reprint of a paper read before the Chicago Medical Society, May 18, 1885, by Charles W. Purdy, M. D.

*Report to the Board of Health of Louisiana, on the Sanitary condition of the Island of Jamaica.* By L. F. Salomon, M. D.

*Annual Report of the Librarian of Congress, 1885.*

*Preliminary report made by the Committee on Disinfectants of the American Public Health Association.*

*Venous-Blood Tumors of the vault of the Cranium, communicating with the intra-cranial venous circulation, especially through the medium of the Superior Longitudinal Sinus.* Reprint from Annals of Surgery, April and May, 1885. By William M. Mastin, M. D., of Mobile.

*Fiebre Amarilla Experimental Comparada con la Natural en sus formas benignes* Por el Dr. D. Carlos Finlay, Habana—La Propaganda Literaria, 1884.

*Apuntes Sobre la Historia Primitiva de la Fiebre Amarilla.* Por el Dr. Carlos Finlay, Habana, Imprenta La Antilla de Cacho-Negrete, 1884.

*A Case of Extensive Recurrent Sarcomatous Disease.* By John S. Miller, M. D. Reprint from proceedings of Philadelphia Co. Medical Society.

*Shall we Hang the Insane who Commit Homicides?* Read before Medical Jurisprudence Society of Philadelphia, April 14th, 1884. By Clark Bell, Esq., of New York. Reprint from Medico-Legal Journal.

*Foreign Bodies left in the Abdomen after Laparotomy.* By H. P. C. Wilson, A. M., M. D. Reprint from Volume IX, Gynecological Transactions, 1884.

*The Influence of Sea-Voyaging upon the Genito-Uterine Functions.* By J. A. Irwin, M. A., Cambridge, England, M. D. Dublin University. Read before New York Co. Medical Society, April 27, 1885.

*Constitutional Treatment of Caries and Necrosis.* By Hal C. Wyman, M. D., Detroit, Michigan.

*Does Quinine abort Pnenmonia?* By L. Emmett Holt, A. M., M. D., New York. Reprint from New York Medical Journal, of February 21st, 1885, and Pneumonia in Young Children, by the same author. Reprint from the Medical Record, February 14th, 1885.

*Surgical Notes from the Case-book of a General Practitioner.* By Wm. C. Wile, M. D. Reprint from New England Medical Monthly, July, 1885.

*Laryngeal Hemorrhage.* By J. W. Gleitsmann, M. D., and *Deviation of the Nasal Septum*, by the same author. Reprints from American Journal of Medical Sciences.

*Report of Proceedings of Illinois State Board of Health, Quarterly Meeting, Chicago, July 2-3, 1885.*

*Medical Legislation.* The Annual address delivered before the Association of American Medical Editors. April 27, 1885, by H. O. Marcy, A. M., M. D., Boston. Reprint from Journal of the American Medical Association.

*Official Register of Physicians and Surgeons in the State of California.* Second Edition—San Francisco: N. L. Bancroft & Co., 1885.

*Endometritis Fungosa: its Pathology, Diagnosis and Treatment.* By James B. Hunter, M. D., New York. Reprint from Medical Record, April 25, 1885.

*Minutes of thirty-second Annual Session of Medical Society North Carolina.* Durham, N. C., May 19th to 22d, 1885.

Also the following:

*Playfair's Midwifery, Fourth Edition, Roberts on Renal Disorders, Clowe's Practical Chemistry, Draper's Physics.*

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## Necrological.

*"Mors sola fatetur,  
Quantula sint hominum corpuscula."*

DIED, in Pensacola, Fla., of chronic gastritis, Dr. THEOBALD M. LEONARD, in the 34th year of his age.

Dr. Leonard was naturally endowed with a superior intellect, and it was well cultivated. He was a close student, amiable and affable toward all with whom he was in any

way associated, and generous to a fault. He was graduated at the Medical College of Alabama, with the highest honors, in the Spring of 1875, entered upon the duties of his profession the same year, in Pensacola, Fla., served several years as quarantine physician at the port of Pensacola with fidelity and zeal and eminent success. He was selected this year by the Pensacola Board of Health unanimsly for the same office, but was forced to resign in consequence of failing health.

Dr. Leonard was endeared to his family by the strongest ties of affection. He was an ardent and sincere friend and excellent citizen. In his early death, therefore, his family has lost a devoted son and brother, the profession an ornament, and society at large, a genial and valued member.  
*Requiescat in pace.*

As a tribute of esteem and affection to merit and virtue, these lines are inscribed in fond, but sad, remembrance by his old and devoted friend and preceptor. R. B. S. H.

At a meeting of the Pensacola Medical Society, held July 10th, 1885, in regard to the death of Dr. THEOBALD M. LEONARD, the following preamble and resolutions were unanimously adopted:

WHEREAS, In the freshness of his early manhood and in the full tide of usefulness, our friend and colleague, THEOBALD M. LEONARD, M. D., has been cut down by the hand of death, and prompted by deep sympathy for his bereaved family and a high regard for the memory of the deceased, we have met together as a society and members of a common profession, to give expression to our feelings on this sad occasion; therefore:

*Resolved,* That in the death of our friend and colleague, whose urbanity and kindness of heart had endeared him to us all, we recognize the hand of an inscrutable Providence in Whom we trust and Who, we believe, "doeth all things well;" and while we bow in humble submission to His divine will, we cannot but give expression to the sadness and regret that fill our hearts at this dispensation.

*Resolved,* That as our sympathies go forth to his relatives and especially to his widowed mother, in the deep affliction that rests upon her in the loss of her dutiful and affectionate son, and conscious of our utter inability to afford consolation, we commend her to Him "Who is ever ready to comfort the afflicted and bind up the broken heart."

*Resolved,* That in the death of Dr. Leonard, our profession has lost a member, who, by his mental culture and professional attainments, upright and gentlemanly bearing, gave promise of a life of usefulness and honorable distinction.

*Resolved,* That a copy of the foregoing be furnished the family of the deceased and also offered for publication in the papers of the city, and in the *New Orleans Medical and Surgical Journal* of New Orleans, La.

DR. W. F. FORDHAM,  
SECRETARY.

ROBT. B. S. HARGIS, M. D.,  
PRESIDENT.



DR. A. B. SNELL, died at his home in Bayou Goula, La., May 28th, 1885, aged forty-nine years.

Dr. Snell was the son of Dr. Jacob G. Snell, of Amsterdam, New York. He graduated from the Albany Medical College, in 1855, and afterwards was the Demonstrator of Anatomy in the College for one year. In 1859, he located in Iberville Parish, of this State. He served during the Civil war as a surgeon in the Confederate Army. During the epidemic of yellow fever in Shreveport, in 1873, Dr. Snell rendered very valuable professional service, and presented the report of the committee appointed to inquire into and report upon the origin and notable features of the epidemic. The deceased was a member of the Louisiana State Medical Society, and in 1881, contributed a valuable paper to its literature. He was held in high esteem throughout the State, as an educated physician and a genial, jovial gentleman, and his death is a sincere regret to his friends.

Prof. JOHN STAIGE DAVIS, University of Virginia.—Was born in Albermarle Co., Virginia, October 1st. 1824. At an early age he matriculated at the University of Virginia, and distinguished himself by his brilliant accomplishments as a student. He graduated in 1840, as Master of Arts, and in the following year at the age of seventeen, took his degree in the Medical Department of the University. In 1845, at the age of twenty-one, he was elected Demonstrator of Anatomy; in 1849, Lecturer on Anatomy; in 1853, Lecturer on Anatomy and Materia Medica; in 1855, Professor of Anatomy and Materia Medica; and filled this latter chair during a period of thirty years, until his death.

Professor Davis, as a teacher of anatomy and kindred subjects, was distinguished among American lecturers. He devoted to his professorship a life of methodical and studious habits, an industry untiring, and the well-directed efforts of a mind of singular brilliancy. He had a kind heart for his students, and by his ingenuous manners, made them his life-long friends. The writer very gratefully recalls his skill as a physician, his kind and cheery words, and the ineffable charm of his manner in the sick chamber. Truly, it seldom happens in this world, that so many of the attributes, which ennoble the lives of men, are so beautifully and happily combined as in the character of

Prof. John Staige Davis. Some months ago, we were pained to hear that he had suffered a stroke of paralysis, with a subsequent recurrence. The faculty of the university granted him a leave of absence of one year, in the hope that his health would be restored. He died at home, on East Lawn, University of Virginia, on the 17th of July 1885, aged sixty-one years.

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## MEDICAL NEWS AND MISCELLANY.

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Since the report of the case of Dr. Wiendahl (see p. 23) went to press, the patient has died and Dr. W. has furnished the following additional notes: "After the last date above recorded, the fever rose to 104°, accompanied by swelling of the right parotid gland, which in spite of compressing measures and exclusion from the air formed pus in the connective tissue of the face. The abscess was freely opened and washed out with solution of carbolic acid. A supporting treatment was strictly pursued, consisting of bark, alcoholic stimulants and concentrated nourishment. It was difficult to feed patient owing to loss of appetite and gastric and intestinal irritability. Patient died July 20th, the twenty-fifth day of the disease. I consider that he died from sheer exhaustion, probably combined with septicæmia."

From the report of the Sanitary Director, Dr. W. H. Watkins, to the Auxiliary Sanitary Association, July 10, we extract the following:

The early months of the year witnessed a large influx of strangers, but compared with 1884, mortuary statistics are very favorable for this year. I am enabled to give the deaths by months in illustration of this.

MORTUARY TABLE.

1884.	Deaths.	1885.	Deaths.
January.....	686	January.....	628
February.....	599	February.....	522
March.....	639	March.....	591
April.....	592	April.....	478
May.....	708	May.....	632
June.....	715	June.....	604
Total.....	3,939	Total.....	3,455

A difference of 484 in total mortality.

DR. E. LAPLACE, Ex-Interne of the Charity Hospital and valedictorian of this year's class of Medical Department Tulane University of Louisiana, is in Paris, prosecuting his medical studies. We understand he has entered the laboratory of Cornil, where he will study pathology to great advantage.

DR. T. G. RICHARDSON has left the city for the summer and will not return until November 15th, in time to commence his regular course of lectures at the University.

DR. JNO. B. ELLIOTT, Professor of Practice in the Medical Department of Tulane University, will probably come to New Orleans some time during this month, to take up his residence permanently with us. We welcome the Doctor among us.

DR. STANFORD E. CHAILLE, has also left town for the summer, but will return some time in October, in time to commence his work at the University, of which he is now Professor of Physiology and Hygiene, and Dean of the Medical Department.

MR. E. L. BEMISS, of our staff, is off on a two month's jaunt to New York and the East. We wish him a pleasant trip and safe return.

DR. T. G. RICHARDSON donated upwards of 1000 volumes to the Library of the Tulane University. Physicians should remember this Library when they have any books to give away.

OUR NEW IBERA BRETHERN are already at work, preparing for the State Medical Society, in 1886. A better place could not have been selected for the meeting, and we predict a large attendance as a response to the efforts of the gentlemen. Dr. Woolf's winning ways secured the choice.

MARRIED. In Greenville, Texas, June 29, 1885; Dr. Thomas J. Pugh, of Bryan, Texas, to Miss Fannie E. Reese, of Greenville, Texas.

GAILLARD'S MEDICAL JOURNAL under Hospital Notes, pp. pp. 652-654, publishes some valuable statistics on pneumonia, which we would recommend as very practical.

Through the influence of the State Pharmaceutical Association a pharmacy bill has at last been passed by the Massachusetts Legislature.

The bill provides for a board of registration, to consist of five skilled pharmacists of at least ten years' practical experience, to be appointed by the Governor. All in business for three years preceding the organization of the board may be registered upon payment of fifty cents; all others must pay five dollars and pass a satisfactory examination.

The Bill for Regulating the Practice of medicine in Massachusetts was defeated in the Legislature by an overwhelming majority.

ONE of our Editorial Staff stepped into the office of the Board of Health the other day. While in there, several telegrams asking for information about reported yellow fever in New Orleans were brought in. As many as four telegrams had been sent in that morning by merchants desiring to be informed from headquarters. One of the telegrams, from Chicago, said 16 cases were reported in New Orleans. It goes almost without saying that our President answered all such telegrams by stating that the reports were utterly without foundation. It is impossible to estimate the harm done our city by such baseless rumors, which become magnified as they are passed from mouth to mouth, till one real case here becomes sixteen before the news reaches Chicago. It behooves all good citizens, and especially Medical men, to uphold the worthy President of our Board of Health in his endeavors to establish confidence throughout the country, by reporting every case honestly as it occurs. If we can show that we report all our cases of yellow fever, then when the question at any time arises as to whether the fever exists in our midst or not, the word of the Board of Health will be taken as final evidence.

For our part we congratulate Dr. Holt, the President of the State Board of Health, on the great work he has already accomplished and bid him god-speed in his further endeavors. Nothing, we think, could be more gratifying and encouraging than the very flattering expressions of approval and endorsement on the part of influential newspapers and Boards of Health, heretofore inimical to our Board.

*The Lancet* laments that the medical profession has nothing to expect from the new, conservative administration, a party which never once in six years conferred an honor on any member of the medical body. It acknowledges that medical men are indebted to the enlightened and generous appreciation of services and usefulness shown by Mr. Gladstone, the distinguished prime minister of the last liberal government, for an unusual number of honors bestowed upon the medical profession.

Professor RICHARD VOLKMANN, of Halle, has been raised to the Order of Nobility.

*The Index Medicus*.—Prof. Heische, of Vienna, has issued a circular calling upon German medical men to support this invaluable periodical: and the *St. Petersburger Medicinische Wochenschrift* says that medical men should see to it that it does not fail for want of support.—*Journal American Medical Association*

HARVEY'S LECTURE NOTES.—An autotype reproduction is about to be issued of the original manuscript notes of William Harvey's lectures, delivered at the college of Physicians in 1616. In these lectures we find the first germ of Harvey's immortal discovery. A printed transcript is to accompany each page of the autotype reproduction. London Letter.—*N. Y. Med. Record*, June 27.

THE scheme for a Gordon memorial hospital at Port Said has been abandoned, as the site has been shown to be unhealthy.

M. DUJARDIN-BEAUMETZ has been made an officer in the Legion of Honor.

The American Society of Microscopists will hold its eighth annual meeting at Cleveland, Ohio, beginning on Tuesday, August 18, 1885, and lasting four days.

Professor Billroth, of Vienna, has lately received from the King of Portugal, the large gold collar and star of the order of St. James, for skill and knowledge. The decoration is one which is very rarely bestowed. Some time ago Dr. Billroth was called to the Portuguese Court to consult in a surgical case.—*Louisville Medical News*.

The Paris correspondent of the *British Medical Journal*, writes that the Barotte prize of 3,400 francs, awarded to the inventor of the most important and useful devices for the good of agriculture, has been awarded Pasteur for his discoveries in contagious diseases. The Académie des Sciences has awarded its biennial prize, a sum of 20,000 francs, to M. Brown-Séguard.—*Louisville Medical News*.

We have received several numbers of the *Sanitary Monitor*, published in Richmond, Va., and feel proud of it as a Southern production. The Monitor starts out well and promises to become the equal of any weekly devoted to sanitary science in the United States.

The subscription price being very modest, only \$1.00 per annum (in advance), we hope the profession of the Southern States will give the enterprise the encouragement it deserves.

*The New York College of Medicine and Surgery.*—The bill for the incorporation of this proposed pernicious addition to the medical colleges of New York, has been vetoed by the Governor of that State.—*Journal of American Medical Association*.

The Italian Medical Association holds its eleventh annual meeting in Perugia, in September of this year.

The Council of King's College (London) have recently created a new Chair of Clinical Therapeutics, to which Dr. Burney Leo, physician to the hospital, has been elected professor.

If our brethren of the North would read Jaccoud on the Curability of Phthisis, and profit by the admonitions therein contained as to the selection of a proper climate for consumptives, they would not send so many poor fellows down here every winter to be hastened to their graves. The great daily range of temperature at that season of the year, 30° to 40°, the excessive relative and absolute humidity of the atmosphere, both dependent in large measure upon the slight elevation above sea-level (fifteen feet), render the climate very trying to nearly all cases. The House Surgeon of the Charity Hospital in the last annual report laid especial stress upon this error on the part of the physicians of the North. This is a matter worthy of serious consideration and we hope will be noticed where it applies.

## MORTUARY REPORT OF NEW ORLEANS

FOR JUNE, 1885.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial.....	10	9	8	11	12	7	19
“ Congestive.....	8	.....	8	.....	3	5	8
“ Congestive Remitt'tl.	1	.....	.....	1	.....	1	1
“ Continued.....	1	.....	1	.....	1	.....	1
“ Intermittent.....	1	.....	1	.....	1	.....	1
“ Remittent.....	1	.....	.....	1	1	.....	1
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	1	1	2	.....	1	1	2
“ Puerperal.....	1	1	.....	2	2	.....	2
“ Typhus.....	.....	1	.....	1	.....	1	1
“ Enteric.....	.....	1	.....	1	1	.....	1
Scarlatina.....	9	1	6	4	1	9	10
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	8	2	5	5	.....	10	10
Diphtheria.....	7	.....	3	4	.....	7	7
Whooping Cough.....	4	3	2	5	.....	7	7
Meningitis.....	14	3	7	10	3	14	17
Pneumonia.....	8	8	7	9	8	8	16
Bronchitis.....	2	5	6	1	4	3	7
Consumption.....	34	34	39	29	65	3	68
Congestion of Brain.....	8	.....	4	4	4	4	8
Diarrhœa.....	9	8	9	8	10	7	17
Cholera Infantum.....	30	14	19	25	.....	44	44
Dysentery.....	8	5	5	8	11	2	13
Debility, General.....	3	.....	2	1	3	.....	3
“ Senile.....	14	9	11	12	23	.....	23
“ Infantile.....	19	3	8	14	.....	22	22
All other Causes.....	197	98	171	124	167	128	295
<b>TOTAL,</b>	<b>398</b>	<b>206</b>	<b>324</b>	<b>280</b>	<b>321</b>	<b>283</b>	<b>604</b>

Still Born Children—White, 22; Colored 17; Total 39.

Population of City.—White, 171,000  
 “ “ Colored, 63,000

Total, 234,000

Death rate per 1000 per annum for month.—White, 2792.

“ “ “ “ “ “ Colored, 3923.

“ “ “ “ “ “ Total, 3097.

W. H. WATKINS, M. D.,

Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY--JUNE.

STATION--NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Temp't'e.	Daily Max. Temp't'e.	Daily Min. Temp't'e.	Daily Rain fall, inches.	GENERAL ITEMS.
1	29.956	79.1	85.1	71.6	....	Highest Barometer, 30.150. 25th.
2	29.982	81.3	87.8	73.0	....	Lowest Barometer, 29.811. 5th.
3	29.947	82.2	88.4	74.0	....	Monthly Range of Barometer, 33.9
4	29.889	83.9	89.5	75.0	....	Highest Temperature, 91.7. 13th.
5	29.838	83.8	90.5	77.0	....	Lowest Temperature, 71.6. 1st.
6	29.850	82.5	91.4	77.2	....	Greatest daily range of Tempert'e, 14.8.
7	29.907	83.1	90.3	77.8	....	Least daily range of Temperature, 8.8.
8	29.929	79.3	85.5	76.7	.21	Mean daily range of Temperature, 12.3.
9	29.971	79.2	84.7	75.0	.48	Mean Daily Dew-point, 76.8.
10	30.030	80.8	86.8	75.0	.53	Prevailing Direction of Wind, S. E.
11	30.047	82.3	88.0	77.8	.01	Total Movement of Wind, 3,467 miles.
12	30.035	82.7	88.5	77.2	....	Highest Velocity of Wind and Direc- tion, 21 Miles S.
13	30.011	84.8	91.7	78.3	.01	No. of Foggy Days, 0.
14	30.022	82.4	88.3	78.6	.47	No. of clear days, 10.
15	30.053	81.0	87.2	78.2	....	No. of fair days, 20.
16	30.094	80.3	89.4	77.5	....	No. of cloudy days, 0.
17	30.058	82.7	88.0	77.4	.03	No. of days on which rain fell, 12.
18	30.066	82.2	88.5	77.5	....	Date of solar halos, 0.
19	30.084	82.1	89.6	77.2	....	Dates of lunar halos, 24.
20	30.072	80.9	88.5	77.3	.03	Dates of frosts, 0.
21	30.034	82.6	89.5	76.7	....	
22	30.038	84.1	90.4	78.3	....	
23	30.045	83.4	91.3	76.5	.01	COMPARATIVE MEAN TEMPERATURE.
24	30.107	81.0	88.9	78.2	.18	1873.....80.1   1880.....80.1
25	30.128	79.3	90.3	77.4	.67	1874.....81.3   1881.....83.0
26	30.089	79.8	88.6	77.0	.67	1875.....80.1   1882.....86.1
27	30.066	82.2	88.3	75.2	....	1876.....80.6   1883.....89.7
28	30.072	84.2	90.5	77.2	....	1877.....81.3   1884.....79.4
29	30.030	85.0	91.5	77.8	....	1878.....82.0   1885.....88.1
30	29.971	86.2	91.5	80.2	....	1879.....80.9
..	.....	.....	.....	.....	....	COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.)
Sums	.....	.....	.....	.....	3.30	1873..... 6.68   1880..... 6.43
Means	30.014	82.1	89.1	76.8	....	1874..... 9.62   1881..... 2.84
						1875..... 4.92   1882..... 2.71
						1876..... 6.20   1883.....12.65
						1877..... 2.75   1884..... 8.60
						1878..... 7.35   1885..... 3.30
						1879..... 2.96

M. HERMAN, Sergeant, Signal Corps, U. S. A.



NEW ORLEANS  
MEDICAL AND SURGICAL JOURNAL.

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SEPTEMBER, 1885.

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ORIGINAL LECTURES.

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**Pulmonary Tuberculosis.**

*A Lecture by DR. CORNIL, Prof. of Pathological Anatomy in the  
Faculty of Medicine of Paris.*

Reported for the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL,

By DR. E. LAPLACE, of New Orleans.

Without entering upon all the details pertaining to this subject, I intend to dwell upon the more recent points which might add to your knowledge of this disease. I mean the presence of bacilli tuberculosis, their topography in the diseased tissue and the methods by which they are reproduced.

You all remember Laennec's opinion, that a tubercle was the result of a parasite, and that tubercular masses appeared in the lung as grey or yellow infiltrations. Reinhardt and Virchow opposed this theory, and considered a tubercular infiltration as being the result of a pneumonia characterized by an intra-alveolar exudation. He considered a true tubercle to be a neoplasm developed within the alveoli at the expense of the fixed cells of the connective tissue. This theory could scarcely resist the subsequent discovery of a typical tubercle in the closed cavities of the thyroid body.

When Villemin found that a tubercle was virulent and inoculable, a new path was opened, which led in the di-

rection of the discovery that it was caused by a parasite, and Koch in 1882, demonstrated a parasite to be the specific agent in sputum, in tubercular nodes, in giant cells and in caseous pneumonia. These are distinguished as small rods, sometimes plane, sometimes granular. Their thickness is about three to ten millimetres. These are sometimes broken and appear as small, isolated spores.

Tubercular nodules, exudations of pneumonia, bronchitis, and vascular lesions are but the result of a special inflammation developed by the action of bacilli, from the reaction of living tissue in presence of a parasite.

Tubercles at their inception are foci of inflammation in the centre of which vessels soon become obliterated by the coagulation of fibrin from the blood. A lung in which minute tubercles are forming, being injected with Prussian blue, will show that the coloring matter limits itself very clearly about the boundary of the nodules.

Examined by a sufficiently high power, the granulations appear as being formed by an accumulation of small, round cells. They exist in a special way about the bronchi, and, according to Rindfleisch and Charcot, at the level of their terminal intralobular bifurcation; they also appear about the small branches of the pulmonary artery in the neighborhood of the altered alveoli, in the fibrous structure of the parenchyma, in the pleura and in the pulmonary alveoli.

From this brief explanation it will appear, that the pulmonary tubercle is generally of a very complex nature, since the contents of the alveoli and bronchioles and the neoplastic infiltration of the connective tissue of the walls of the bronchioles and of the blood-vessels enter into its formation.

In the beginning, the alveolar contents, which will soon constitute an integral part of a tubercle, would not differ from the exudation of pneumonia, if it were not for the presence of bacilli detected by a special method of staining.

At the moment when the central portion of a tubercle becomes cheesy, it presents a condition which is quite

characteristic. Several concentric zones are formed; in the centre a cheesy region surrounded by a layer of granular cells, which from their appearance are called *epithelioid* cells; further out, spread here and there, are giant cells with multiple nuclei and granular protoplasm; and finally a zone of tissue containing many round or embryonal cells, resulting from the inflammatory action of the surrounding tissue. The latter is of the highest importance in the subsequent evolution of the tubercle. It becomes the starting point of the fibrous transformation of the tubercle, which is its cure, and this yields in its turn to cheesy degeneration and the neoplasm extends itself.

It is easy to study the seat of bacilli in various portions of a specimen. A remarkable fact to be noticed at once is, that bacilli do not exist, or, at least, cannot be found constantly, in all tubercular products, even the youngest. They are sometimes wanting, whereas they are generally present in great abundance. The reason of this is still unknown.

In miliary tuberculosis the tubercles exist chiefly about blood-vessels. At the level of the granulation the wall of the blood-vessel is thickened by a pale, reticulated tissue prolonged from the connective tissue of the neighboring alveoli. The alveoli are filled with a granular mass formed by small atrophied and coherent cells. The lumen of the vessel leading to the tubercle is obliterated by a granular mass of fibrin, which often contains bacilli, as I have demonstrated. The transformed walls of the vessel also contain bacilli, either single or in groups. A small number of these micro-organisms exist in the inflammatory alveoli and also in the connective inter-alveolar tissue.

In chronic phthisis, with interstitial pneumonia, fibrous tubercles, containing, or not, pigment and giant cells, are found more particularly at the apex of the lungs.

These fibrous tubercles are the result of the transformation of incipient granulations, in which the fibres of the newly formed connective tissue place themselves between the cells and preponderate more and more. The small cells which constituted the original neoplasm arrange

themselves along the bundles of fibres which they separate and become fusiform or flatten themselves.

The hard tubercle formed of bundles of connective tissue may contain bacilli arranged in groups. It seldom happens, however, that bacteria thus gather in fibrous granulations. It is plausible to suppose that the bacilli find it difficult to live and propagate in giant cells and old tubercles, for very often they can not be found here.

If tubercles constitute the essence of pulmonary phthisis, they are far from presenting most of the lesions to be observed in the lungs. In fact, be the granulations recent or old, isolated or confluent, they are always surrounded by a zone of pulmonary congestion, of catarrhal pneumonia or of fibrous pneumonia. Having become fibrinous, they also determine an interstitial pneumonia in the neighboring parenchyma. Finally, pneumonia, be it catarrhal or fibrinous, containing granulations or not, might invade a part or the whole of a lobe.

The congestion shows itself to the naked eye by a reddish tint and a tumefaction of the lung more or less filled with a rosy fluid. This congestion extends to a variable portion of the lung; in certain forms of acute phthisis it constitutes the main lesion aside from the bronchitis and granulations.

Instead of being surrounded by a congested tissue, the granulations are sometimes situated in the midst of alveoli which present all the lesions of catarrhal pneumonia: distension of the blood-vessels and desquamated parietal cells filling, together with a great number of lymphatic cells and a few red blood-corpuscles, the whole cavity of the alveoli. Catarrhal pneumonia might exist in many parts of the parenchyma without tubercles being found in the inflamed lobules. They are not, in fact, the direct result of the granulations, but of the accompanying bronchitis. A fact which is peculiar to them is that they do not undergo resolution, but pass into the cheesy stage. The tissue becomes grey and dry, yielding no fluid on scraping. On microscopical examination alveolar apertures are plainly to be seen,

whereas the alveoli are filled with an exudation somewhat transparent and granular.

The blood-vessels are invisible because they are shrunken or obliterated by fibrin. The contents of the alveoli are smooth lymphatic cells, or slightly angular from pressure on one another.

They lose their cellular life and break up into small fragments, considered by Lebert as the characteristic corpuscles of tuberculosis. The intra-lobular bronchi undergo analogous lesions. When the foci of broncho-pneumonia are thus constituted, they might become the seat of destructive suppuration, and give rise to cavities. There are, therefore, two modes of pulmonary ulceration, either through a process of suppuration having for focus the intra-lobular bronchi, as in the ordinary broncho-pneumonia, or by a suppurative inflammation, which takes place around the cheesy mass with its obliterated vessels and its bronchioles filled with cheesy exudation. The latter acts as a foreign body exciting an eliminating suppurative inflammation.

Fibrous pneumonia accompanying tuberculosis is as common as catarrhal pneumonia. It can only attack a limited number of alveoli and grow sometimes from the size of a millet seed to that of a lobule. It often constitutes homogeneous masses in which the tubercles are very few or even absent. This pneumonia is characterized by the presence in the pulmonary alveoli of an exudate rich in fibrillary fibrin. These numerous and thick fibrillæ hold the lymphatic cells within their meshes. In the first two stages of congestion and red hepatization, microscopical examination does not detect any lesions differing from those of simple pneumonia, but later on, the very slow evolution of tubercular pneumonia and its fatal termination in the cheesy stage furnishes its special feature.

Besides, it is easy to show the presence of bacilli from the very first.

In the stage of grey hepatization, this fibrous pneumonia presents lesions altogether foreign to those of simple

pneumonia. In the latter, in the stage of grey or red hepatization, the alveolar exudate, in direct contact with the alveoli, is formed solely by small round cells or by lymphatic cells existing in a fibrinous reticulum or in a granular liquid. On the contrary, in pneumonia accompanying tuberculosis, besides the fibrinous exudate, large tumefied epithelial cells are found on the alveolar walls, adhering to each other so as to form an epithelial lining.

The blood-vessels are as yet permeable and even dilated; hence, the fibrinous exudate may exist for a length of time even exceeding the stage of hepatization of true pneumonia. Finally, the tubercular pneumonia becomes grey or yellow, loses gradually its transparency and dries; it undergoes a cheesy degeneration. On close examination at this stage, we find that the alveolar walls are not thickened, that the fibrinous exudate has persisted and that the blood-vessels have become blocked up. The large epithelial cells lining the alveolar cavities are no more to be seen. The fibrinous filaments can still be recognized as fibrillæ or granulations. The lymphatic cells, which they hold within their meshes, are atrophied granular, and transparent.

Such a lesion extends uniformly, sometimes to a whole lobe, and more seldom to the greater part of the lung. It is then called lobar caseous pneumonia. It presents all the characters given by Laennec to grey tubercular infiltration and to yellow infiltration. The portions of the parenchyma thus altered are essentially tuberculous. When inoculated in animals, it produces more violent tuberculosis in them than any other tubercular product.

Finally, the study of sections, colored by Ehrlich's method, has often shown us, in cases of caseous lobar pneumonia, considerable masses of bacilli in the thickened and infiltrated walls of the blood-vessels and also in the peripheral alveoli. The bacilli were most numerous in the centre of the infundibulum, around the lumen of the bronchiole and in the adjacent alveoli. Some were also found in the alveoli filled with fibrinous exudate.

The formation of cavities in fibrinous caseous pneumonia takes place in the same way as explained above with regard to catarrhal pneumonia, that is to say, by a peri-bronchial suppuration which destroys the lobule from the centre to the periphery, or by an inflammation which takes place around a portion of the parenchyma which has already undergone cheesy degeneration. Whatever becomes disintegrated is eliminated by the sputum.

Another pathological process, by which cavities are produced, is the appearance of fissures, which form in the cheesy mass as a result of the molecular disintegration of tissue. These fissures soon reach a bronchial tube permeable to the external air. The bronchial tube becomes inflamed and secretes pus, thus helping the expulsion of the mortified parts.

Whatever be the process of formation of a cavity, or its volume, it always communicates from the very first with a dilated and inflamed bronchial tube. The suppurative destruction of the hepatized tissue soon causes a union between the smaller cavities at the expense of a single lobule. Thus are constituted those irregular cavities across which exist bands of connective tissue which are the shriveled remains of the former enveloping connective tissue of the lobule. The walls of recently formed cavities are friable and covered with creamy pus. Later on, it is covered with a dense fibrous tissue and by an interstitial pneumonia which establishes an opening from the cavity into the less altered lung tissue.

The surface of large cavities is often the seat of aneurisms, which on bursting give rise to fatal hæmoptysis.

Of all the lesions of pulmonary tuberculosis, cavities contain the most bacilli. They may be observed at the beginning of the formation of ulcers in the focus of cheesy pneumonia and at the central portion of lobules. In the walls of a cavity, a large number of bacilli are found spread everywhere, but more numerous on the surface than deeper.

Finally, in blood-vessels, obliterated by fibrin and by

white blood-corpuscles, bacilli are to be seen within these white blood-corpuscles and also in the inter-cellular tissue. Giant cells also contain bacilli; they themselves, are, in fact, but lymphatic cells irritated and modified by a specific agent.

According as the march of the pathological process is rapid or slow, the number of bacilli is greater or less in the giant cells. Some of these cells, however, do not contain bacilli: it is probable that these cells outlived the bacilli which they formerly contained. Sometimes traces of bacillary formations are to be found within them. Comparing the giant cells containing and those not containing bacilli, Koch likens the former to volcanoes in activity and the latter to volcanoes whose activity has been spent.

Epithelioid and giant cells generally outlive the bacilli which gave them birth, but at a stated moment they in their turn disintegrate into small granulations. Thus is produced tubercular caseification.

The typical bacilli of tuberculosis, as observed in sputum and lung sections colored by Ehrlich's method, appear entirely homogeneous, or formed of small beads adhering end to end.

These small beads are considered the spores of bacilli, more through analogy with other bacteria than by a true demonstration. We do not know, however, whether this parasite found in tubercular products be not the offspring of parents having an entirely different morphological appearance: however this may be, as soon as it reaches the state of bacillary vegetation, it remains as such and is reproduced as such by cultivation.

Koch has cultivated the bacillus of tuberculosis in gelatinized blood-serum. For this purpose, the blood of an ox is allowed to coagulate in a long-necked bottle containing about two litres. A clear, transparent serum is then formed above the clot; this is decanted and placed in a series of sterilized test-tubes closed with wadding. These tubes are then heated daily, during five or six days, to a temperature of 40° C.; once a day the temperature is raised to 50° C,



during one hour; the last day it is raised to 65° C. The tubes are gently inclined so as to give the largest surface to the upper part of the gelatinized serum. If the serum has remained quite transparent, and has a yellowish tint, it is fit for use. A fragment of tubercle is then carefully placed on its surface.

No change is noticed during the first few days, unless foreign bacteria have found their way within. Koch believes that in the experiments of Toussaint, wherein at the end of four or five days the liquid was already turbid, this was due to causes entirely foreign to tuberculosis. At the end of ten or fifteen days, small white spots appear under the form of thin particles quite distinct from the surrounding medium. They remain small and separate from one another. These small particles are then placed singly for cultivation into other tubes filled with the same fluid described above. The germination is then produced more regularly and thicker membranes are obtained, formed by colonies of bacilli in a pure state. These membranes never liquify the gelatinized serum as do the micro-organisms of putrefaction. They do not even penetrate into the serum but remain on the surface adhering but feebly to it. They are dense and very friable.

These colonies of bacilli, developed as opaque spots on the solid glycerine jelly, present a rather peculiar aspect to the naked eye. Being magnified 80 diameters, they appear as fine lines bent in different directions, much like the letter S. The longer ones appear undulated and thicker at the middle than at the extremities. The younger colonies are thin, the older ones thick; they spread out and tend to join at their extremities. For a demonstration of this, it is only necessary to apply a cover-glass on the surface of the serum where they are developed and to color them as usual. It is then seen that each colony consists of a number of bacilli tuberculosis quite characteristic, whose long axis is parallel to the long axis of the colony.

Each bacillus is separate, there existing perhaps some fluid material intervening between them. When they are present in large numbers, most of them contain spores.

Generally, cultivations reach their maximum of development at the end of four weeks and do not change afterwards ; they are still fit for inoculation at the end of four months.

The injection of a tubercular product into the serous cavities, or into the subcutaneous cellular tissue, is always sufficient to determine in most animals general tuberculosis with all its consequences. Koch has tried to cultivate it on sterilized slices of potatoes without success, whereas this nutrient material is the best for the culture of *charbon* and the micro-organisms of typhoid fever.

The development of bacilli under culture lessens at a temperature of  $38^{\circ}$  C., and stops at  $40^{\circ}$  C. It also lessens at a temperature of  $30^{\circ}$  C. and ceases at a lower temperature.

There are, therefore, two salient points in the natural history of this parasite : the one is its great and persistent virulence, since it retains its integrity during forty days in disintegrated sputum, and one hundred and eighty-six days deprived of air ; the other is, that its greatest activity is comprised within the few degrees of temperature mentioned above. With greater certainty than is the case with the bacterium of *charbon* or any other, this is truly a parasite which can live and develop itself without any other organism. Man furnishes it a most favorable soil for development, and probably birds would also, were it not for their elevated normal temperature. Winter is unfavorable for its development, whereas summer presents the most suited atmospheric conditions for its preservation. The germs scattered upon the ground by the products of expectoration are then in their full virulence, they are dried, easily carried by the wind and are the sources of inoculation in the respiratory organs. They will be more virulent according as the epithelial lining of the respiratory tract has been impaired or not.

Schüler and Fisher have tried the action of several substances upon the bacilli tuberculosis. They become inactive upon being placed a few hours in absolute alcohol, or in aqua ammonia or in a concentrated solution of salicylic acid. Boiling sterilizes the sputum in a few minutes.

Dried sputum is sterilized by the vapor of warm water. Corrosive sublimate should not be used to sterilize fresh sputum ; but a strong solution of carbolic acid sterilizes the sputum when it is allowed to remain twenty-four hours in the solution.

It only remains now to state the means of staining the bacillus in sputum and the other products of tuberculosis. The general method is that of Ehrlich, founded on the fact that the bacilli of tuberculosis, once stained with certain aniline dyes, will not lose their color in a 33 per cent. solution of nitric acid, whereas other bacteria, except that of leprosy, lose their color when thus treated.

To prepare specimens of tubercle of the lung or any other organ, very thin sections are to be placed in water containing aniline oil colored with fuchsine or methyl violet. After twenty-four hours these sections are washed in distilled water and decolorized for from 10 seconds to 2 minutes in a 33 per cent. solution of nitric acid. They are then placed again in distilled water, then treated with absolute alcohol and oil of cloves and mounted in balsam. After treating with nitric acid the cells and fibres of the sections might be stained *blue* by placing them in a strong solution of methyl blue for a few minutes ; the sections are then washed and mounted as stated above.

In sputum the bacillus may be detected in the same way after having once spread the sputum on a cover-glass.

There is also a rapid process for the latter, which is that of Frankel. It consists in heating the staining fluid and in decolorizing afterwards in a liquid containing both the nitric acid which decolors all except the bacillus tuberculosis, and the methyl blue, which colors the cells and fibres.

If fuchsine or magenta is used, the bacilli appear beautifully colored red on a blue back-ground.

The mode of proceeding is as follows:—Two or three cubic cent. of the following ready-prepared solution are to be heated in a test-tube.

Distilled water 100, aniline oil 3, absolute alcohol 5.

This is poured into a capsule and four or five drops of a

strong solution of fuchsine or magenta are added. The cover-glass is to be left in the stain only five minutes, it is then withdrawn and placed in the following fluid, also prepared in advance :

Aniline oil.....	30
Nitric acid.....	20
Absolute alcohol.....	50
Methyl blue—for saturation.	

The cover-glass is then washed in distilled water, dried in absolute alcohol, or by evaporation, and mounted in oil of cloves and balsam. The whole process requires but ten minutes.

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## ORIGINAL ARTICLES.

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

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### \*Cocaine in Genito-Urinary and Recto-Anal Surgery.

BY SAMUEL LOGAN, M. D.

The wonderful efficiency attained in the art of medical and surgical anæsthesia is the chief glory of modern medicine. Indeed, when we pause to try to calculate the amount of human suffering averted by this department of our profession, we become convinced that no greater boon has ever yet, in all the ages of the world's history, been given to mankind.

Estimate at their highest value each and all the great inventions and discoveries of this eventful era of the history of humanity; weigh well the fruits they have borne in all the phases of human life, and, wonderful as they are, will

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\*Read before the Orleans Parish Medical Society, July 27, 1885.

they for a moment bear comparison with the inestimable blessings of anæsthesia as practiced in these days? Let any one inclined to doubt our proud claims in this matter but walk the wards of our great hospitals for one week, and then ask him what he thinks of this art of destroying pain, as compared with the results attained from steam or electricity, for example. We need not doubt the reply!

Every improvement made, therefore, or even every plausible promise of improvement in this direction, naturally and rightfully attracts our most interested attention.

Great as is the blessing of general anæsthesia, there has always, nevertheless, been an earnest endeavor to attain some means of efficiently producing only a local effect, and yet one commensurate in practical results with that to be attained by annulling the sensibilities of the nervous centres.

I need not here pause to point out the reasons for this desire for some means of producing local anæsthesia. These are patent to all. Nor need I tax your patience by even mentioning, much less analytically examining the merits of, the various means and agencies which have been employed, with more or less success, in our endeavors to produce local anæsthesia. A *new* agent now claims our attention, and claims it with an air of startling authority. Its use, or, perhaps, we had better say, its *trial*, is exercising the medical profession the world all over. To use a popular expression, there is at present a cocaine boom. So much is claimed for it, that there is danger of great exaggeration in estimating its value. In order that we may assign to it its true place in our *armamentaria medica et chirurgica*, we should compare notes with each other, and carefully weigh our collaborated experience. It is for the purpose of contributing to the attainment of this object that I have prepared this paper, which is intended, not as a special report of cases in which I have tried the agent, but rather to invite particular attention to what I conceive to be the best methods of testing

its efficacy, in order to do it full justice in the province of genito-urinary and recto-anal surgery.

It has been employed, we may say, in three ways, viz : by surface application ; by sub-cutaneous, or sub-mucous injection ; and by the injection of cavities. This latter is really a surface application ; but, as it demands a different technique, it may be considered separately. In order to do full justice to the agent, one or the other of these methods, or in some cases, two of them combined, should be carefully selected and thoroughly carried out in accordance with the particular circumstances and requirements of each case. The necessity for this care in adapting the special technique to the particular requirements of each case will be better illustrated by my considering in some order the more common operations in this department of surgery.

1st. It has been used in the operations for phimosis. It will answer better for the adult than for children in this, as in many other operations. The adult can be made to understand the object in view, and, as a rule, will not be so much alarmed at the idea of threatened suffering ; but the unreasoning fright of the child will cause him to struggle so much, that the annoyance incident to holding him in position derogates considerably from the value of the agent, at least, in so far as the convenience of the operator and assistants is concerned. Nor can we conclude accurately in such cases how much of the outcry comes from pain, and how much from fright. On the other hand, by its use we are saved the delay incident to the recovery of the patient from the ether or the chloroform, as the case may be, and the patient is saved the risk and after-sickness belonging more or less to the use of these general anæsthetics.

In adults, then, most certainly, and in children, to a great degree, the local anæsthesia effected by cocaine is—if further experience confirms our present observations—to be preferred in this operation to general anæsthesia. It is also preferable to freezing as a local agent. This method

hardens the tissues to be manipulated to such a degree as to seriously interfere with the nice performance of the operation, and its influence is often too superficial.

The agent should be injected by means of the hypodermic syringe at about four points along the line of the proposed cut, or better, a little to the proximal side, thus benumbing the nerve fibres coming from the line of incision. A four per cent. solution should be used and three or four drops should be deposited at each puncture.

In cases of great sensibility of the glans from any cause, or in case there be a sore on it, or on the mucous surface of the prepuce, it might be advantageous to deaden these surfaces more thoroughly by injecting some of the same solution into the preputial cavity, also, and so manipulating the parts that the fluid may be diffused over the whole mucous surface.

2nd. In division of the contracted frenum a thorough application of the solution or the oleate on absorbent cotton, well pressed against each side, will be all that is necessary, the thinness of the tissues permitting the anæsthetic influence to extend through. A similar method may suffice for the snipping off and cauterization of condylomata of all kinds.

3rd. Preparatory to the cauterization of chancroids and chancres, the local application of a four per cent. solution, or of the oleate, may be made by means of a dossil of absorbent cotton arranged to extend a little beyond the margin of the sore, and well pressed into its surface, the latter having first been gently dried. The cotton may then be covered with a fragment of surgeons' rubber tissue, and the whole bandaged snugly and kept thus dressed for about five minutes. A careful attention to these details becomes especially necessary in those acutely sensitive cases which threaten to inflame and take on the phagedenic action, demanding the most severe cauterization with fuming nitric acid or other similar agents.

4th. Turning our attention next to urethral troubles, we find the agent useful in facilitating our diagnosis, as well

as in aiding us in reducing the terrors of the surgical treatment. In exploring, with any kind of instrument, the urethral meatus and canal, and in entering the bladder for diagnostic purposes by way of this canal, we often find ourselves giving great pain; and we also find that these are just the subjects most liable to urethral fever, as a result of such explorations. This suffering can certainly be avoided or greatly mitigated by the use of cocaine. Sufficient statistical data have not yet been obtained to warrant the belief that under its use the annoying complication of urethral fever will be lessened in frequency; but if this form of fever be dependent on nervous disturbances, as some think, we may hope for additional benefit in this direction. It will be well to look into this matter, and I would be obliged to any of my confrères who will report any cases of this form of fever occurring after instrumental exploration or operation on the urethra when under thorough cocainization.

But let me now say a few words concerning the technique of urethral cocainization. How should it be done? If an exploration of only the anterior portions—say as far as the membranous division—be intended, the method I see announced in recent medical journals as having been generally adopted may suffice. But if it be desirable to explore the posterior portions of the canal or the cavity of the bladder, or if internal urethrotomy, or an intra-vesical operation be contemplated, this method of simply injecting a solution into the canal and the bladder will not prove satisfactory; nor should it be expected to do so. It is difficult to force an injection so far back as to reach the membranous and the prostatic portions of the canal, and still more difficult to retain it therein sufficiently long for anæsthetic purposes. The greater sensitiveness of these parts excites contraction of their more muscular walls, even to the extent of spasmodic closure. And these peculiarities exist in even a more marked degree in the very cases most demanding thorough cocainization. I am not, therefore, surprised at the rather unsatisfactory results reported in some cases in which this imperfect method was used,



The plan I adopt, and would now recommend, is to use the oleate by means of the cupped sound of Van Buren. The little cups are filled with the oleate, the rest of the instrument being lubricated with it also and then passed in until the point is in the bladder. Leaving it here for three or four minutes, it is then withdrawn about an inch, left there a few minutes and withdrawn again a like distance, left there a short time, and so on until the cupped portion arrives at the meatus. I have found this plan, carefully carried out, to answer much better than the injection. Should the cups be found to have been entirely emptied on reaching the meatus, and there is reason to believe that the anterior portions of the canal have not, therefore, become sufficiently cocainized for the special purpose in view, they may be refilled, and the process repeated, so far as that portion of the urethra is concerned. Should a urethrotomy be contemplated, the cupped portion of the sound should be retained longer at the location and neighborhood of the seat of stricture. I thought of having a special sound made for this purpose, with the cups a little nearer together, and reaching farther towards the handle, but have found the ordinary Van Buren instrument to answer the purpose so well, that I have not yet done so.

A solution of cocaine in glycerine may act even better than the oleate, as glycerine is more liquefied by the blood-heat of the part than the oleate; but not having yet been provided with a preparation of this kind, I have not tried it, especially as the oleate used with the cupped sound has given me such satisfaction.

Should there be much tenderness about the meatus and anterior portion of the canal, or indeed in all cases, if it may seem desirable, the order of procedure may be reversed from that described above, and the cocainization be begun at the meatus, and continued inwards as far as necessary.

In the *Medical News* of March 21st, 1885, page 332, Dr. Robert F. Weir, of New York, mentions having performed lithotrity as follows:

“The patient was a man of seventy-two years of age, with marked cardiac lesions, and this condition was such as to preclude general anæsthesia. He had long suffered from prostatic trouble, and a number of years ago submitted to an operation of prostatomy by Dr. Gouley with marked benefit. \* \* \* Lithotrity, practiced after the old method, was twice tried, with considerable suffering to the patient, but his condition was so poor that further efforts in this way could not be entertained.” Having previously washed out the bladder, he injected into it three drachms of a four per cent. solution of cocaine, and after waiting fifteen minutes threw in an additional amount of water and proceeded to crush and remove the stone after Bigelow’s method. He says that “although the urethra was still somewhat sensitive, the pain in this part was very much lessened, the bladder was entered without distress, the stone seized, from five to eight crushings rapidly made, Bigelow’s apparatus, No. 29 curved catheter, introduced, and the aspiration effected. The entire operation occupied not more than eight or ten minutes. While the procedure was not absolutely painless, the cocaine reduced the sensibility of the invaded urinary tract to such a marked degree, that the patient endured the operation without special difficulty.”

Had the method of cocainizing the urethral canal as practiced by me been adopted in this case, I am convinced the immunity from pain would have been much more marked; for surely the suffering in such cases is due to the sensibility of the canal, as much as, if not more than, to that of the bladder.

About six weeks ago I operated by internal urethrotomy on three urethral strictures, very old and recently causing much urethral and vesical trouble, in the person of a confrère from a neighboring State. I first thoroughly cocainized the canal, by the method described, and had the pleasure of seeing that my friend stood the cutting process with perfect indifference. He informed me that there was not the least pain, though the canal had been very sensitive to the passage of instruments.

## COCAINE IN RECTO-ANAL SURGERY.

1st. In relieving the suffering due to painful defæcation, from any cause, much distress may be averted by means of the oleate, simply applied on a pledget of absorbent cotton as far into the anal orifice as the special case may demand. I have thus used it with marked satisfaction in cases of painful piles and fissures, that is, so far as the relief of pain is concerned. Its well known effect in producing local ischæmia gives some warrant for hoping for good results in a therapeutic point of view in some of these conditions; but my experience has not been sufficient for me to venture any positive statement in that regard.

2d. In many of the important operations in rectal and anal surgery, I have strong hopes that its proper use will enable us to dispense in a very great measure with the use of general anæsthetics. These latter agents must be pushed to their dangerously full effect in most of these operations, or else a perfect cohort of athletic assistants will be needed to keep the patient quiet, as every surgeon of experience knows. One of the few fatal cases from the surgical use of chloroform in this city occurred in the performance of an operation of this kind by a deceased confrère. The lower rectum and anus, especially when abnormally sensitive from disease, is one of the last parts to give up its reflex irritability under the influence of a general anæsthetic. If further experience confirms the results now attained with cocaine, much anxiety and trouble will be thereby avoided.

In operating for fistula in ano, the parts to be divided should be thoroughly cocainized by the four per cent. solution thrown into the tissues with a hypodermic syringe.

As a local anæsthetic in laying open the bottom of a fissure, and dividing the muscular fibres underlying the raw surface, it may be applied in the form of the oleate, or in solution on a strip of absorbent cotton, well pressed into the folds of the fissure and retained there for a few moments. Should the more radical operation of cutting through the whole thickness of the sphincter be contemplated, then the injection of the solution should be

made into the tissues through which the line of incision is to pass.

I am doubtful whether the agent will prove of general use in the operation of forcible dilatation or divulsion of the sphincter-ani as practiced by many. But as I have not yet tried it in this operation, I am not prepared to say but that it may be of service in selected cases, where we are very reluctant to give chloroform or ether. Should I conclude to employ it in this operation, I would use the solution hypodermically in the substance of the sphincter at about four points, so as to thoroughly cocainize the whole periphery of the anus.

In the operation for hæmorrhoids by ligature I have used it by the above method, combined with the application to the mucous surface of the lower rectum and anus of a wad of absorbent cotton, saturated with the four per cent. solution.

The patient seemed to suffer but little, even when I made surface-cuts on the cutaneous margin in which to bury two of the ligatures around a partially external pile. He complained much more when I re-introduced the ligated piles, and stumps of piles, than at any time during the operation proper.

In conclusion, I would say, that so far as our experience yet goes, we seem to have gained a really useful assistant in genito-urinary and recto-anal surgery; but the full measure of that usefulness remains to be yet more thoroughly developed by further trial. In giving it this trial, let me repeat that it is of the first importance to carefully adapt the technique to the special demands of each case or of each operation. The object is to thoroughly cocainize the nerves, whose sensibilities are invaded. This object can be best accomplished by selecting that mode of using the agent best suited to the circumstances of each case. One or more of the three methods mentioned will usually accomplish the result of producing either total or partial local anæsthesia.

While not exactly within the scope of this article, but

illustrating the principle I have endeavored to inculcate, in regard to the methods of using the agent, I may state, that on the 22d of this month I amputated the index finger of an old lady of seventy-six, at the metacarpo-phalangeal joint, with hardly any pain. I deadened the cutaneous surfaces with ice and salt, and laved the subcutaneous tissues with the four per cent. solution, hypodermically applied.

I have not yet met with any deleterious constitutional effects from the agent.

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## HOSPITAL REPORTS AND CLINICAL NOTES.

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We are anxious to make Clinical Reports a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

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### A CONTRIBUTION TO THE USES OF COCAINE AND THE THERMO-CAUTERY IN SURGERY.

BY I. L. CRAWCOUR, M. D., New Orleans.

In the month of July a gentleman called on me and asked me to examine a small tumor on his cheek. He had had it for some years, but it was now increasing in size and he was uneasy. I found that it was an epithelioma, rapidly growing and beginning to ulcerate and I advised an immediate operation.

Two days afterwards I operated in the following manner: I injected hypodermically at three equidistant points along the circumference of the tumor three minims of a four per cent. solution of cocaine and painted the skin along the line of my intended incision with a five per cent. solution of the oleate of cocaine (McKesson and Robbins). I then removed the tumor with the Paquelin thermo-cautery knife, commencing at a white heat, and gradually lowering it to a dull red. After the first incision, the swelling was seized with a tenaculum and completely dissected out, with the loss only of about half a teaspoonful of blood

and absolutely *without the slightest pain*, the patient watching the operation the whole time and simply saying he smelt roast meat.

Instead of using the ordinary bellows I employed Burgess's air compressor with a pressure of ten pounds to the square inch. This was of immense advantage, as it left both hands free for any manipulation and enabled me to dispense with an assistant to squeeze the bellows. After the tumor was removed the cavity was filled with iodoform and simply dressed with absorbent cotton. It was not disturbed for a week, was again dressed in the same way and is now completely cicatrized, leaving a very slight scar.

Mr. A. Finlay was kind enough to be present at the operation, in case I should require any aid. This was not necessary as the patient was able to get into a car and go home.

By using the thermo-cautery, we operate without blood; there is less chance of recurrence as all cells are carbonized, there is no danger of septic poisoning, and after the operation is over there is complete absence of the smarting which always follows the knife. Five years ago I operated in a similar manner, and there is not the slightest sign of recurrence.

The advantages of the cocaine are, the immunity from pain and the consequent avoidance of chloroform with its attendant dangers and anxieties and the consequent capability of dispensing with an assistant in all but the major operations.

Squibb, of Brooklyn, states that the oleate of cocaine is useless; all I can say is that three months ago I removed a large cyst from the labium of a lady, after having painted the skin with the oleate of cocaine, and, although the incision was two inches long, it was completely painless. I have operated frequently in minor cases, as opening bone-felons, abscesses, inflamed hæmorrhoids, using the same preparations and always with the same result.

## A CASE OF CHOLERA INFANTUM, TREATED WITH LARGE DOSES OF MORPHINE AND ATROPIA.

BY G. B. LAWRASON, M. D.

A child, A. D., seven months old, was brought to me from Algiers, verging on a state of collapse. Its eyes were sinking, the face pinched, extremities cold, pulse thready and rapid; it was very much emaciated, and it would occasionally utter piteous and feeble whims as if in pain. The mother said that she had weaned the child about six weeks previously, and had since been feeding it on cow's milk and condensed milk. From that time, however, it had lost flesh steadily and its bowels had been out of order. First, the child had diarrhœa, then attacks of vomiting and purging, which, within the last two days, had become very frequent. It was always crying for the bottle and the parents had had no rest with the child for a week.

A powder composed of one-twentieth of a grain of morphine and one-sixtieth of a grain of atropia was placed dry upon the tongue, and, in a very short time, the child was as red as a lobster and sound asleep. In about two hours and a half it waked up, and, according to directions given at the consultation, ten drops of brandy in a teaspoonful of milk were given every half hour while awake. The child was allowed the bottle, which, however, was to contain only water, whenever it wished.

I saw the father the next morning. He said the child was better and had only vomited once since the powder had been given, but that it still seemed very feeble. Three grains of musk in mucilage were ordered to be given by enema, and instructions repeated to keep up the brandy and milk as formerly directed. The next day I went to Algiers and found the child had made excellent progress towards recovery. It seemed to take notice and smile when amused, but suffered from occasional paroxysms of colic. Ten drops of paregoric were ordered every half hour until pain eased. The brandy and milk were stopped and pancreatized milk substituted, a tablespoonful every half hour

while awake. In addition to this, a nutrient enema, consisting of a teaspoonful of cod liver oil, emulsified with a little ether, with three teaspoonfuls of pancreatized milk, was given twice a day. The child recovered rapidly.

The pancreatized milk was made by dissolving a powder composed of five grains of pancreatic extract (Fairchild Bros. & Foster's) and ten grains of carbonate of soda, in a little warm water, and adding a pint of milk in a bottle. The bottle was then placed in hot water and allowed to remain twenty minutes. The milk was then poured out and boiled. If kept in a cool place, milk thus prepared will be fit for use all day. Should the milk be sour after going through this process, the child will refuse it. Such milk should be thrown away and new milk prepared in the same way, except that it should be left in the hot water a shorter time, say fifteen minutes. The morphine was suggested to me by an article in the *American Journal of Obstetrics*, in which large doses of morphine are recommended in cholera infantum to allay pain and procure rest. The atropia I added, thinking that it would ably second the morphine, diminish the risk and lessen the congestion of the alimentary tract. The dose of atropia may seem large, but it is my belief, based partly on the authority of Fothergill, and partly on my own experience, that babies resemble rabbits in their tolerance of this drug.

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#### SELTZER WATER INJECTIONS IN INTUSSUSCEPTION: TWO CASES SUCCESSFULLY TREATED.

By E. D. BEACH, M. D., New Orleans.

CASE I. On February 7, 1882, about 7, P. M., I was called to see a white boy, about eight years of age. I found him suffering of severe pain in the abdomen, which was quite distended and tympanitic. He had been suffering twice the previous evening of symptoms which the parents attributed to colic. Upon examination of the child, I



diagnosed intussusception. I could very sensibly detect a lump in the right iliac region. I prescribed tincture of opium to relieve pain and quiet the bowels. After informing the parents of the nature of the trouble and the danger, the question occurred, what should I do to save the life of my little patient? I had read in some medical journal that gas pumped into the bowel had been successfully used. I, therefore, concluded to give him by injection both water and gas. Having removed the metal part of the suction end of a Davidson syringe and attached the rubber pipe to the nozzle of a seltzer bottle, I was ready to give an injection of gas and water. Having introduced the pipe into the rectum, holding it firmly to the anus, I proceeded to give an injection by raising the valve of the seltzer bottle, taking care not to suddenly distend the bowels. After letting water pass in, I stopped to let gas evolve from the water. I continued until the child vomited. The abdomen being considerably distended, I let go, and as I did so, quite a burst of gas escaped with the water. The patient now rested quietly and easily, and I could no longer detect the *lump* in his abdomen. I then left my patient, having given directions for the administration of tincture of opium in sufficient quantity to insure quiet, and ordered to be applied over the abdomen a poultice of ground flaxseed.

February 8th—At my morning visit, I found my patient cheerful, free of pain, and refreshed by a good night; the abdomen had assumed a natural appearance; I continued small doses of the tincture of opium; at the evening visit he was doing well; had taken light nourishment; during the succeeding three days, patient did well; nourished well. On the 11th of February, the bowels were evacuated. On the same day, the boy was discharged from medical observation.

CASE II. On June 17th, 1884, I was called to see a female infant, about six weeks old, screaming with pain. I prescribed an anodyne, but did not relieve her. On the following day, I was called quite early to see the child

again. There were evidences of great pain, although the child had taken in the mixture prescribed one-fourth of a grain of the sulphate of morphia. I diagnosed intussusception of the bowels, and resolved at once to apply the same treatment pursued in the case of the little boy, above related. The patient vomited, as in the case first related, and, when I removed the pipe, a great burst of gas escaped. June 19th: The bowels have moved, and the patient is well.

In theorizing with regard to the action of the seltzer water, the question arises, was it the great force of water, or was it the gas evolved from the seltzer water that produced the effect? I think it is the combination of the two forces. When giving the injection to the infant, I tried to compress the rubber bulb of the syringe, with my hand, to satisfy myself of the force involved. I was unable to do so. Then with this great force constantly and steadily exerted, the patient in the meantime being made to retain the injection, gas is evolved from the seltzer water, and this makes a constantly increasing pressure. In both cases vomiting occurred, I think, just at the time the stricture gave way. I utilized a Davidson syringe, which first came to my hand; a rubber pipe would, of course, answer the purpose.

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#### FIBRO-CYST OF THE UTERUS WEIGHING FORTY-FIVE POUNDS—RECOVERY.

Reported from the Hospital Service of Prof. E. S. Lewis, by C. L. SEEMANN, M. D.,

J. R., æt 47, married; has had no children; seven abortions; last pregnancy ten years since; catamenia still present. Patient states that about four years ago she observed an abdominal enlargement, attended with the signs of pregnancy, such as milk in the breast, suppressed menses, etc. About two months, however, after the period of her anticipated confinement, her catamenia reappeared, and have been regular since. The enlargement continued to increase, the increase being most marked in the last eighteen months,

Condition on admission: Patient complains of slight pain in left inguinal region; abdomen enormously enlarged; walls freely movable on tumor; fluctuation distinct; dullness, marked over tumor, not altered by change of position.

November 16th, 11, A. M., all antiseptic precautions, even to the minutest detail, being observed, patient was anæsthetized, and an incision about three inches in length was made beginning below the umbilicus and extending downward. Skin, fascia and peritoneum having been incised, the tumor was brought into view. A trocar was then introduced and gave exit to a pint of thick bloody fluid. Several additional punctures being made and very little fluid coming away, it was deemed advisable to extend the abdominal incision above the umbilicus. The trocar was then plunged into the upper part of the tumor and a large quantity of straw-colored fluid poured away. The fluid, all collected, weighed sixteen pounds. At this stage of the operation, some adhesions at the upper and anterior portion of the tumor were cut away and four or more ligatures were applied to the mesentery, which was cut short and returned. All adhesions having been removed, the tumor was withdrawn and found to have a pedicle, composed of uterine tissue and measuring at least four inches in diameter.

Thomas's clamp was now used. The tumor, when cut away, weighed twenty-nine pounds, which, added to the fluid withdrawn, made the entire mass weigh forty-five pounds. The thermo-cautery was applied to the stump and, the peritoneal toilet completed, the abdomen was sewed up and a dry carbolated dressing applied. The patient was placed in bed and external heat applied to produce reaction. Morph. sulph., gr.  $\frac{1}{4}$ , was administered hypodermically immediately after the operation and repeated in three hours, owing to restlessness. At 7, P. M., no pain or soreness; some restlessness, temperature  $100^{\circ}$ , pulse 112.

Nov. 17, 8, A. M.—Rested well last night. Nothing allowed except pellets of ice. Nov. 18th, P. M.—Has vomited to-day. Gave iced champagne. Nov. 19th, A. M.—To-day allowed patient small quantity of broth and champagne. Nov. 20th.—Some mucous discharges from bowels to-day, promptly relieved by bismuth. Nov. 21st.—Temperature normal this morning. The highest point,  $101.2^{\circ}$ , had been reached on the evening of the 19th. Nov. 22d.—Complains of pain; dressings changed; stump has retracted considerably. Nov. 23rd.—A hæmmorrhagic discharge from vagina like the menstrual discharge, which appeared on the 3rd day after the operation, has ceased this day. Nov. 25th.—Has done well since last note. Dressings removed, clamp found loose and removed together with sutures. Carbolated dressings and iodoform continued, wound brought together with adhesive strips. Nov. 27th.—Very little suppuration, dressing changed. Dec. 5th—Patient sat up to-day; eats and drinks with relish. Dec. 23rd.—Pedicel entirely healed and cicatrized. Patient leaves for home completely relieved. Jan. 20th.—Patient returned to-day to the hospital and stated that since her departure she had been washing for a living and had felt no fatigue.

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#### A CASE OF CYSTIC DEGENERATION OF THE CHORION.

By L. C. TARLETON, M. D., Marksville, La.

On the 8th of April, I was called hurriedly to see Mrs. E., the mother of six children. I reached the house in a few minutes and found that the lady had been taken with flooding at the breakfast table. She had lost so much blood that she was very pale, nearly pulseless and almost exhausted. She was under the impression that she was dying, and asked us to let her rest, saying that she was too weak to live. I sent for Dr. Ware to assist me in the case and we proceeded to deliver her of what she supposed, and we believed, to be a child. No recognizable part presenting, and the blood flowing freely, we commenced to take

away what did present. The os was open to about the size of a silver dollar, and as it was very dilatable, it was not difficult to introduce the entire hand into the womb. We soon discovered that there was no fœtus, but an immense soft growth. It was a mass of small cysts, and after they were all extracted, we found that they filled a gallon-and-a-half basin and weighed at least ten or twelve pounds. She had supposed herself about five months pregnant, though she was much larger than usual at that period. She had never felt any movements, as had been the case in former pregnancies, and had been uneasy on account of her size. As soon as the uterus was emptied, she began to recover and in two weeks she was in full health. These cysts varied from the size of a pin's head, to that of a catawba grape, were round, translucent, and contained a gelatinous substance. They were attached in clusters to large sheets of connective tissue.

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#### LARGE FIBROID, COMPLICATING DELIVERY.

By HENRY O. READ, M. D., Grande Cheniere, Cameron Parish, La.

On June 1st, I was called to see Mrs. P. M., æt. 38. She had been in labor with bearing-down pains for a week. She stated that her term of utero-gestation would not be completed before the 12th, and as she was a multipara I concluded that she was correct in her dates, but at her request I made a digital examination *per vaginam*. I found the os uteri almost a solid mass of fibroid growth, very hard and unyielding, extending from opposite the symphysis pubis around the right side as far back as the acetabulum of the left side. I could not determine how far the tumor extended into the fundus, as the uterus was well up in the pelvis. The os itself was torn by several irregular fissures from previous parturitions, and the margin implicated in the fibroid, of the thickness of one's hand, projected in a kind of lip about an inch beyond the rest.

I gave her about a dozen doses of morphine and directed her to take one every evening and to call on Doctor Sagrera to whom I had given up my practice. On the morning of the 13th, Doctor Sagrera sent for me; on examination we found the os somewhat more dilated but very hard, and retroverted to such an extent that the opening presented almost perpendicularly to the rectum, and the pains seemed to push the fibroid down in front of the head of the fœtus. We concluded to divide the neck of the uterus in several places as far up as the peritoneum and to deliver her with instruments, should she show signs of sinking. Doctor Sagrera accordingly operated by introducing the index finger of his left hand into the os as far up as the head of the fœtus; then, with the fore-finger of his right he directed a probe-pointed bistoury on the outer surface of the neck as far up as he could push the soft parts and then divided the neck, his left index serving as a guide—the opening thus made by four incisions was large enough to admit the hand.

After awaiting several hours we delivered her of a still-born, but well developed, fœtus. After parturition we examined the parts, and found the tumor much more extensive than we had at first supposed possible.

She is a very stout healthy woman and will become pregnant again unless something be done to prevent, and the tumor, whether malignant or not, will continue to grow. What is to be done?

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REFLEX EPILEPSY CAUSED BY ADHESION OF THE PREPUCE  
TO THE GLANS PENIS.

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

Thomas Mouladdie, aged six years, was admitted into Hotel Dieu, April 7th, 1885. He was a bright, good-natured little fellow in excellent general health, notwithstanding the nervous manifestations to be noted. He was

at that time and had been for some time subject to short spells, marked by spasm of all the voluntary muscles, especially those of upper half of body, associated with loss of consciousness. He had been known to have as many as fifteen such attacks in twenty-four hours. He had during the first twenty-four hours after admission not less than ten. In several of these I saw him and watched him carefully. They came on without apparent provocation, lasted less than one minute and when a fit had ceased, he usually fell asleep and slept quietly for some time afterward. These attacks resembled ordinary epileptic seizures. Not being able to make out from the history any cause for the attacks, I examined the penis. The prepuce though abnormally long was not contracted at the orifice and did not necessitate circumcision. The mucous layer, however, was found adherent to the glans penis half-way to the meatus. The adhesions were easily torn away and the prepuce carried back and separated from the glans by a pledget of lint.

Bromide of potassium was ordered in ten-grain doses every two hours for the first forty-eight hours, then every three hours and subsequently every four hours until his discharge April 24, one week after admission. For twenty hours preceding his discharge he had not had an attack and the physician, who sent him to the city, wrote me two months afterward that no attack had occurred since his discharge from the Hotel Dieu. The doctor in the same letter expressed the opinion that the bromide salt had had little or nothing to do with the cure, since he had himself previously administered it freely and continuously without effect.

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#### CASE OF STRANGULATED INGUINAL HERNIA: HERNIOTOMY.

Reported by W. L. CHEW, Resident-Student, Charity Hospital.

C. M., aged thirty-nine years, a plethoric man, weighing one hundred and eighty-six pounds, was admitted into the Charity Hospity at 11 o'clock of the night of the 5th

August, 1885, suffering of a strangulated inguinal hernia. The patient informed the captain of the night-watch that he had simply a "swollen testicle," to which he attached but little importance; so, the attention of the member of the medical staff on duty was not called to the patient until the following morning. The patient then gave the history of an inguinal hernia of eleven years duration, brought on, as usual, by violent exertion. He had worn a truss continuously, which, however, had at times given trouble by pressing on the hernia while down. From this cause the parts became much inflamed and tender one year and a half after the first appearance of the hernia. There was tenderness for some days over the abdomen, but this gradually disappeared.

At 1 o'clock, on August 4th, 1885, the hernia came down and could not be replaced. The patient was advised by the physician, who had failed to reduce the hernia, to come to the Hospital for surgical operation. On the morning after admission, August 5th, the following symptoms were noted: pain at the umbilicus; dry tongue; marked borborygmus: nausea; the strangulated hernia tense and painful, flat and doughy over the lower two-thirds, resonant and elastic over the upper third.

Patient was placed on the operating table, the hips elevated, cold applications used, and the reduction of the hernia attempted by the method of continuous uniform pressure over the tumor. Efforts at reduction again failing, while the patient was under chloroform, Dr. Miles, the house-surgeon, made herniotomy after the usual method. There are several points in the operation and in the after-treatment deserving mention. The hernia proved to be an entero-epiplocele. The omental mass was of large size, but in good condition, and was, therefore, returned into the cavity. The touching walls of the protruding coil of small intestine were firmly and permanently adherent, and it was evident that the adhesions had existed for a long time. The intestine seemed accustomed to its knuckled



position. An attempt to divide the extensive adhesions would have been attended by great danger of opening the gut, so, as the patient had evidently thriven for a long time with his intestine in this condition, it was determined to reduce the protrusion as it was found.

With a view of curing the hernia radically, the neck of the sac was sutured in sections at the ring with strong cat-gut. The scrotal portion of the sac was allowed to remain in situ. The wound was dressed with iodoform and dry charpie, and the dressing held in position, as the patient lay on his back, by a little bag of bird shot. The pressure of the shot-bag facilitated the process of healing. The wound healed perfectly, without suppuration; the sutures removed on the third day. In the afternoon of the day of the operation, temperature reached  $101.5^{\circ}$  F., and during the following five days, ranged between  $99^{\circ}$  and  $100^{\circ}$ . The effect of opium was first secured by the administration of the sulphate of morphia sub-cutaneously, grain  $\frac{1}{4}$  every  $2\frac{1}{2}$  to 3 hours, and subsequently continued for eight days by an opium pill at intervals ranging from  $2\frac{1}{2}$  to 5 hours. An enema was given on the fifth day. In the after-treatment the patient lived for the most part on milk diet. Patient discharged cured on the 16th of August, eleven days after the herniotomy.

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CEREBRAL EMBOLISM RESULTING FROM ULCERATIVE  
ENDOCARDITIS.

J. B., aged 43 years, white male, was admitted to the Charity Hospital, July 27th, at 11.30, A. M., Ward 20, bed 226, service of Dr. J. H. Bemiss, Mr. W. S. Bickham, Resident Student. He complained of having had fever for three or four days and at the time of admission had a temperature of  $103\frac{1}{2}^{\circ}$  F. He went to bed at once, but having to go to the closet several times, and being *very restless*, he dressed himself and sat up in the ward from 1.30, P. M. until bed-time. During the night he was compelled to go to the closet quite often and the night nurse had much

trouble in getting him back to bed. The next morning, when he was first seen by Dr. Bemiss, he was found to be in a stupor and could with difficulty be aroused, and then answered questions only in monosyllables. His whole left side, including the left side of the face, was paralyzed as to motion with loss of sensation; there was no aphasia; urine and fæces were passed in bed; temperature  $103\frac{1}{2}^{\circ}$  F; food had to be forced upon him, and later given by rectum.

On auscultation a loud systolic murmur was heard both at the apex and the base, but owing to the noisy, stertorous character of the respirations, it was impossible to ascertain the point of greatest intensity of the abnormal murmur, or whether it might not have been double. The case was diagnosed occlusion of the right middle cerebral artery from embolism.

The patient gradually grew worse; the breathing became more stertorous; the stupor deepened into coma; the temperature continued to rise until it reached  $106\frac{1}{2}$  F., just before his death, which occurred Thursday, July 30th, the fourth day after admission and the third of the paralytic condition.

The autopsy, performed twelve hours after death, revealed an embolus blocking up the right middle cerebral artery at its bifurcation. The brain substance was softened and broken down in the following places: nearly the whole of the right frontal lobe, except the anterior and lower part; nearly the whole of the right parietal lobe, except the posterior portion; the right corpus striatum; the posterior division of the internal capsule, and the anterior portion of the right optic thalamus.

The heart was somewhat hypertrophied as well as slightly dilated. The mitral valves were rough and atheromatous, and did not completely close the auriculo-ventricular orifice. The flaps of the aortic semilunar valves were in a state of grave ulceration, one of the flaps being perforated through and through. Around the ulcers were large proliferating granulations, one of which had been detached and carried into the brain, producing the symptoms as given above. The embolus was removed from the artery. The rest of the endocardium was degenerated and inflamed in spots.

## CORRESPONDENCE.

## PUNCTURED WOUND OF HEART.

NEW ORLEANS, August 15th, 1885,

*To the Editors of the N. O. Med. and Surg. Journal:*

GENTLEMEN—The very able paper by Dr. A. B. Miles upon gunshot wounds of the heart, published in your August number, recalls a case which came under my observation shortly before in the Charity Hospital. The case is one of punctured wound of the heart. Though the injury to that organ is slight compared to most of those cited in the article, it tends to prove the correctness of Dr. Miles's deductions about shock and the length of time an individual can live after a wound of the organ in question. As the observation may have one or two other points of interest, I feel warranted in transmitting it to you concisely.

Jno. Brook, colored, aged 39, was brought to Ward 3, on July 12th, having received a punctured wound of right side of chest. The blade had entered between the second and third ribs, producing a cut one-half inch long, cutting through junction of third rib with its cartilage, then ranging downwards and inwards, penetrating the lung, as evidenced by profuse hæmorrhage, escape of air, and coughing up of blood. *The shock was slight*, his pulse being full and beating seventy-two to the minute, temperature normal. Next day, July 13th, his *pulse was 64* to the minute, temperature 100°; there was slight recurrence of hæmorrhage, chiefly venous, upon changing the dressing; he took a little nourishment. July 14th, temperature ranging from 102° to 103°, pulse more rapid; rather restless. July 15th, little change, but takes less nourishment and is delirious at intervals. July 16th, seems stronger, more rational; and nourishes well. July 17th, temperature high, going to nearly 105° in the evening, pulse feeble and now rapid, respiration heavy. July 18th, in the afternoon, suddenly grew faint

and died by syncope *six days* after reception of the injury.

Post-mortem examination showed that the weapon after going through the lung had penetrated the pericardium and inflicted a wound about three-fourths of an inch long and one-eighth of an inch deep in the wall of the right ventricle. The edges of this cut were granulating and seemed already to have slightly adhered. In addition, the pleural cavity contained a large quantity of blood, the lung was carnified, and the pericardium held nearly an ounce of pus. For the account of the autopsy, I am indebted to Mr. Charbonnet, interne of the ward, who witnessed the coroner's examination.

You will permit me to make a query. Could not the remarkable slowness of the pulse at the onset, notwithstanding the gravity of the wound and the amount of hæmorrhage, have been due to irritation of the pneumogastric nerve through the filaments which are distributed both on the surface and in the substance of the injured ventricle?

Respectfully yours,

CHAS. CHASSAIGNAC, M. D.,  
*Visiting Surgeon Charity Hospital.*

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ORGANIZATION OF THE COMMITTEE ON SCIENTIFIC ESSAYS,  
REPORTS, ETC., OF THE LOUISIANA STATE  
MEDICAL SOCIETY.

*To the Editors of the N. O. Med. and Surg. Journal:*

GENTLEMEN—I have the pleasure to acknowledge the receipt of your late favor addressed to me as Chairman of the Committee on Scientific Essays and Reports of the Louisiana State Medical Society. In this you ask that, as soon as I have, in compliance with the resolution adopted at the recent meeting of the State Society, assigned to the members of my committee the departments in which they are to exert themselves to procure papers for the next session, that I send the scheme of such assignment for publication in your Journal. With this request is kindly added

the promise to co-operate with the committee through your columns and to use "the whole power of the Journal from now on to improve the condition of the Society."

In obedience, therefore, to your request, I herewith submit such plan as I have been enabled to decide upon.

As preliminary, and in order to bring the matter fairly and fully before your readers, it would, perhaps, be well, briefly to review the action of the Society, on this point, at its last meeting. It will be remembered that the President, Dr. R. H. Day, in his official address before the Society, recommended that we so amend the By-Laws as to provide for the subdivision of the Society into "sections" embracing the various branches of the profession, etc., as is done in the American Medical Association and other large medical organizations. The committee to which was referred the President's address—and of which I had the honor to be chairman—reported adversely on this scheme, at least for the present, but recommended, in lieu of sections, a subdivision of the Committee on Essays and Reports into sub-committees. The reasons assigned in this report, for this proposed change, were approved by the Society, as appears from the following resolution, which was adopted:

"Resolved, That the Chairman of the Committee on Reports and Essays, be empowered and instructed to divide his committee into sub-committees, whose duty it shall be to report respectively upon the various subjects of medicine, surgery, gynecology, obstetrics, etc., as recommended by the President in his address." The object of this resolution was practically to accomplish the end sought by our President without the more complex system of sections, which was as yet, by the Society, deemed premature.

Under this resolution, then, it becomes my duty as Chairman of the Committee on Scientific Essays and Reports, etc., to arrange the work in accordance with this provision. The original committee—six in number—appointed by the

incoming President (Dr. Samuel Logan, of New Orleans) just prior to adjournment, consists of Drs. A. A. Lyon, Shreveport, chairman; I. J. Newton, Bastrop; T. S. Dabney, New Orleans; J. H. Bemiss, New Orleans; C. D. Owens, Eola; and J. C. Brown, Arcadia. Pending the discussion, which led to the adoption of the above resolution, it was suggested by Dr. O. P. Langworthy, that in order to the better accomplishment of the work sought that the committee should be larger than has hitherto obtained. No especial action on this point was at the time taken and consequently in the hurry of the closing hours of the session the committee of six, above named, was announced by the President.

Upon reflection, however, and a study of the geographical relations of the different members of this committee, it seemed apparent to my mind that it should not only be larger and consist of representative men, but that the range of their acquaintance, as far as possible, should embrace the whole State. For these reasons, then, I requested the President—if he agreed with me and approved—to add four members to the original committee. In obedience to this request he has recently forwarded the names of Drs. E. S. Lewis, New Orleans; Thos. Hebert, New Iberia; A. S. Gates, Franklin; and Thos. J. Allen, Shreveport.

These gentlemen are therefore thus constituted regular members of the committee on Essays and Reports, which, as supplemented, now consists of ten members instead of six as originally published. These I have subdivided as follows:

COMMITTEE ON SCIENTIFIC REPORTS AND ESSAYS.

A. A. Lyon, M. D., Chairman, Shreveport.

SUB-COMMITTEE NO. 1.

On Medicine (including Materia Medica and Therapeutics), and Physiology.

T. J. Allen, M. D., Chairman, Shreveport;

J. H. Bemiss, M. D., New Orleans;

Thos. Hebert, M. D., New Iberia.

## SUB-COMMITTEE No. 2.

On Surgery (including Ophthalmology and Otology), and Dental Science.

I. J. Newton, M. D., Chairman, Bastrop ;

T. S. Dabney, M. D., New Orleans ;

A. S. Gates, M. D., Franklin.

## SUB-COMMITTEE No. 3.

On Obstetrics, Gynæcology and Pædiatrics.

E. S. Lewis, M. D., Chairman, New Orleans ;

C. D. Owens, M. D., Eola ;

J. C. Brown, M. D., Arcadia,

The especial duty of these Sub-Committees will be to secure papers on the various topics embodied under their respective headings, giving name of writer, his address, subject of paper and probable length of time in reading, to be reported through the chairmen, to the Chairman of the Committee on Reports and Essays, *not later than March 10th, 1886*. He in turn will report to the Committee of Arrangements at New Iberia, in time for it to formulate the programme for the ensuing meeting in April.

By reference to the By-Laws, Art. IV, Section 5, Sub-Sections (3) and (4), it will be seen that it is made the duty of this committee to have direct supervision of the manuscripts of all papers presented, from which they shall select such as "they deem suitable for the consideration of the Society," etc., etc. A strict adherence to this law would, of course, be desirable, but under the present Constitution of the Committee, scattered, as it is, all over the State, this for obvious reasons seems impracticable. Yet, so far as may prove practicable, the sub-committees should endeavor to meet this requirement. In cases, however, where this cannot be done, due care should be exercised in soliciting papers and in approving those proffered, of course, keeping conspicuously in view the fact, that *quality rather than quantity* is the object to be sought. With proper effort it seems clear to my mind, that a sufficiency of good papers can be obtained to compass the de-

mands of the Society, when next we meet, and such as shall reflect credit upon the profession of our State.

Those of your readers who were present at the last meeting of the Society, when this subject was under discussion, will remember that Dr. Boyd, of Indiana, and, I believe, also Dr. Watson, of Iowa, visiting brethren and members by invitation, stated that the plan adopted by their State Societies to supply matter for their annual meetings was to secure the best papers read before the subordinate county Societies during the year. This at the time impressed me, as well as others, most favorably, and I have since noted that, you, in the June number of your Journal likewise approve and suggest the trial of this plan in Louisiana. I think, therefore, it would be well for the Committee on Essays and Reports to act upon this suggestion, in connection with the other measures indicated. I think it promises well.

Before I close this communication, I desire to say, lest some may be misled, that the individuals composing these various sub-committees should not construe such connection as compelling them to confine their personal contributions to the subjects of this special committee. For example, a member of the sub-committee on medicine may, if he choose, write upon some subject on surgery, and *vica versa*, and so on. In such case, however, he must report through the appropriate sub-committee, and through it to the chairman of the parent committee, as any other contributor.

Now, Messrs. Editors, I have, as you requested, furnished you the outlines of a plan which I think, will perhaps prove as feasible and as promising as any other that under existing circumstances could be adopted. Yet I feel that at most it is necessarily imperfect, and is withal an experiment the fruits of which remain to be seen. When our society shall have attained greater strength, and as an organization more representative of the entire profession of the State, we shall hope for and expect a more thorough and effective system, a system of "Sections," as recom-



mended by our honored ex-presidents, Drs. Day and Davidson. Till then, let each one of us do his best under the present regime, and if we do not attain the highest point, we will have no cause to be ashamed of our effort.

Yours respectfully,

A. A. LYON, M. D.

SHREVEPORT, LA., August 15, 1885.

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#### SOME QUARANTINE REFLECTIONS.

By DR. JOSEPH HOLT, President Louisiana State Board of Health.

*Editors N. O. Med. and Surg. Journal:*

GENTLEMEN—In the last number of the JOURNAL I read, with much interest, an editorial description of a visit to the “*Upper*” and “*Lower Quarantine Stations*” below the city, and of the improvements being made.

I was particularly impressed with the manifest spirit of perfect fairness of the writer, who pointed out defects and attributed them to their proper cause, *the incipency of effort*. He recognized and gave full value to the essential fact that a complete revolution was being wrought in the substitution of “*Maritime Sanitation*,” in its scientific application, in the place of “*Quarantine*” heretofore in use. The detention of a vessel a number of days, determined by the notion or whim of the health authorities, with a mere show and make-shift of sanitation is what we properly understand by “*Quarantine*,” as generally exhibited. Properly, it is forty days detention, and the detention element is about the only thing in which reliance is actually reposed. The sanitation element has generally been too flimsy to command the attention of even the credulous and the most ignorant.

(Parenthetically, I will mention that I was much amused recently to find myself arraigned in one of our daily papers, by an anonymous writer, *as a non-believer* in quarantine, and, therefore, by legal statute debarred from membership

in the Board of Health. It is quite certain, if I were to fritter my time paying attention to every fat-witted scribbler who chose to take a sly shot at me under cover of an *alias*, I would be debarred from attending to my official business. About this particular assault, however, there is something so refreshingly simple, so child-like and idiotic, as to command my regard. To find myself singled out as one whose official existence is in contempt of law because he is an unbeliever in a system of outrage on common-sense, on the hopes and expectations of the people and on commerce; a system that has been systematic in failure only, begotten of the lowest ignorance, and one which last season cost the people of Naples thousands of lives; because I do not believe in the quarantine of this doltish complainant, I am, forsooth, in violation of the law, notwithstanding the fact, that we do hold ships and persons at quarantine during a period of sanitary preparation and observation. The amusing part is that I, alone, am cited as an unbeliever in quarantine and, therefore, an offender, while my predecessors, who came out openly and declared their complete loss of faith by the abandonment of quarantine and by declaring in its stead absolute non-intercourse, were not mentioned. Such an omission seems not only invidious and unfair, but, if unintentional, bears testimony of exceptional mental opacity.) Pardon this digression!

No inventive idea has ever leaped from the brain fully grown, armed and equipped; but, on the contrary, was born and grew by a regular and most natural process of development. It is a universal experience, that many theoretical suggestions, perfectly simple and wonderfully ingenious on paper, are found in practice unnecessary or impossible and in either case absurd; while, on the other hand, in the elaborations of practical experiment unlooked for conditions present themselves and exigencies arise such as tax the utmost ingenuity to meet.

I say it with great deference, but convinced of its truth, that three weeks under a July sun, spent in climbing through every conceivable kind of architecture in sea-going vessels,

adapting means to ends and all to the great end of thoroughly cleansing each one of any contagion that might possibly be contained in it, will do more to enlarge one's ideas of maritime sanitation as an exact science and of its actual requirements than any number of years devoted to theoretical speculation as to what might or ought to be done, particularly, when the one speculating on hypothetic abstractions knows as much about the difference between a bark and a barkentine, a brig and a ship, and of the construction of the interior of a steamship, as he does of the chemical constituents of the mocn.

This is a general remark and not aimed at you, my dear friends, the editors of this Journal.

In a recent number of one of our Journals the editor in his intense desire to strip me of any claim to originality informs me, rebukingly, referring to sulphurous acid fumes, that ships have been *disinfected by steam* ever since 1848.

Such a statement from a country bumpkin would have been silly, but coming in an editorial from one residing in the principal sea-port of the Continent, enjoying an abundance of practical sense and familiar with the construction of ships, I hardly know what to make of it. As a matter of truth, steam cannot be applied as an effectual disinfecting agent in ships, and steam has not been the method of disinfection in any port since 1848 or any other time.

Some one may have tampered with it, but did not disinfect.

There is a strong disposition to suggest all kinds of agents rather than adhere to and test those we are using; anything to make a change, it matters not for better or for worse; chlorine, volatilized iodine or mercury, or bromine. All of these theoretical suggestions come trippingly without a moment's reflection touching actual practice, first, as to relative germicidal efficiency; second, as to availability and economy; third, as to effect on cargo, baggage, apparel, etc.; fourth, as to effect on human beings subjected repeatedly to their influence.

In using the bi-chloride of mercury, we know that we

have one of the most powerful of all germicidal agents.

Practical test in municipal disinfection and in quarantine has demonstrated its absolute freedom from injury to those having to do with it.

In the operation of maritime sanitation, our employeés have been wet with the solution from head to heels, and for hours at a time, without having as yet shown the slightest evidence of mercurialization.

The clothing and other baggage of passengers and crew have been soaked in it without the slightest injury to persons or fabrics. Injury to the latter has always been due to the water and not to the chemical.

The decks, cabins, bunks and every available part of vessels have been freely drenched with the solution without injury.

The sulphurous acid gas, used as the displacing agent of the atmosphere below-deck, has long since proved itself the most reliable gaseous disinfectant and the least injurious to cargo of any yet tried.

As applied in our quarantine, it is like turning loose a volcano into the hold of a ship.

The amount of sulphur used on any one vessel varies from one hundred and fifty to nearly three hundred pounds, so applied as to displace with immense force every particle of air contained in the bilge, between the planking, or skin, and ceiling, in all parts of the cargo and dunnage.

So searching are these fumes under the operation of the law of the diffusion of gases, favored by high pressure and rapid motion of currents, that a bowl of rain-water, buried in the heart of a cargo of coffee seventy-five feet distant from the conveying hose, was found distinctly impregnated with sulphurous acid. The effect upon the coffee itself, when dry and in good condition, was not observable. By getting the hose well into the dunnage, we can now treat a cargo of coffee with a thoroughness never before contemplated and without the extra expense to shippers or consignees of a dollar, as against from five hundred to eighteen hundred dollars in times past, when

quarantine treatment involved discharging and reloading cargo, and the employment of a great gang of stevedores, barges, tugs, etc.; and even then the disinfection was utterly worthless, as proven by the subsequent appearance of yellow fever on the ship in port.

If recent observations on the destructive influence of mineral acids, even greatly diluted, on the cholera virus are true, then we have in this agent the most efficient adjunct to the mercuric solution.

As an instance of unexpected difficulties met with in practice, the amalgamating powers of the mercury salt on pumps, fitting of hose, nozzles, spray-roses, etc., presented for a while a most formidable difficulty, finally overcome in a simple and economical way.

The rapidly destructive effect of the heated sulphurous acid gas upon all flexible hose of organic composition compelled us to adopt the galvanized iron tubing, heavy and excessively awkward in use.

This I have completely overcome by having had manufactured a close-woven, twilled or corduroyed, asbestos cloth. While a perfect non-conductor of heat, this material is abundantly light and is proof against acids or heat.

We have had to pay quite dearly for this and other similar experience, but have gained a deal of knowledge, neither dreamed of in the editorial sanctum nor down in the books.

The superheating chamber we have discontinued as such, now using it as a drying-room. We discontinued it for the same reason that one would discountenance running a man through with a bayonet after having shot his head off with a rifle-ball.

If the bi-chloride of mercury is an effective germicide, to saturate the clothing, bedding etc., in a solution of it is surely sufficient.

In this connection it is important to consider the fact, that, although our solution is one part to one thousand of water and, therefore, weak, that as the supersaturated

articles become dry the germicide presents itself in a constantly increasing concentration. When one half the water escapes by evaporation the remaining portion gives a strength of one to five hundred, when nine-tenths of water are lost the concentration is one to one hundred, and finally the mercuric salt alone is left. Any existing germ must come in contact with the germicidal agent eventually, not in the dilution of one in one thousand, but in its absolute concentration.

This fact can be ocularly demonstrated by flooding a sheet of plate-glass with the above solution. Upon drying a distinct film of the salt will mar the lustre of the polished surface.

It is pleasing to note that all such germs as bed-bugs and allied occupants of sailors' duds instantly curl up in the most abject resignation and die before the concentration process has commenced.

The rats and roaches are attended to by the sulphurous fumes. The effect is one of unsparing destruction. The number of dead rats discovered is sometimes marvelous.

The annihilation of vermin affords a grim satisfaction to ship-captains, reconciling them to many annoyances incident to the treatment.

Finally, I will mention, among other elucidations of quarantine experience, that we will be able to reduce our running expenses several hundred dollars a month by establishing our entire apparatus on a truck running on a tramway laid parallel with the outer edge of the wharf.

By this means we will no longer require a tug, as now in use, and will economize in many costly particulars.

In looking at the new quarantine, it is necessary to bear in mind that it was rushed into existence in a very few days time, and everything had to be created without experimental introductory of any kind.

In view of these facts, we can all partake of the astonishment that so much has been accomplished so satisfactorily in so short a space of time, a sentiment kindly expressed by yourselves and one in which I heartily concur.

Very much of this success is due to the administrative ability and excellent judgment of Dr. Thomas Y. Aby, the resident physician in charge of the entire quarantine system. He has directed and encouraged his assistants and employés, and all have labored faithfully to secure that success which for its achievement depended entirely upon such honest and energetic work.

The energy and devotion to public service displayed by the quarantine committee of the Board, Messrs. John Barr, Joseph A. Shakespeare and Doctor L. F. Salomon, and by Col. John W. Glenn, who planned and supervised the construction of buildings, could not have been excelled; and all honor is due them for having accomplished in the face of most trying obstacles the emancipation of the commerce of the Mississippi Valley through the Gulf as incidental to the still higher service of having given the only possible rational guarantee against the introduction of pestilence by that channel; a quarantine infinitely higher than any security offered by non-intercourse, a barbarous makeshift, encouraged by dishonest motives of repression on the part of hostile commercial and railroad interests to close up and to destroy legitimate currents of trade.

When New Orleans, or the people of Louisiana, allow any little doctor in a National or State Bureau to put his thumb on the great aorta which carries the very life-current of this people, to press upon it and shut it off, they will find this city relegated to the insignificance of an interior town, a mere depot and factorage centre, and the State shorn of all hope of a high destiny.

The principle of non-intercourse is false in its pretensions of protection in that it offers a premium to evasion, is unjust in its discrimination in favor of the stronger against the weaker, of the rich against the poor, and is essentially dishonest in the true inwardness of all its suggestion.

Very truly yours,

JOSEPH HOLT, M. D.

## COLOR AS CONNECTED WITH CLOTHING.

*To Editor of N. O. Med. and Surg. Journal:*

DEAR SIR—The chemical and therapeutical effects of light and color have been the study of my life, and it occurs to me that the writer in your Journal who advocates white clothing for winter and black for summer has made a mistake. The general law is, that a white substance repels, or in other words, reflects, both the light and heat rays of sunlight, but is not of itself much heated thereby, while a black substance absorbs all the rays of light and heat and becomes hot thereby. At the first thought, one would say from this that a sheet, or an ordinary white linen or cotton garment must reflect all rays that fall on it, and transmit none of them, while the truth is that if you hang a white sheet in front of a window a great deal of light will be transmitted through it into the room while a dark sheet or curtain will shut nearly all of the light out. How shall we explain this? As follows: Black has a great affinity for all the colors which form light and greedily swallows them up, converting them into heat, while white repels every color and those rays that go into the interstices of a white garment will to a certain extent bound off to the other side. As a thin body of white substance, then, will transmit many rays whether of light or heat, far better than black, and yet of itself remain cool, it is evidently the proper color for summer. It will transmit a certain amount of the heat and the impure vapors of the body outward and yet receive a certain amount of the fine chemical power of the sunlight inward at the same time that it reflects a great deal of the sun heat away from the body. A certain physiologist declares that he can cure a severe cold in two days by having the patient wear white clothing. Even when the temperature is greater than one hundred degrees so as to transcend the heat of the blood, I should deem it better to wear white next to the skin from its cooling effects.

I admit that a thick mass of white substance like the



white coat of a polar bear, or a thick coat of snow, would confine the heat better than black, but clothing is not made on that plan. When your writer speaks of naked negroes working in the hottest sun without inconvenience, at first thought, he has scored a point in favor of his theory, for the negro, though black, stands the heat exceedingly well. But why? His color causes him to drink in the heat rays so that the sweat glands and organs of insensible perspiration are very active as signified by the odor which emanates from him, hence in this process, which is eminently cooling, he has the advantage of the white man. Notice, then, how beautifully nature works. Extreme cold develops the blue color which is the leading principle of whiteness, as is well known, and having clothed the polar bear in white it takes pains to give him a heavy coat to shut his heat in, while heat as signified in the spectrum finds its culminating point in the red and in the black below the red, and the burning sun which tends to paint people red and dark, gives them colors which will let the heat flow outward easily.

To sum up, then, I would consider the white color for underclothing preferable to black all the year around, while in cold weather I would prefer black or gray external garments, and in warm weather white or light gray external garments. It is desirable to have different colors for different conditions, but to explain these would prolong this letter unduly. As being closely related to the foregoing I will say a word about a new *heresy* that is being promulgated in Germany by Dr. Jaeger; namely, that nothing but woolen garments are fit to be worn by human beings. Sheets, underclothing and outside clothing must be wool, and shoes themselves must be mainly of wool. But it is well known that wool, as well as silk, is a non-conducting material, hence, to have woolen underclothing and woolen sheets, excepting for people of very feeble circulation, is absurd, as it shuts in too closely the poisonous radiations of the body.

E. D. BABBITT, M. D.

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## LEADING ARTICLES.

## GENERAL GRANT'S DISEASE AND HIS DEATH.

Nearly one year ago, the news was given out, upon indisputable medical authority, that General Grant suffered of a cancer of the throat. The illness of a patient so distinguished in our history excited unusual public interest, and there was universal sympathy with the old soldier engaged in his final, unequal battle. The daily press informed us of all the little incidents of his illness, and through medical periodicals we have been correctly posted in regard to the nature and progress of the disease.

In October, 1884, the General consulted Dr. Fordyce Barker in regard to an enlarged lymphatic gland under the right angle of the inferior maxilla. This enlargement was only secondary to the epithelial cancer just commencing in the right posterior pillar of the fauces. The patient was referred to Dr. J. H. Douglas for special treatment and remained in his care until his death.

Early in December, the disease began extending upward and downward, and during the following two months, the posterior pillar was almost completely destroyed, the tonsillar space indurated, the anterior pillar perforated at its base and the side of the base of the tongue indurated and ulcerated.

On February 19th, Drs. Markoe and Sands, in consultation with the gentlemen previously mentioned, concurred in the diagnosis of epithelial cancer.

On March 7th, the entire soft palate was reddened and swollen from inflammatory infiltration, and the ulcerated surface above described covered with a yellowish exudation resembling sloughing tissue or diphtheritic membrane. These evidences, no doubt, were dependent on the accession of an acute inflammation. At this stage of the disease, the symptoms of extreme prostration gave great alarm and

dissolution seemed very near. Dr. Geo. F. Shrady was called in consultation. To his "History of the Surgical and Pathological Aspects of General Grant's Case" published in the *Medical Record* of August 1st, we are indebted for the data of this review. Specimens were secured for microscopical examination, and the clinical diagnosis was confirmed beyond question. Already the disease had progressed beyond the reach of a surgical operation, unless one involving extensive destruction of tissue, unwarranted in the patient's feeble health, and it was decided, in consultation, adversely to any operative procedure. The attendant inflammation of the throat occasioned the secretion of an amount of mucus, which was the cause of much distress to the patient, and which, on several occasions, threatened immediate destruction from suffocation. At this stage of the disease the exhaustion was very marked and at times the recourse to hypodermics of brandy alone prolonged the patient's life. In the progress of the ulceration, several hæmorrhages supervened, adding another danger and one more drain upon the vitality of an almost exhausted patient. Death seemed imminent.

About this time, measures for the relief of the General were pending in the National Congress, and it was openly declared that the physicians in attendance were conducting the case in accordance with the exigences of Congressional legislation; could any imputation have been more unjust?

After the separation of the slough, the local symptoms, for a time very distressing, were so relieved that the patient entered upon a period of marked improvement. Now, it was averred that the physicians had altogether mistaken the nature of the disease, and that the chances had turned favorably to recovery.

However, the progress of the cancerous disease steadily continued. The ulceration gradually invaded the soft palate as far as the uvula, spread from the tongue to the floor of the mouth, and following the pharynx, posteriorly to the right pillars, extended as far as the finger could reach. The enlarged cervical glands grew apace with the

extension of the ulceration within ; and finally the structures of the side of the neck and face presented one solid cancerous mass.

Just before his removal to Mt. McGregor, the patient suddenly and permanently lost the voice, though not from any cancerous invasion of the larynx, and so afterward was forced to communicate in writing with those around him.

The treatment of General Grant's case was intelligent and scientific. To insure against any possible error in diagnosis a specific treatment was at first adopted, without any avail whatsoever. Iodoform was applied to the ulcerations ; so also, gargles of salt and water, carbolic acid, permanganate of potash and yeast. The happiest results were obtained by the local application of a four-per-cent. solution of the hydrochlorate of cocaine. This new remedy, with the judicious use of morphia sub-cutaneously, gave every relief possible in the concluding days of his terrible disease. For six weeks nourishment was given only in fluid form, beef-extracts, milk, egg, and farinaceous materials.

In the presence of a disease, which he felt gradually gaining on his vital strongholds, the patient remained ever loyal to his physicians, and declined peremptorily the overtures of charlatans, cancer-curers and such like, who usually swarm around on such occasions. We have admired the unquestioning confidence of the patient in the skill and sincerity of his physicians.

The disease progressed rapidly and terminated in about nine months. The General died, not of any accidental occurrence, but gradually and quietly at 8:08 A. M., Thursday, July 23, 1885, aged sixty-three years.

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#### FERRAN'S CHOLERA INOCULATIONS.

The scientific world has been greatly agitated of late, by several articles published in Spanish periodicals by one Dr. Ferran, a practitioner of Tortosa, Spain, in which the

author claimed to have found a most positive and safe measure for the prevention of cholera.

This man, who has been a pupil of the eminent Pasteur, asserts that he has discovered the means of so attenuating the cholera virus, that inoculation with a small quantity of his culture fluid, which contains the comma bacilli of Koch, at a certain period of development, can be considered a perfect safe-guard against cholera infection.

He claims to have studied closely the comma bacillus in its development, its pathogenic power, and the protecting effects of inoculation with attenuated culture fluid. According to him, the cycle of evolution of the bacillus is as follows: in cholera dejecta, containing comma bacilli, placed in a favorable medium at a proper temperature, under the microscope, curled filaments soon appear; these filaments, or spirillæ, in a very short time become uncurled and converted into rod-like filaments, which, after a time, become nodulated at a certain part of their body; at this node a cell is formed, called the oögonous cell, and soon after, next to the oögonous cell, a still smaller cell makes its appearance, the oöspherous cell; this latter possesses fecundating power and penetrates the oögonous cell, whose membrane soon ruptures discharging granular contents. Some of the granules thus set free are fecundated; these latter have a mulberry appearance and hence are called the mulberriform bodies. From these bodies emerge with considerable force long slender filaments with twisted extremities; these filaments, placed in a proper culture fluid, divide and thus return to the condition of comma bacilli. Dr. Ferran believes these mulberriform bodies to be the agents carrying the infection of cholera to man.

With regard to the pathogenic power of the bacilli, Dr. Ferran has found that by injecting into the lower animal his culture fluid, containing comma bacilli, at a certain period of development, symptoms, such as tremor of the limbs and convulsions, are produced, and the animal dies. Examining the blood, mulberriform bodies, spirillæ and

bacilli are discovered, and a drop of this blood is capable in a suitable culture fluid of developing typical comma bacilli. Some of the animals thus inoculated do not die and these he has found to resist, for some time, the injection of much more virulent fluid. Again, he has by so modifying his culture fluid been enabled to inoculate animals with bacilli at such a period of evolution that though the attenuated virus produced no untoward symptoms, it yet conferred the same immunity as did the virulent fluid. Dr. Ferran then repeated the same experiments upon himself and some friends, and found that after first inoculating them with his attenuated virus, virulent fluids were injected with impunity. It was after this that he announced himself ready to vaccinate against cholera.

Having obtained from the Spanish government permission to practice his inoculations, which he asserted were perfectly harmless, he has since published statistics, notably those of Benifayo, where he pretends to have stopped the spreading of the scourge in three days, vaccinating 2700 persons out of a population of 3600. These statistics were so incredibly favorable that the French government, fearing, with justice, a revisitation of the plague, appointed a commission, composed of Dr. Brouardel and Messrs. Albarran and Charrin, for the purpose of observing and studying Ferran's method.

These gentlemen repaired to Valencia, and in an interview with Dr. Ferran signified that they had been sent to examine his method, so as to be able to recommend it or not to their government; that, in order that they might be able to judge, it was necessary that they should know all of its details. Dr. Ferran, obstinately refused to tell his secret unless a satisfactory compensation was guaranteed him. He, however, allowed the members of the commission to visit his laboratory and assist at his inoculations. The laboratory is described by them as poorly supplied with the necessary instruments and appendages for the proper study of microbes, as wanting in microscopical lenses of a power magnifying more than from 700 to 800 times, and as pos-

sessing no light condenser and no coloring solutions. Dr. Ferran, they say, vaccinates about four persons a minute and charges from two to twelve and a half francs for each operation. His vaccination fluid is of a turbid yellow color and resembles very much old culture fluid; for the operation he uses the Pravaz syringe with a large needle, and he is neither careful to expel the air before injection nor does he take the other precautionary measures necessary in all cases of inoculation; the amount of fluid he injects in each arm is about one gramme. He claims for perfect protection that it is necessary to vaccinate twice at an interval of eight days. The persons vaccinated, present within the first twenty-four or forty-eight hours the following symptoms: headache, a slight elevation of temperature and pain at the place of puncture, all of which soon pass away. No one has ever shown symptoms in any way resembling cholera, and in no instance has the blood been found to contain spirillæ or comma bacilli.

In view of the facts, as stated above, what conclusions are we to draw as to the character of the practitioner of Tortosa? and what reliance are we to place in his cholera inoculations?

That Dr. Ferran is not a truly scientific man, in the accepted meaning of the term, cannot be gainsaid, for even admitting him to possess sufficient knowledge and experience in the special field in which he has engaged, it is extremely difficult to understand how a man, lacking, as he does, the essential implements for investigating micro-organisms, such as highly magnifying glasses, etc., and who employs no coloring material in his examinations, should have been able to discover, in the evolution of the comma bacillus, phases which have escaped Koch and other celebrated bacteriologists, who have devoted so much time, and have had such ample means and perfected instruments at their command to study the development of this organism. Again, other observers, equally competent and honest, have in vain attempted to induce cholera in the lower animals by injections of the comma bacillus, a thing

which Ferran himself has not succeeded in doing, though, in a large percentage of his inoculations he succeeds in producing what to all appearance seems to be a more or less violent form of septicæmia.

It is also difficult to believe, that if Dr. Ferran's discoveries had been susceptible of demonstration, he would have refused to initiate into his secret such eminent men as composed the French commission; for, looking at it from his own stand-point, it is easy to see that a successful demonstration of his theory and method would have resulted greatly to his benefit, both pecuniarily and otherwise. It is, moreover, impossible to believe, that one possessed of such an important secret to mankind, as Dr. Ferran claims to have discovered, should be so unmindful of his duties to humanity as to persist in his refusal to disclose the same. We fear after all, that Dr. Ferran belongs to that class of persons, who depend mainly for success on the credulity of the public.

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## THE INTERNATIONAL MEDICAL CONGRESS.

Since the August issue of the *JOURNAL*, there has been but little change in the controversy over the organization of the American meeting at Washington, in 1887. The disagreement remains as irreconcilable as ever.

The situation is certainly without precedent, and all brought about by the action of a very small majority of a very small meeting of the American Medical Association, an organization, which itself represents only about one-twentieth of the American medical profession. The Association has unjustly been held responsible for the action of scarcely one-fourth of its members, and on this account, has suffered severely of unfriendly criticisms. We trust that these criticisms, instead of impairing the usefulness of the Association, will rather enliven the interest of many of the older and more sturdy members whose conservative presence at the last meeting surely would have averted all our recent troubles; very likely the new committee would



never have been created. However, let us speak of the realities.

No sooner was the new committee organized than it evinced the temper of the resolution under which they were appointed. They began to revise, alter and amend the work of the original committee with a vengeance. They announced a new plan of organizing the Congress, based upon an illiberal policy, which, for one reason and another, excluded from membership on the sub-committees and sections, a number of names of international prominence. There was at once dignified opposition to the course of the committee, which was all the more determined, because of a lack of respect for their authority, owing to the unpardonable impropriety of the proceedings under which they were appointed. Numerous resignations from the sub-committees and sections have followed in rapid succession. So far, upward of one hundred and twenty names, all told, have been either dropped by the committee or voluntarily withdrawn from all official connection with the Congress. Many of these names are classical in the history of American medicine, and their disaffection alienates from the coming Congress the friendly interest of our more distinguished confrères abroad, without whose support the American meeting cannot succeed. Our brethren from over the sea are very emphatic in expressing their views of the situation. Their criticisms are sharp and well directed. In the pages of those solid contemporaries, *The Medical Press*, *The Lancet* and *The British Medical Journal*, we can see ourselves as others see us.

Public professional opinion in the United States demands a truce of all our domestic differences and the organization of the Congress upon a broad and liberal basis, recognizing the representatives of American medicine, those so considered at home and abroad, regardless of all local code, or purely personal, issues, which are so entirely irrelevant to the purposes of the international body. We say *demand* advisedly, for the sixty odd thousand American physicians, in whose name (whether right or

wrong) the invitation was extended and so accepted, as well as the foreign gentlemen of our own profession, invited to our shores, surely have some rights entitled to respect.

If the committee continue much longer in disrespect of those rights, with as little progress in organizing the Washington meeting, then the officers of the Congress may see proper, as intimated in some of our foreign exchanges, to recall acceptance of the American invitation in favor of Berlin, or some other European medical centre, where, as the *Lancet* says, "the medical profession will not find it impossible to combine for international purposes." The stigma upon us of such an occurrence the present generation would not outlive.

The committee must surely by this time realize the impossibility of organizing the Congress in further pursuance of their present policy. As gloomy as the outlook appears, we yet hope that at the coming meeting of the Committee in New York, on the 3rd of September, some way may be found of reconciling all our differences and organizing the Congress upon a high and broad basis, upon which we can all stand for the time without jostling and jarring.

NOTE.—Since the above went to press, we have received a circular, entitled "The Pennsylvania Physicians Endorse the Code of Ethics," which demands a word from us. The circular is signed by a number of the ex-Presidents of the State and various County Medical Societies of Pennsylvania, and others, who endorse the action of the American Medical Association at New Orleans, as well as the action of the New Committee at Chicago, and call all this sustaining the Code of Ethics. This would intimate that those who have not approved of the action of the American Medical Association or its Chicago Committee, on the subject of the International Medical Congress, do not endorse the Code of Ethics of the Association. We desire to place ourselves right in this matter. This JOURNAL endorses the Code of Ethics of the American Medical Association, but emphatically disapproves of the action of

that body regarding the meeting of the International Medical Congress. While we support the Code of Ethics, we do not believe that it was expedient or right to inject that Code into the organization of an International Medical Congress. We believe that the organization of the Congress, as proposed by the original committee, ought to have been accepted, or at least, should have been less radically modified. We do not take sides with the New Code physicians of New York, or elsewhere, but we sincerely believe that it was inexpedient and unwise to exclude them solely on account of their ethical sentiments. We are advocates of the National Code and shall exert our influence to uphold it; but we favor no plan of organizing the International Medical Congress that is not high and broad and liberal, in full accord with the spirit of the International body and entirely acceptable to the better sentiment of the home profession, as well as to the guests invited to our shores.

Under the circumstances, having fore-knowledge of the views of many of our foreign brethren on this subject, we should be more consistent with the principles enunciated by the Chicago Committee, under direction of the American Medical Association, if we should frankly acknowledge our mistake and withdraw the invitation we have extended. Either do this or meet them in the spirit they demand.

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#### THE STATE SOCIETY AND THE COMMITTEE ON ESSAYS AND REPORTS.

The annual report of the State Medical Society is before us. Certainly the Publication Committee is to be congratulated upon the thoroughness with which it has done its part of the work. The volume is very neatly gotten up, and in addition to the proceedings, the addresses of the President and Annual Orator, and four papers read before the Society, it contains the Constitution of the State Society, the Constitution recommended to Parish Societies, the Code of Ethics of the American Medical Association, and the list of members of both the State and affiliated

Parish Societies. The work cannot thus fail to be a valuable book of reference. Especially would we commend the insertion of the Code of Ethics, for by special resolution, the Secretary was instructed to send a copy of the Transactions to every registered physician in the State, and it is hardly to be doubted that much good will result from its consideration by those who have never before seen it. Certainly if reports are true, there is some room for its good offices.

As to the proceedings themselves, we must honestly assert that they are not up to that high standard to which such an august body as a State Society should aspire, and not only aspire, but *reach*. It is indeed a sad commentary on the work of the Society, that only four papers of a professional nature were found of sufficient value to warrant publication, and that in the whole proceedings there are to be found only one and a quarter pages of discussion, and this discussion on one paper only.

We discussed at length in our June number some of the causes of the lack of interest in and value of the proceedings, but we will repeat here our firm belief that the failure in the past must be charged almost solely to the inefficiency of the Committee on Scientific Essays and Reports.

There is as great an abundance of good material in this State as in any in the South, and our physicians and surgeons would willingly write for the Society as well as attend the meetings, if they were *asked in time*, and were assured that there was a general disposition on the part of the officers and the committees, as well as of the individual members, to build up the Society. Our worthy ex-President, Dr. Day, labored hard last year to arouse the members, but he was totally unaided by the committee appointed for that purpose. The Committee of Arrangements actually did all the work of that nature that was done.

In contrast with the past we take pleasure in calling especial attention to a letter in this issue from Dr. Lyon, of Shreveport, Chairman of the new Committee on Scientific Essays and Reports. If the plan adopted by the Doctor

is faithfully carried out, we can expect great things for 1886. But we would warn the worthy Chairman of the Committee, that several committees are harder to manage than one, and that there will be need of much labor and vigilance to stir up and keep at work the chairmen of the sub-committees. Moreover, this work should not be delayed a moment longer than absolutely necessary. Very few men can write a valuable paper under several—let us say six—months' notice, and there are only seven months left. But we have the names of the members of the committees, and in our avowed purpose of assisting in the re-organization of our Society, we propose to hold them strictly to their work, so that when the day of reckoning comes around we shall be able to praise where praise is due, or lay blame at the door of him to whom it belongs.

As to the papers in the Transactions, all but one, that of Dr. Newton, on Hæmorrhagic Malarial Fever, have appeared in this Journal and therefore need no further comment from us. Dr. Newton's paper shows the present standing of this subject in a very clear manner, and contains in addition some very useful points as to treatment. Every one should carefully read the addresses of Dr. Day and Mr. Goodale. Especially in this connection, would we recommend to the reader the latter part of Dr. Day's paper in the hope that a little of the energy and enthusiasm therein contained might be imbibed to the great good of the Society. If we were all as active members as our beloved ex-President there would be no complaint of the Louisiana State Society.

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### THE CHOLERA.

We are sorry not to be able to give any good news in regard to this terrible scourge. On the contrary, we can no longer hesitate to look upon the situation as a very grave one for us, and one that must and should cause us much anxiety. We need not evince cowardly fear, but a just appreciation of the possibilities, perhaps probabilities, of the

future will bear good fruit, if it will only urge us to prepare ourselves for the awful enemy as best we may, with our present knowledge of the disease and of sanitation in general.

A few figures may show the stupendous proportions of the epidemic in its present stronghold, and the smallness of the hope that any human agency can stem its tide when once it shall overflow into other countries.

From March 4th, this year, when the disease first became epidemic in Spain, to July 4th, there had occurred 28,000 cases and 12,347 deaths. From July 4th to July 29th, 38,173 cases and 16,975 deaths; from July 29th to August 4th, 25,189 cases with 9,390 deaths. Since this last date there have been on an average, 4,000 new cases with 2,000 deaths daily, the grand total being 187,565 cases and 72,347 deaths. An important fact must be remembered here, too, that the authorities confess that the later figures do not even in a measure accurately represent the ravages of the plague. The whole country is panic-stricken and statistics are all wrong.

The first great epidemic which swept over the United States, in 1832, started, so it is commonly agreed, at Jessora, sixty-two miles north of Calcutta, India, in 1817. It reached Bombay in 1818. In the next two years it spread over Persia and Asiatic Turkey, and reached the Volga in 1823. Here it stopped for *six years*, doing more or less damage in this locality and in those already visited. In 1829, it got well into Russia and appeared at St. Petersburg June 15th, 1831. In October, 1831, it reached England, and in June, 1832, it appeared in Quebec, and was all through the United States by the end of the summer.

Cholera broke out with extraordinary violence in Egypt, in June, 1883. Its manner of introduction has never been explained. Sanitary cordons and other quarantine measures were of little or no avail, and it practically spread throughout the whole country. Strange to say, with one notable exception, it did not extend beyond Egypt. The exception was Marseilles. Consul Mason, of that city, says,

that in the month of July cholera appeared in Marseilles, but was known to only the mayor, two physicians and several sisters of charity. The form was mild and was easily managed.

The epidemic in France of 1884, and to which that of 1885 is due, was not brought from Egypt. It occurred in this way. The French transport Sarthe had a fatal case of cholera at Saigon. Another case occurred, but the man was left at St. James Island. The vessel was then disinfected, and in place of finishing her trip to Tonquin returned to Toulon, France. The vessel was placed in quarantine and later admitted to the harbor, where free communication was allowed between her and other vessels and the shore. The result was a case of cholera in Toulon, June 14th; the disease, however, was not admitted to be the true Asiatic plague until some five days later. On June 27th, the first case appeared in Marseilles. On August 2d, it was first reported in Naples, but became epidemic only on August 23d. A great many towns and villages in Italy were visited, but Spezia, Genoa and Naples were the greatest sufferers. Spezia, Italy, 50 miles from Genoa, was attacked August 22d, its appearance here being attributed to the fact that the Italian Government used it as a quarantine station for refugees from France, and these refugees, when their terms of detention were over, were allowed to take their baggage and mattresses ashore. The city of Genoa only began to suffer September 22nd, though various places in the province had been affected several weeks. To the west of France, the only places visited by the cholera were the province of Aliante, Spain.

From this last place, probably, it got to the little town of Jativa, where it remained all winter. It was said that several cases occurred here during the winter. However that may be, it developed early this spring at this town and spreading rapidly to neighboring places soon became epidemic throughout Spain.

It will be seen in the above outline, that a (temporary)

cessation of an epidemic does not necessarily mean the death of the poison. Again, though the disease may become domesticated for a time in one locality, it is not, therefore, to be concluded that it will go no farther. It stopped six years at the mouth of the Volga, and then took a fresh start and finished its girdle around the earth. One other caution might be offered. It has often been said that the further away from its habitat cholera travels, the milder it becomes. In Marseilles, in 1884, the death rate was 70 per cent. of the cases. India itself cannot surpass this record. We should add that the careless records of Spain make the rate this year, in that country about 41 per cent.

Is it not high time then that we clean up our cities and place ourselves in as through sanitary condition as possible, for herein lies the *greatest element of safety*. The people, especially the poor, but both poor and rich, should be urged by posters and circulars from the Boards of Health to keep their premises thoroughly clean, to keep themselves clean, to avoid all errors of diet and to eschew alcohol. In addition to this, a most thorough system of quarantine should be enforced, not one simply of disinfection, but in this case, one of *observation, detention and disinfection*. Koch tells us that after three hours drying, every vestige of life has disappeared from the cholera microbe. About all this would prove is, that this microbe is not the cause of cholera, for experience shows us that the poison lives after the death of the microbe. So that, if we *disinfect only* and cholera nevertheless appears, it will ease our remorse very little to thus prove by sad experience, that after all, the so-called comma-bacillus is only of the nature of a ptomanie, or stands in the same relation to cholera as a maggot does to decaying meat.

We think, for we hope, that winter is so near that we may be spared this year, but we have experience to teach us that we may reasonably expect it next year. How easy it would be for the present epidemic in Spain to die out this winter and, commerce being re-established, for Eng-



land, or France, or Canada, or the United States, or New Orleans, to import some of the thousands of pounds of rags, which the poor victims in Spain have left behind them, and then next summer, when the heat shall have revived the poison in these rags, for us to wake up some fine morning but to know that cholera had come at last. What a melancholy pleasure it would then be to hear the thousand and one reasons which our learned sanitarians would give for its appearance, while some poor ship would be branded as the bearer of the scourge, and her name go down to posterity loaded with imprecations enough to sink her deeper in the hate of man than Satan himself. And perhaps an innocent Board of Health or two, would come in for a share of these blessings. Who knows?

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ABSTRACTS    EXTRACTS    AND    ANNOTATIONS.

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MEDICINE.

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TYROTOXICON—CHEESE-POISON.

At a meeting of the Michigan State Board of Health, Prof. V. C. Vaughan, M. D., read a report of his investigations on poisonous cheese. The Dr. remarked that instances of poisoning by cheese, which are of frequent occurrence in the North of Germany and in the United States, are pretty rare in England and almost unheard of in France, where a great quantity of cheese is made and eaten. This poisoning seldom occurs after the eating of cheese coming from large manufacturers, but is more frequently caused by the home-made article.

The symptoms of cheese-poisoning are as follows: dryness of the mouth and throat with a sense of constriction, nausea, vomiting, diarrhœa, headache, sometimes double vision and marked nervous prostration. In rare instances the sufferer dies from collapse.

The poisonous cheese has no peculiarity of appearance, by which it can be recognized from the wholesome article. A piece of blue litmus-paper pressed against a fresh cut surface of the cheese will, however, immediately become

red. This point is characteristic, for though any specimen of green cheese will turn litmus blue into red, yet it will do so only slowly.

Dr. Vaughan has succeeded in isolating the poison; he has found it to be caused by excessive fermentation or putrefaction of the cheese, engendering a large amount of butyric acid, which in the presence of the casein develops a poison. The poison was obtained in long needle-shaped crystals, freely soluble in water, chloroform, alcohol and ether. It is volatile at the temperature of boiling water, so that poisonous cheese is harmless when cooked.

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\* OSMIC ACID INJECTIONS IN NEURALGIA.

Dr. Shapiro, before the St. Petersburg Medical Society, recommended the following formula for injecting osmic acid—R. Acidi osmici, gr. iss; aquæ destillat., ℥iiss; glycerini chem. pur. ℥i. (The dose is from five to ten or fifteen drops.) This he has found will keep two or three weeks: while the watery solution began to become brown in three or four days, turned black and was then useless. As osmic acid is a very costly article, it is quite an item to get a solution that will keep well. Dr. Shapiro has not observed any local effects such as described by Leichtenstein (sanguineous bullæ, scabs, tedious boils) and does not hesitate to inject it under the skin of the face.—*London Lancet*, Aug. 1st.

\* See Aug. No. of this JOURNAL, p. 152.

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TINCTURE OF IODINE IN DIPHThERIA.

Dr. Edward Adamson, in the *Practitioner* for July, recommends the tincture of iodine in diphtheria as almost a specific, when given in frequently repeated doses. Out of fifty-five cases of diphtheria thus treated with tincture of iodine alone—and some were very grave cases, indeed—fifty-three recovered without any troublesome sequela whatever. Of the two fatal cases (both children of eleven to twelve years), in only one did the iodine seem to fail. The doses for adults were five to seven minims every hour, or every two hours, according to circumstances; and for children of six to twelve years, two to three minims taken every two hours in syrupus aurantii ℥i and water, or in some neutral syrup.

## SURGERY.

## NEVER OVERLOOK AN OVER-DISTENDED BLADDER.

A writer in the *Maryland Medical Journal* reproduces from the *British Medical Journal* the histories of several cases of retention of urine, in which the over-distended bladder was mistaken for abdominal tumor. In the comments following, a case is related in which the writer was called in consultation to examine a woman recently confined, in whom incontinence of urine had led to the suspicion of vesico-vaginal fistula. The withdrawal of three quarts of offensive urine cleared up the diagnosis.

The case last related recalls very vividly an incident in the lying-in ward of the Charity Hospital, which occurred some years ago, in the days of that great clinician, Prof. Frank Hawthorn. A two hundred-pound negro woman recently confined, was "passing her water in bed" to the satisfaction of the nurse and the resident student. But to the professor, on his morning visit, the words in quotation were ominous. A gum-elastic catheter was introduced in the presence of the medical class, and to the present writer, more especially, it did seem that the flow of urine would never cease.

On the 28th of July, a negro was admitted into the Charity Hospital with retention of seven pints of highly colored and offensive urine. The paralysis of the bladder resulting has required catheterism up to the present writing, August 17th, and in all probability, in a man of his advanced age, will result in permanent disability of the organ.

## NEPHRECTOMY: ITS INDICATIONS AND CONTRA-INDICATIONS.

The July number of the *American Journal of the Medical Sciences* contains a valuable article contributed by Prof. S. W. Gross, analyzing nearly four hundred and fifty cases of different operations on the kidney, and concluding with the following propositions:

1. That lumbar nephrectomy is a safer operation than abdominal nephrectomy.

2. That primary extirpation of the kidney is indicated; first, in sarcoma of adult subjects; secondly, in benign neoplasms at any age; thirdly, in the early stage of

tubercular disease ; fourthly, in rupture of the urethra ; and lastly, in urethral fistula.

3. That nephrectomy should not be resorted to until after the failure of other measures ; first, in subcutaneous laceration of the kidney ; secondly, in protrusion of the kidney through a wound in the loin ; thirdly, in recent wounds of the kidney or of the urethra, inflicted in the performance of ovariectomy, hysterectomy or other operations ; fourthly, in suppurative lesions ; fifthly, in hydronephrosis and cysts ; sixthly, in calculus in an otherwise healthy kidney ; and finally, in painful floating kidney.

4. That nephrectomy is absolutely contra-indicated ; first, in sarcoma of children ; secondly, in carcinoma of any age, unless, perhaps, the disease can be diagnosed and removed at an early stage ; and thirdly, in the advanced period of tubercular disease.

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#### CONTRIBUTIONS TO DERMATOLOGICAL THERAPEUTICS.

The *Journal of Cutaneous and Venereal Diseases* contains an article by Dr. Putnam, of Binghamton, N. Y., summarizing the recent advances in cutaneous therapeutics, from which we glean a few practical suggestions.

The oleates, valuable remedies added to our therapeutics within recent years, are strongly advocated, especially by Dr. Shoemaker, of Philadelphia. It is claimed that they possess over the ordinary ointments the following advantages ; their deep penetration, freedom from rancidity, cleanliness of application, economy, and antiseptic and deodorant properties. The oleates of copper, mercury, bismuth and zinc are those in more common use ; the oleate of copper in ringworm and in the removal of freckles ; the oleate of mercury in the inunction treatment of syphilis and the various parasitic diseases ; the oleate of bismuth in rosacea ; and zinc oleate in vesicular eczema and excessive local sweating.

Other useful remedies, especially in the moist cutaneous diseases, are the medicated powders, recently brought to the notice of American dermatologists by Dr. Faithful, of Australia. The powders are very simply prepared. The remedy to be used is first dissolved in alcohol, ether or chloroform, and the solution then mixed with starch or French chalk. After evaporation, without the aid of heat, a fine medicated powder remains. In this connection we recommend as useful "Anderson's Dusting Powder," com-

posed of a drachm and a half of camphor, half ounce of zinc oxide and one ounce of starch. These medicated powders are more especially useful in the moist skin diseases, as vesicular eczema, herpes, ulcers, chafing, etc.

In psoriasis, the bromide of arsenic internally and chrysarobin pigment externally are recommended by Dr. Corlett, of Cleveland, O. For the same affection, Dr. Greene, of Christiania, recommends the iodide of potash, in doses ranging upward, from ten to fifteen grains twice or three times a day; Dr. Geo. H. Fox, a two to five per-cent. solution of salicylic acid in castor oil. Dr. F. also proposes for psoriasis the following prescription:

℞. Chrysarobin . . . . . 10 parts.  
 Salicylic acid . . . . . 10 “  
 Ether . . . . . 15 “  
 Flexible collodion to 100 “

This combination does not produce the staining of the skin, injury to the clothing and, in some instances, the dermatitis, which most of those who have used the chrysophanic acid must have observed.

In acne vulgaris, Dr. Piffard, of N. Y., recommends the bromide of arsenic in 1-100—1-50 grain doses, twice or three times a day.

In eczema marginatum and in ringworm in general, Dr. R. W. Taylor, of N. Y., recommends a solution of the bi-chloride of mercury in the compound tincture of benzoin, or any gum resin, in the proportion of two to four grains to the ounce. The resin holds the bi-chloride in contact with the diseased skin.

In eczema—reported in connection with a case of eczema of leg—Dr. Morrow, of N. Y., suggests a gelatin plaster, composed of one part of glycerine, four of gelatin, and eight of water, medicated with ten per-cent. of oxide of zinc and one per-cent. of carbolic acid. This plaster may be spread on muslin and evenly applied to the inequalities of the surface.

Observations are being made on the dermatological uses of the hydrochlorate of cocaine. This last promises to be a most useful agent in the therapeutics of cutaneous diseases.

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#### INJECTIONS OF IODOFORM-ETHER IN COLD ABSCESS.

In the *Journal of the American Medical Association* is an abstract of the mode of procedure of Prof. A. Verneuil,

published in the *Revue de Chirurgie* for May 10th, 1885. Prof. Verneuil commenced this mode of treatment in 1883, basing it on the ground that the contained fluid in cold abscess is of secondary importance to the walls of the abscess; it was necessary to direct the therapeutic measures against these. These walls, he reasoned, consist of two layers; the external, neoplastic, of irritative origin, but without specificity and likely to disappear spontaneously when the irritation has been removed: the internal, on the contrary, contains the cause of the trouble, the tuberculous germ, the parasite.

He settled on iodoform as the most suitable and efficacious parasiticide, but it was necessary to ascertain how and in what quantity it might best be used.

He pursued the following plan:

The abscess was first evacuated with a Dieulafoy's or a Potain's aspirator, care being taken not to evacuate too thoroughly for fear of rupturing some vessels by the suction. Then, the ethereal solution of iodoform was injected. At first, in a very large sac, he used more than 100 grammes of ether holding 20 grammes of iodoform in solution, but this caused some serious symptoms of intoxication and he has since, therefore, used a much weaker solution. He now employs a five per cent. solution and never injects over 100 grammes, 50 or 60 grammes usually being sufficient. From two to four injections generally suffice.

No symptoms due to the ether have been noticed by Prof. Verneuil. Of course, in smaller cavities, a smaller quantity of a more concentrated solution may be safely used.

Dr. Chantemesse, at the request of Prof. Verneuil, has made some interesting experiments. Guinea pigs, inoculated with pus from the first puncture, were killed two months later and showed numerous tuberculous foci. Several weeks after injection of this same sac with the iodoform ether, two new guinea pigs were injected with matter drawn therefrom.

The autopsies made sometime after proved the animals to be exempt from tuberculous infection.

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#### A NEW AMPUTATION OF THE FOOT.

Dr. E. de Areilza has performed two unusual amputations of the foot, which are worthy of careful notice. In each case, the foot was very seriously mashed and a line of demarcation had formed, limiting the extent of the

gangrene. The operation was as follows: a quadrilateral flap was cut on the sole of the foot, extending forwards as far as the digito-plantar fold, and bounded laterally by the sides of the foot. No flap could be made on the dorsum of the foot on account of the extensive gangrene, and the skin was merely cut parallel to the line of incision in the operation. The landmarks for the disarticulation were, externally, the tubercle of the fifth metatarsal bone, and internally, the eminence of the scaphoid bone, which is also a landmark in Chopart's operation, with this difference, that the knife in these two cases was introduced in front of the eminence and not behind it.

The knife was introduced on the inner side of the foot, following the line between the scaphoid and the cuneiform bones as far as the cuboid bone. Then an incision was made in the outer side of the foot, separating the cuboid from the fourth and fifth metatarsal bones. The incision stopped at the external cuneiform bone, which projects a little forwards. The cuboid was then separated from the external cuneiform, thus uniting the two other sections of the incision. The bones were finally separated from their adhesions.

The advantages of this operation are: 1, a much larger portion of the foot is preserved than in Chopart's operation; 2, the patient stands on the sole of his foot; 3, there is not the slightest elevation of the heel, nor bending inwards; 4, the movements of flexion, extension and rotation inwards and outwards are preserved; in a word, standing and walking are perfectly natural. — *Revista de Ciencias Medicas de Barcelona*.

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## OBSTETRICS, GYNÆCOLOGY AND PÆDIATRICS.

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### A NEW OPERATION FOR FISTULA IN ANO.

At a late meeting of the Obstetrical Society of New York, Dr. T. A. Emmet after referring to the difficulty experienced at times from leakage, after the usual operation of division of the sphincter for fistula in ano, said, that to avoid this accident, he adopted another procedure about five weeks ago. The internal fistulous opening was about half or three quarters of an inch above the sphincter, the internal one about an inch and a half to the left of the anus. He placed the woman in Sims's posture, introduced a rectal speculum and divided the tissue with the scissors as far up as possible without involving the sphincter. The

assistant then put one finger into the rectum, bringing the rectal surface under the cut, and enabling him to denude the entire tract of the sinus without enlarging the opening into the gut. While the parts were held in this position, he inserted the first suture into the integument, close to the sphincter, outside, passing it through the lower edge of the internal opening of the fistula, and he continued to pass interrupted sutures until the wound was closed. To make the result more certain, he then introduced three interrupted sutures of cat-gut, approximating the mucous surfaces within the rectum more closely. The result had been perfect. Such an operation would prove of great benefit if we could thereby cure the disease and avoid dividing the sphincter muscle.—*The American Journal of Obstetrics* for August.

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#### TREATMENT OF SUBINVOLUTION.

Dr. F. Ellingwood (*Chicago Medical Times*) considers fluid extract of ergot and bromide of potassium as specifics in subinvolution. Regarding the benefit to be obtained from electricity we quote as follows: "Electricity is a most powerful adjuvant, if used in the form of the mild galvanic current, will rapidly produce an amelioration of the symptoms, and, if used immediately subsequent to confinement, will absolutely prevent the conditions and the long train of evils which will surely follow, and will restore the womb rapidly to its normal state. The galvanic current judiciously applied will accomplish this restoration in three weeks."—*The Weekly Medical Review*, Chicago, August 8th.

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#### OPHTHALMOLOGY.

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##### EVISCERATION OF THE EYE; A SUBSTITUTE FOR ENUCLEATION.

Dr. Middleton Michel, of Charleston, contributes to the *Medical News* (July 18th), the report of a case of gunshot wound of the eye, penetrating the cornea, in which he practiced, and very successfully, the new procedure of exenteration instead of enucleation of the eye. As the writer's style is singularly clear and classical, we prefer quoting his words rather than mar their beauty and lessen their force in abstracting from his paper.

"This simple method consists in opening the eye just beyond the sclero-corneal border, as in the operation for



staphyloma, finishing the abscission of the anterior segment of the bulb with scissors, then with scoop or curette, introduced between sclera and choroid, enucleating the contents of the globe, eviscerating the organ so as to destroy completely all ciliary and optic connection with the sclerotic, arresting hæmorrhage, and cleansing the sense-capsule with cotton compresses dipped in a weak solution of corrosive sublimate, then entering the scleral cup with two or three catgut ligatures, all of which is conducted under a continual antiseptic spray of corrosive sublimate."

Two very interesting and singular sequelæ have been in constant attendance upon the operations so far reported; first, a remarkable chemosis, so great as to protrude the conjunctiva bulbi beyond the palpebral fissure; and secondly, hæmorrhage from the empty sclerotic out of all proportion to the extent of the operation. Both these occurrences are explained very ingeniously, the one mechanically, the other anatomically. The chemosis is ascribed to the sudden removal of all ocular tension, by emptying the eye-ball, thus mechanically causing a greater filling of the orbital vessels in the vacuum. The result is described as a simple dropsy of the cellular tissue of the ocular conjunctiva, limited to this part of the orbit by the retrotarsal folds of the conjunctiva, and prevented from going posteriorly, toward the orbital cavity, by the disposition of the orbital fascia. The hæmorrhage is attributed to the anatomical arrangement by which the ciliary arteries, in perforating the sclerotic, are held by their fibrous attachments patulous and unable to retract.

It is claimed for the new operation that it is wholly exempt from danger to life, as it does not invade the subconjunctival tissue, and, preserving the sclera and the attachment of muscles, secures a movable stump for the adjustment of an artificial eye.

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#### A NEW MYDRIATIC.

E. Merck, of Darmstadt, has recently added to his list of chemicals the hydriodate of hyoscyne, which is said to act as a very powerful mydriatic, possessing advantages over others, from the fact that its effects pass away much more quickly.

Its price, about \$7.50 per grain, will serve to limit its use, until some modification has been made in the process of manufacturing, which may tend to reduce it to a level with other chemicals possessing similar properties.

Its chemical composition is  $C_{17} H_{21} NO_3 HI \times H_2O$   $H_2O$ . It is prepared by a very complicated process from amorphous hyoscyamine, and exists as a yellow crystalline substance, freely soluble in alcohol and with some difficulty in water.

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## REVIEWS AND BOOK-NOTICES.

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*Micro-Chemistry of Poisons, including their Physiological, Pathological, and Legal Relations; with an Appendix on the Detection and Microscopic Discrimination of Blood; Adapted to the Use of the Medical Jurist, Physician, and General Chemist.* By Theodore G. Wormely, M. D., Ph. D., L. L. D. With ninety-six Illustrations upon Steel. Second Edition. Philadelphia: J. B. Lippincott Company. Ph. 740. \$7.50. [New Orleans: Armand Hawkins, 196½ Canal St.]

This work, the fruit of long and arduous labors, bears the impress of depth and accuracy only to be imparted by a life-long devotion to chemical science.

It opens with an introductory chapter on poisons in general. They are defined and classified, and the effects of each class of poisons are described. General notions concerning reagents and modes of detections of poisons close the introduction.

The sections on inorganic poisons is very complete, embracing all the metallic salts, alkalies and inorganic acids possessing poisonous properties. In treating of each substance, the author gives its history, properties, symptoms of poisoning, treatment, post mortem appearances, general and special chemical properties, detection, etc., etc.: in brief a thorough exposition of the subject. Full directions for the chemical tests usually employed in the detection of poisons are given; but, in addition, the microscopic appearances of the precipitates are described and figured—a feature that renders the work unique.

In the section on vegetable poisons, clearness and thoroughness are as conspicuous as in all other parts of the work. Directions for the separation and detection of poisons are full and plain. Every investigator will find in this work a careful and trusty guide in his examinations.

An appendix on the detection and discrimination of blood

closes the work. The general chemical and microscopical characters of the blood are described. Specific directions for the detection of blood-stains are laid down, and the means of correcting fallacies that arise in the application of the various tests.

Not the least valuable feature of the work is a series of sixteen steel-plate engravings each containing six finely executed figures. They were drawn from nature and engraved upon stone by her to whom the work is most fittingly dedicated; and but for whose valuable assistance, perhaps, it would not possess the excellence and thoroughness everywhere manifest in it, demanding unflinching zeal and devotion only possible when stimulated by cheering words of encouragement, and aided by deft and delicate hands.

A. McS.

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*A Treatise on Practical Chemistry and Qualitative Inorganic Analysis, adapted for use in the Laboratories of Colleges and Schools.* By Frank Clowes, D. Sc., London; with Illustrations; from the fourth English edition. Philadelphia: Lea Brother's & Co. 1885. [New Orleans: Armand Hawkins, 196½ Canal St.]

This work is no stranger to the American medical world, and hence needs no introduction. It has run through four English editions, and is now in the third American edition. Originally, embracing all that pertained to qualitative inorganic analysis, it has since improved at each edition by introducing such matter as the progress of science had added to the store of chemical knowledge. A working description of the spectroscope has, among other things, been introduced into the present edition. The work has been fully brought up to the standard of qualitative analysis of the present time; and the author has undoubtedly realized "the hope that he has succeeded in his attempt to provide a systematic, intelligent and fully equipped laboratory guide and text book." A. McS.

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*Report of the State Board of Health of Tennessee, 1880 to 1884.*

This the second report of the Board, is put up in an elegant octavo volume of 600 pp. It contains besides the report of the Secretary, in which is embodied a description of the work done by the Board together with the minutes of all meetings held from 1880 to 1884, very valuable information in the shape of commit-

tee reports and a few original articles on questions of Hygiene. A careful perusal of this book can but be of benefit to any one interested in matters pertaining to Public Health and Board of Health. Among the reports, those of Drs. Plunket, Sims, Thornton and of J. M. Saford, Esq., are to be especially recommended. P. E. A.

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*Transactions of the Medical Society of the State of Tennessee, 1885.* We have been favored with the proceedings of the State Medical Society of Tennessee, for its fifty-second annual session held at Nashville, in April of this year. Among the very able papers it contains may be mentioned the following which we have read with great interest: remittent fever, by R. F. Evans, of Kellyville; ligation of great arteries, by F. Wright, of Clarksville; epidemic cholera, by J. W. Penn, of Humboldt; cerebral embolism, by A. J. Swany, of Castalia Springs; puerperal convulsions, by T. K. Powell,

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*The Treatment of Opium Addiction:* By J. B. Mattison, M. D., New York. New York and London: G. P. Putnam's Sons, 1885.

This little monograph is, the author states, mainly a paper presented to the American Association for the Cure of Inebriates, at its last meeting in October, 1884, and details a method of treatment original with the writer, and practiced by him for several years with increasing satisfaction. We have read the little book of forty-nine pages, in large, clear type, with much pleasure and profit. It details a plan of treatment which we regard as rational and scientific, based as it is upon a proper comprehension of the pathology of the disease.

He repudiates as unscientific and inhuman, the heroic plan of sudden withdrawal, and though he can but approve the plan of gradual decrease of the opiate as securing the desired result with much less discomfort, his experience leads him to commend a mean between these two extremes. He takes advantage of the power of the bromides to subdue abnormal reflex irritability and produces a preliminary nervous sedation, preferably with the sodium bromide. The influence is *continued*, and upon this he would insist, by the administration twice daily of the salt, the opiate being at the same time gradually diminished. He carries out the principle in all cases, but the particular modifications of the treatment are to be determined by individual peculiarities. He discusses the value of the various

remedies that have been from time to time proposed and lauded, recommending only those which he has found to be useful adjuncts to the treatment above described. He especially avoids routine, endeavoring always to meet the indications which careful observation of his cases reveals. The book is worth a careful perusal. F. W. P.

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*A Treatise on the Science and Practice of Midwifery.* By W. S. Playfair, M. D., F. R. C. P., Professor of Obstetric Medicine in King's College, etc. etc. Fourth American from the Fifth English Edition. With Notes and Additions by Robert P. Harris, M. D. Philadelphia: Lea Brothers & Co. 1885. [New Orleans: Armand Hawkins, 196 1/2 Canal St. Price \$5.00.]

So standard a work as this must be well known to the whole medical profession. The present edition has been carefully revised with the view of bringing it thoroughly up to date. The work of revision has been well done and the book continues to deserve its place in the front rank of textbooks on obstetrics. G. B. L.

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*A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits.* By William Roberts, M. D., F. R. S., etc. etc., assisted by Robert Maguire, M. D., London. Fourth Edition. Philadelphia: Lea Bros. & Co., 1885. [New Orleans: Armand Hawkins, 196 1/2 Canal St. Price \$3.50.]

As Dr. Roberts' book has been long enough out of print to be very scarce in private libraries, we have no doubt of the substantial reception of the present edition. The book is admirable for the thoroughness and conciseness with which each subject is treated. The author begins with a study of the urine, both normal and pathological, and gives the methods of analysis, chemical and microscopical. He then takes up the different diseases in which the urine is found abnormal. The book will be found almost indispensable to a thorough study of urinary and renal pathology. G. B. L.

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*A Text Book of Medical Physics.* For the use of Students and Practitioners of Medicine, by John C. Draper, M. D., LL. D., Prof. of Chemistry and Physics in the Medical Department of the University of N. Y., and of Natural History in the College of the city of N. Y., pp. 733. Philadelphia: Lea Bros. & Co.; N. O. Armand Hawkins 196 1/2 Canal St. [Price \$4.00.]

For any one to successfully engage in the study of medicine, it is necessary now-a-day, that he should possess more than an ordinary knowledge of the natural science. We have already in use in our colleges and universities a number of works devoted to physics, but in none of these have the principles of this science, which specially apply to our profession and are the most useful to the practitioner of medicine, been sufficiently insisted upon. Dr. Draper seems to have perfectly understood this fact and has made it his special object to bring out such points into prominence. This will insure for his book a very wide circulation. We must add, however, that after a hurried reading of this book we have been convinced that to thoroughly master it, requires no unusual proficiency in the higher mathematics.

P. E. A.

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*The Technology of Bacteria Investigation.* By Charles S. Doley, M. D., pp. 263. S. E. Casino & Co., Boston.

This excellent little book meets a want that is often felt by the American medical student; it contains in a concise form all that is known of the Schizomycetes. The work is divided into three parts: in the first the author gives general directions for making microscopical preparations of bacteria, the method of their staining and the best way of studying the fungi; he also describes the different media used in their culture by bacteriologists and the process of vaccination or inoculation experiments; in the second part, he treats of the special methods of investigating pathogenic bacteria, this is the most interesting part to the practitioner; in the third part Dr. Dolley gives the formulæ for preparing the agents used in these investigations. We must say that we have been much instructed and greatly delighted by the perusal of this book and we earnestly recommend it to all those who feel interested in this most important branch of medical sciences.

P. E. A.

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*Urinary and Renal Derangements and Calculous Disorders; Hints on Diagnosis and Treatment.* By Lionel S. Beale, M. D., Fellow of the Royal Society, and of the Royal College of Physicians; Prof. of the Principles and Practice of Medicine, and formerly Prof. of Path. Anat., and of Physiology, etc., in King's College. P. Blakiston, Son & Co., Philadelphia: [Armand Hawkins, 196½ Canal St. New Orleans: Cloth, \$1.75.]

We scarcely need say that the author is the same to whom the profession is indebted for *The Use of the Microscope in Practical Medicine*, *How to Work with the Microscope*, and other valuable volumes. This last of the author's works is a clear and correct exposition of the derangements and disorders indicated in the title, and certainly an excellent contribution to the study of an exceedingly important branch of medicine. This is a new book, scientific and practical, written in pleasant style, and, in our opinion, one of the most useful contributed to this subject. The writer now and then digresses from the text into suggestive observations on kindred topics, which entertain the reader while he is being instructed. The volume has our strongest endorsement. A. B. M.

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*Transactions of the Mississippi State Medical Association.*  
Eighteenth Annual Session, held at Greenville, April 15 and 16, 1885.

As usual the proceedings of this Association are interesting. The articles read were numerous, but nearly all short and entertaining. We are again struck by the small attendance. The Association's roll of membership numbers 290; but only about 25 answered the first roll-call. In view of the evident interest, as manifested by the number of papers offered, we are surprised that such a small proportion of the members were present. The proceedings are neatly printed in clear type and substantially bound in cloth. F. W. P.

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## PUBLICATIONS RECEIVED.

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*Circular of Information of the Bureau of Education.* No. 2, 1885. Teachers' Institutes—Government Printing Office.

*A Memoir of Charles Hilton Fagge, M. D.;* Printed for American distribution, by P. Blakiston, Son & Co., Philadelphia.

*Speech of Hon. Clifton R. Breckenridge, of Arkansas, in the House of Representatives,* February 3, 1885.

*Shadows in the Ethics of the International Congress;* by Levi Cooper Lane, A. M., M. D., Professor of Surgery in Cooper Medical College, San Francisco.

*Case of Poisoning resulting from Chloroform taken Internally;* Recovery; with a table of Reported Cases. By Llewellyn Elliot, A. B., Washington, D. C.

*Voice in Singers;* a paper read before the Ohio State Medical Society, June 4th, 1885, by Carl H. Von Klein, A. M., M. D.

## **Necrological.**

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DR. RICHARD W. DUNLAP, one of the most prominent physicians of Central Kentucky, died at his home in Danville, on Tuesday, July 27th, 1885, of valvular disease of the heart, with which he had been seriously afflicted for some ten months past.

Dr. Dunlap was born in Fayette County, Kentucky, July 4th, 1817, and was consequently sixty-eight years of age at the time of his death. He began the study of medicine in 1836, graduated from the Medical Department of Transylvania University in March, 1839, and, returning in the same year to Danville, commenced there the practice of medicine. With the exception of a few years spent in Bloomington, Illinois, and Bloomfield, Kentucky, his life was passed in Danville, where he won a distinguished place in the esteem of all who knew him.

Realizing sometime since, before he became dangerously ill, that he could not live long, he deliberately arranged his affairs and left unpaid not a single debt.

He was esteemed by his fellow-citizens for his uprightness and goodness of heart, and honored by all for his professional acquirements: a zealous and consistent member of the Christian Church for nearly half a century; a devoted husband, affectionate father and true friend, what higher encomium could be pronounced and what more valuable legacy than the memory of such a father could be bequeathed to any son?

To Dr. Fayette Dunlap, his son, of Danville, Kentucky, a collaborator of this JOURNAL, one whom we know and value as a friend, and to his sister and other members of Dr. Dunlap's family, we extend our heartfelt sympathy in their great bereavement.

DR. JOHN L. ATLEE, died at his residence in Lancaster, Pennsylvania, on the 18th of July, 1885, in his eighty-sixth year.

He was well and widely known as a surgeon, and, in connection with Dr. W. L. Atlee, contributed largely to reviving the operation of ovariectomy in this country.



## MEDICAL NEWS AND MISCELLANY.

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DR. DANIEL C. HOLIDAY, of this city, is now on Mackinaw Island, near the junction of Lakes Michigan and Huron. We are informed that he will not return until sometime in October. The doctor is in search of health and rest from his arduous labors. We hope the cool and life-giving lake-breezes will blow him health and strength, and that he will return in October well satisfied with his trip.

We hope to be favored with a communication from the doctor during his vacation.

DR. EDWARD HARRISON, the New Orleans Oculist, will sail, September 9th, on his annual trip to New York. The Doctor usually takes a vacation, not alone to throw off professional cares, but, unlike most of us, a few pounds of flesh as well. He has traveled always by sea, and, something remarkable, has never been unpoised by wind or weather. Many believe he has a sovereign remedy for sea-sickness. So far as we know, he has hitherto carried along only an ordinary liver pad, one of the largest size. This year, he will take in addition a little hydro-chlorate of cocaine. The JOURNAL wishes the good ship Hudson a smooth sail "on an even Keel," and the Doctor, a pleasant voyage.

DR. DAVID JAMISON, Assistant Surgeon, Charity Hospital, has been off in the East for a month's recreation and expects to be at his post again in the Hospital by September 1st, re-invigorated for his fall's work.

DR. H. D. SCHMIDT, the distinguished Pathologist of New Orleans, has declined the position on the Section of Histology, etc., to which he was elected by the New Committee of Arrangements of the International Medical Congress.

THE VERDICT OF THE FRENCH MISSION UPON THE ANTI-CHOLERAIC VACCINATIONS OF DR. FERRAN.—It is with a profound feeling of regret that we observe the singular attitude which Dr. Ferran has seen fit to adopt towards the French Commission sent by the Minister of Commerce and presided over by one of the most ardent scientists, most worthy of confidence, Prof. Bronardel. Assailed on all sides by commissions from all countries, voluntary or delegated, competent or incompetent, Dr. Ferran might properly maintain a certain degree of reserve. This must be

expected ; but to act as he has towards the delegates of the French Government, presenting themselves under the auspices of Mr. Pasteur, the illustrious scientist whom Dr. Ferran calls his venerated master, seems indeed, to justify the severe verdict brought in by the French Commission :

“ When we are in the presence of any one who wishes to pass from theory to practice, and apply prophylactic inoculations to human diseases, we must, before accepting his propositions, subject his method and his procedures to the most rigorous tests.

“ Mr. Ferran does not seem to have understood the importance of these truths, and he has abandoned the field of experimentation and scientific study, to enter prematurely into what he calls ‘ practice.’ ” — *Revue Sanitaire de Bordeaux et du Sud-Ouest.*

THE number of students of the Berlin University this year has reached the highest number ever attained, 5,465. There are eleven students from Great Britain and eighty-nine from America.

*The Philadelphia Medical Times* and *The Medical Chronicle*, of Baltimore, have consolidated under the name of *The Medical Times*. Our friend, Dr. Geo. H. Rohé, formerly of the *Chronicle*, will be associated in the editorial management of the *Times*, to look after the medical matters of Baltimore and Washington. To our new contemporary a cordial salutation and best wishes.

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#### TREATMENT OF ACUTE CORYZA.

Dr. S. S. Cohen, in the *Philadelphia Medical Times*, Aug. 8th., recommends, as a specific against acute coryza, the 1-120th. of a grain of atropia, to be repeated every four hours until there is dryness of the throat. He says that this remedy will cure nine out of ten cases of coryza if taken at the incipiency of the disease. Afterwards to relieve the unpleasant symptoms of dryness he has given 1-16th. of a grain of pilocarpine with good results. When cases are seen too late to use atropine with advantage, he has obtained good results from ammonium salicylate in doses of ten to fifteen grains repeated every two hours until *tinnitus aurium* is produced. If the patient does not object to the expense, cocaine can be used to allay the local symptoms until the medicine has had time to act.

DR. BRUNETTI, a distinguished professor of the University of Padua, has, it appears, been sent to Spain by the Italian Government, in order to study on the spot Dr. Ferran's system of inoculation against cholera.

## MORTUARY REPORT OF NEW ORLEANS

FOR JULY, 1885.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial.....	6	10	8	8	7	9	16
“ Congestive.....	9	3	7	5	9	3	12
“ Continued.....	2	.....	.....	2	2	.....	2
“ Intermittent.....	.....	2	1	1	1	1	2
“ Remittent.....	6	3	9	.....	8	1	9
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	3	2	4	1	2	3	5
“ Puerperal.....	1	1	.....	2	2	.....	2
“ Typhus.....	.....	.....	.....	.....	.....	.....	.....
“ Enteric.....	.....	.....	.....	.....	.....	.....	.....
Scarlatina.....	3	1	3	1	.....	4	4
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	2	1	1	2	.....	3	3
Diphtheria.....	5	.....	3	2	.....	5	5
Whooping Cough.....	5	5	5	5	.....	10	10
Meningitis.....	10	2	8	4	.....	12	12
Pneumonia.....	16	6	16	6	8	14	22
Bronchitis.....	2	5	3	4	1	6	7
Consumption.....	38	31	34	35	66	3	69
Congestion of Brain.....	12	4	10	6	8	8	16
Diarrhœa.....	15	6	11	10	11	10	21
Cholera Infantum.....	22	3	13	12	.....	25	25
Dysentery.....	13	6	10	9	15	4	19
Debility, General.....	3	.....	3	.....	3	.....	3
“ Senile.....	11	9	7	13	20	.....	20
“ Infantile.....	6	5	4	7	.....	11	11
All other Causes.....	186	79	148	117	151	114	265
TOTAL,	376	184	308	252	314	246	560

Still Born Children—White, 30; Colored 24; Total 54.

Population of City.—White, 171,000  
“ “ Colored, 63,000

Total, 234,000

Death rate per 1000 per annum for month.—White, 26.38.

“ “ “ “ “ “ Colored, 35.04.

“ “ “ “ “ “ Total, 28.71.

W. H. WATKINS, M. D.,

Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY--JULY.

STATION--NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Temp't'e.	Daily Max. Temp't'e	Daily Min. Temp't'e.	Daily Rain fall, inches.	GENERAL ITEMS.
1	29.961	82.8	89.0	75.6	....	Highest Barometer, 30.183. 17th.
2	29.963	83.1	89.6	74.5	....	Lowest Barometer, 29.819. 14th.
3	30.021	83.2	90.8	78.0	....	Monthly Range of Barometer, 364
4	30.036	79.3	90.1	77.9	.13	Highest Temperature, 92.5. 13th & 19th
5	30.041	78.6	90.0	76.7	.27	Lowest Temperature, 74.5. 2d.
6	30.098	80.0	90.5	75.1	.18	Greatest daily range of Tempert'e, 16.0.
7	30.144	83.3	91.0	76.8	.17	Least daily range of Temperature, 10.2.
8	30.146	81.8	91.0	75.0	.05	Mean daily range of Temperature, 13.3.
9	30.123	80.2	91.0	78.0	.05	Mean Daily Dew-point, 73.3.
10	30.017	82.8	90.5	76.0	.42	Prevailing Direction of Wind, S. E.
11	29.996	83.9	90.5	76.2	....	Total Movement of Wind, 3,517 miles.
12	29.989	84.9	90.6	78.2	....	Highest Velocity of Wind and Direc- tion, 24 Miles S. E.
13	29.930	84.4	92.5	78.0	.10	No. of Foggy Days, 0.
14	29.857	84.3	91.0	75.6	1.88	No. of clear days, 8.
15	29.883	85.1	91.5	78.2	....	No. of fair days, 23.
16	30.021	82.5	89.1	77.8	1.69	No. of cloudy days, 0.
17	30.139	82.6	89.5	75.6	....	No. of days on which rain fell, 20.
18	30.064	84.7	91.4	76.8	....	Date of solar halos, 22d.
19	29.957	84.8	92.5	77.2	.04	Dates of lunar halos, 19th & 22d.
20	29.921	83.3	88.2	76.7	.20	Dates of frosts, 0.
21	29.990	83.0	89.1	77.0	.01	
22	30.078	82.2	88.8	77.6	.24	
23	30.094	84.3	91.2	78.0	....	COMPARATIVE MEAN TEMPERATURE.
24	30.059	86.0	90.5	78.4	....	1873.....82.4   1880.....81.7
25	30.031	84.0	88.9	78.7	.15	1874.....81.4   1881.....84.4
26	30.040	83.1	89.3	77.0	.02	1875.....81.8   1882.....80.5
27	30.027	83.0	89.6	75.8	.04	1876.....83.4   1883.....83.5
28	30.011	80.3	88.3	76.2	.28	1877.....83.7   1884.....85.3
29	29.945	82.0	88.5	75.8	.21	1878.....84.1   1885.....82.9
30	29.913	82.7	89.5	77.6	.02	1879.....82.9
31	29.862	83.3	91.3	75.6	....	
Sums	.....	.....	.....	.....	6.15	COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.)
Means	30.012	82.9	90.2	76.2	....	1873..... 6.27   1880..... 6.22
						1874.....12.93   1881..... 6.97
						1875..... 6.57   1882..... 6.84
						1876..... 4.73   1883..... 3.33
						1877..... 6.41   1884..... 4.12
						1878..... 6.21   1885..... 6.15
						1879..... 7.04

M. HERMAN, Sergeant, Signal Corps, U. S. A.

# NEW ORLEANS

# MEDICAL AND SURGICAL JOURNAL.

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OCTOBER, 1885.

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## ORIGINAL ARTICLES.

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

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### \*The Use of Cinchona Alkaloids during Pregnancy.

By CHAS. CHASSAIGNAC, M. D., New Orleans.

Although a great deal has already been written on the subject we bring for discussion by the Association to-night, we find there is no unanimity of opinion among writers on materia medica and therapeutics and on diseases of pregnancy. Therefore, believing that agitation of a subject upon which there is the slightest doubt is interesting and that practical observations are necessarily instructive, no matter how modest the observer providing he be impartial and careful, we do not deem it amiss to make a few remarks upon the advisability and manner of administering the cinchona alkaloids, for fever, during pregnancy.

That opinions are various is at once proved by the assertions, for instance, of Rabuteau, Wood, Playfair, Cazeaux. From Rabuteau, we translate: "Clinical observation has demonstrated that sulphate of quinia causes the uterus to contract \* \* \* \* Unstriated fibres are excited by quinine, as is proved by the uterine contractions produced by the substance \* \* \* \* Quinine has even been recognized to possess oxytocic properties and has been employed in

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\*Read before the *N. O. Medical and Surgical Association*

metrorrhagia." Wood concludes that quinia does not produce abortion in the healthy female, but that it may do so in the sick one: that it increases labor pains already existing and quotes many authorities who give it during labor to stimulate the uterus when there is inertia of that organ. Cazeaux, on the other hand, recommends discarding the advice of authors who reject the use of quinia as likely to produce abortion or premature labor, and says the latter should be attributed to the disease itself and not to the remedy, adding that he has had occasion to use it six times at various periods of pregnancy in doses of ten, twelve, and even fifteen grains in twenty-four hours without having to repent of it.

Again, gentlemen, you are well aware how many practitioners here hesitate or dread to administer quinia to a pregnant woman, or will tell of times when they fear they have produced abortion by its use.

With all these facts in mind, about three years ago we theorized as follows: 1st, quinia must have *some* effect on the gravid uterus, especially, when a disturbance already exists from the occurrence of a fever which of itself could produce abortion; 2d, the alkaloid must act by stimulating the unstriated muscular fibres, causing contractions; 3d, any agent, then, acting as a sedative upon those fibres, such as opium, would be likely to prevent such contractions, thereby destroying any bad effect of the quinia.

Acting upon these conclusions, we have, during the space of three years, treated each and every one of our cases of malarial fever, occurring during pregnancy, by the administration of sulphate of quinia or cinchonidia in ordinary doses, combined with small doses of extract of opium. The result has been such for the eleven cases coming under our observation that we have not had occasion to change this as a routine treatment; of course, this did not prevent attending to any special indication or complication.

We have clinical notes of those cases and shall proceed to give you short extracts from several of them, sufficient

to give you a general idea of the whole without, we hope, proving tedious.

CASE I. Mrs. F., aged 25 years, primipara ; had reached the eighth month of pregnancy ; had been sick three days when first seen ; in addition to ordinary symptoms of intermittent fever, had what she called cramps in lower part of stomach ; these were really pains, coming at pretty regular intervals, having commenced with the fever on second day and seeming to increase in frequency and intensity as fever returned again. As she had already taken a purge, three grains of sulphate of cinchonidia, with one-tenth of a grain of extract of opium, were given every two hours for first few doses, then every three hours. Not only the pains were not increased, but as soon as the cinchonidia had been absorbed, they diminished in frequency, then ceased ; fever did not recur and patient was well in a few days. She was safely delivered of a living child a month after.

CASE II. Mrs. M., multipara, age 30, just completing the seventh month of pregnancy ; has had fever for one or two days, a severe cough, and frequent vomiting ; bowels open. Sulphate of quinia 3 grs., extract of opium 1-10 gr., ordered every three hours. She kept some doses, threw up as many. At second visit temperature is found lower, but vomiting not stopped, cough dry and distressing, due to tracheo-bronchitis ; prescription changed to quinia 6 grs., extract of opium 1-6 of a grain, ipecac 1-10 of a grain, in two pills, every 3 hours. Seltzer water and ice for the vomiting. Next day, still some fever, vomiting nearly stopped, cough much better. Patient had light fever of a remittent type for three or four days more, but at no time any uterine pains ; same treatment was continued and in ten days she was well.

CASE III. Mrs. T., aged 28, multipara, four months pregnant, was found with fever, accompanied by marked dysenteric symptoms ; she was having frequent, small, bloody and slimy stools, beginning at the same time in the morning as the fever, getting better in the evening. Malarial dysentery was diagnosed. She was given the usual

pill containing 3 grs., of sulph., of cinchonidia and 1-10 grs., of extract of opium at first every 2 hours, then continued it every 3 or 4 hours. In this case treatment was magical in its result; fever and dysentery were arrested at once and no uterine pains occurred, though the tenesmus must have increased the danger of their coming on.

CASE IV. M. S., colored, multipara, aged over thirty, five months gone; had been sick for over one week with fever of a remittent character, judging from the history; she had marked uterine pains, chief reason why the writer was summoned, but no hæmorrhage; bowels constipated. Nevertheless, six grains of cinchonidia to 1-7 grain of extract of opium were given every three hours. Fever and pains ceased at the same time after four doses. A purge was then given, after which remedies were continued in smaller doses. Patient was sitting up in five days.

CASE V, and the last one with which we shall detain you, is that of a young widow whose husband had been dead too long for her to be two and a half months pregnant without being in a predicament. She had intermittent fever, tertian type; admitted her condition and broadly hinted about being relieved of her embarrassment. While assuring her we could do nothing but treat the fever, we must admit having given her unusually large doses of sulph. of cinchonidia, finding the case such a favorable one for experimentation; the small proportion of opium was added as usual, however. The fever was cured, but the poor widow was not otherwise relieved.

These five cases illustrate the result obtained in all eleven of our cases. The latter, including cases at 2½, 4, 5, 7, and 8 months, some in which as high as thirty grains of cinchonidia were given in less than twenty-four hours, and some in which uterine contractions were already occurring, are sufficient to prove that the treatment recommended can be resorted to with confidence for fever during any stage of pregnancy, whether pains are present or not; in fact, they prove, moreover, that when pains induced by the fever, already indicate the danger of a miscarriage, the



rational method for arresting it is by the administration of quinia or cinchonidia which act directly on the cause. They show that the small amount of opium necessary is not an objection—in no case having produced unpleasant effect; but is a useful precaution. If there were a special contra-indication or idiosyncrasy in an exceptional case, we would use the quinia and resort to the viburnum prunifolium if pains came on; otherwise, we say do not hesitate to use the alkaloids of cinchona freely during pregnancy, providing you combine with them small protective doses of opium.



## HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Reports a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

### A CASE OF HYDROPHOBIA.

Reported by A. B. MILES, M. D., House Surgeon, Charity Hospital, New Orleans.

By the records of the Charity Hospital it appears that hydrophobia occurs about once in fifty thousand cases of disease. Counterfeit cases, those advertised as cured, and others, about which the mad-stone stories are written, are of much more common occurrence. But a typical case of rabies is comparatively so rare as to escape even many practitioners, who enjoy a wide range of observation. While a clue to recognition of the disease may be gained from text-books, clinical reports and hearsay, we venture the assertion that, from such sources, no adequate idea can be formed of its appalling nature and the strange assembly of symptoms connected with its clinical history. So distinctive were the hydrophobic phenomena, as presented in the present case, so unlike the simulation of the imaginary disease, or the insincerity of hysterical manifestations, or acute mania, or tetanus, or any of the neuroses, that failure in diagnosis was impossible. The rarity of the disease and the singularly well-pronounced nature of the present

case, justify a full report of all details, which bear upon the history of this curious disease.

On Saturday, August 22d, 1885, about nine weeks after the dog-bite, the little boy, Louis V. Legrande, complained of pain in the bitten limb, running up from the ankle to the hip. This symptom is recorded in some of the books as often prodromic of the disease.

On Sunday morning, August 23d, at 2 o'clock, the boy suddenly jumped from bed, under the hallucination that "some one had thrown him down." He returned to bed and slept soundly until 7:30, A. M. During the rest of the day, the patient ate and drank but little. If he experienced any difficulty in deglutition, it was not observed by his parents. Nothing unusual occurred to attract their special attention until Monday morning, the 24th of August. The boy then, in attempting to drink water, was suddenly seized with a convulsive motion of the muscles concerned, so violent that he was unable to swallow. For the relief of this symptom he was brought to the out-door clinic of the Boy's Ward, Charity Hospital. Here our observation began:

Nine weeks previously the boy had been dog-bitten on the ankle. The wound was of trivial nature, and soon healed, and so perfectly as to leave but little scar. The boy's parents stated that the dog had shown no rabid symptoms previously, and none since, but had bitten the boy after having been irritated and angered at play.

In the patient's general appearance there was something striking and strange; so much so that, as we entered the ward, where half a dozen or more boys of about equal age were sitting in waiting, we recognized at a glance the little fellow said to be suffering of hydrophobia. He was a wiry-looking boy, with dark hair and eyes, under the average size for his age, eleven years, and apparently ill-nourished. He sat on the chair, slipped forward, as limber-backed boys often sit, so as nearly to recline, supporting himself by resting his hands on either side of the chair-bottom, with head flexed and eyes cast down, apparently meditative, contemplating something, which seemed to fill him with

horror. The orbital fascia looked shrunken and there were dark rings around the eyes; the palpebral fissures seemed dilated and the white conjunctival surfaces showed more plainly in contrast with their dark border; and the eyes gave a wildish, staring expression unusual for a child. The pupils were normal. The face looked pale, ash-colored; the lips a little blue; the features pinched. This appearance may have been due in part to a stinted allowance of food since the development of the hydrophobic symptoms. The pulse beat excitedly at  $106^{\circ}$ ; temperature normal; respiration attended with an effort, at all times, and, occasionally, spasmodic and jerky. Any effort to speak, even in monosyllables, was attended by a sighing gasp and followed by a convulsive shudder. These symptoms, just mentioned, were sometimes manifest, when the boy was in perfect repose, due, as we believed at the time, to the effort of swallowing saliva.

The foolish tests of pouring water within the patient's hearing, waving a mirror before his face, etc., were not practiced. The disease was sufficiently and too painfully manifest. It is not surprising that such means, reported in some of the books, should aggravate the symptoms of a disease, in which the excito-motor susceptibility is such as to be influenced, as sometimes said, by even a puff of air.

All the patient's movements were well-directed and coordinate, but excited, eccentric and hurried. His actions were so odd as to excite merriment among the other boys. He took but little notice of the ward surroundings and those about him. Indeed, most of the time he stared vacantly, as if his mind were absorbed in contemplating something very painful and dreadful. He seldom spoke unless addressed; then answered intelligently, but quickly, as if the mind were under excitement.

Hallucinations are said to accompany this disease. We observed one singular instance. He went over to his companion, who had come with him to the Hospital, and whispered something in his ear. He then instantly drew

back, intensely excited, under the impression, which was certainly erroneous, that his friend had "punched him in the eye."

We asked the boy if he would take something to drink. He answered that he would take milk; that he could not drink water. When the milk was offered, he looked at it wistfully, and, remarking upon his extreme hunger, wished so much that he could drink it. He always shuddered at the attempt to raise the glass to his lips. He called for bread and broke it eagerly with both hands, evidently he was hungry, dipped a piece in the milk and quickly put it in his mouth. Instantly the morsel was ejected, with a repetition, and that very pronounced, of the spasmodic contractions, of which we have previously spoken.

At first glance the contraction appeared to be of the pharyngeal muscles, but really more in the muscles of the larynx. The best informed writers now concur in this view. The fear of suffocation by spasm of the laryngeal muscles is really the secret of the dread of drinking. The boy evinced more fear of water than of other fluids. Once the nurse started to bring a cup of water, and the boy ran from the ward in terror.

The patient was induced to go to bed. He could lie in one position but a little while. Any change of position in bed brought on those nervous shivers, which were painful to witness.

The boy remained in the Hospital only temporarily, about four hours. No medicinal treatment was instituted in this time. The opportunity was here afforded of observing the natural history of the disease, uninfluenced by drugs, and, occurring in one of his age, unalloyed by the phenomena of hysteria, or any attempt at exaggeration. It was perfectly evident that the little patient was swayed alone by the action of some potent poison, in the presence of which to-day we stand helpless.

All the symptoms above related gave evidence of the pronounced effect of the poison on the nervous system. The unusual general appearance and general symptoms,

the strange group of nervous phenomena, unlike those of any of the neuroses, the extreme excito-motor susceptibility, the local spasm of the laryngeal muscles, with the suffocative respiration and consequent dread of drinking water, all make up a rare assembly of symptoms distinctive of this disease.

The case was also observed by two of the visiting physicians, Dr. Bemiss and Dr. Nolte, and by the entire resident staff of the hospital. There was no eye-witness of the little boy's distress but will bear his case in mind during a medical lifetime.

Early in the afternoon, the boy was taken home, to be placed under the care of an old woman, who works charms and knows how to make an antidotal decoction. For the notes of what took place at home I am indebted to the kindness of Mr. F. J. Kearny, Interne of the Hospital, whose interest in the case prompted him to visit the boy's parents and record their statements. After reaching home, the boy's mother offered him water. A convulsion, so described, followed. He afterward swallowed three small pieces of ice; subsequently two teaspoonfuls of lemonade; then several small pieces of apple and bits of cake. Later in the evening, he drank a little whisky toddy. At 7:30 he ate half a bowl of bread and milk, and appeared to relish it. So, deglutition was not impossible. He went to bed at 8, P. M., and tossed restlessly, without sleep. He began to spit frequently; made an attempt to bite his mother, so she said; complained of specks before the eyes and tried repeatedly to brush them away. He was in and out of bed at short intervals, and complained of feeling very warm. At 12:10, Tuesday morning, he again complained of great heat down the spine and left arm. He went on his hands and knees, on the floor, and begged his mother to apply ice to the back of his neck. The instant she did so, he dropped on his face and died. He died of sudden asphyxia, induced by the shock of the ice application. Trousseau speaks of such sudden deaths in hydrophobia. Death occurred in the early morning of the third day after

the appearance of the hydrophobia symptoms, and nine weeks after the dog-bite.

The father observed that within half an hour after death the body was perfectly rigid. The early appearance of post-mortem rigidity belongs to the history of rabies.

A singular fact remains to be mentioned in connection with this case. The dog had shown no signs of being rabid during the nine weeks; anyhow, was killed on the day after the boy's death. And yet that the boy died of hydrophobia is a fact beyond question.

“There is good evidence to show that hydrophobia may be produced by the bite of a healthy dog, much *enraged*; as in fighting with another animal.—H.” The above quotation is taken from a note by the American Editor of Reynold's System of Medicine. The case in point appears to confirm his opinion. The dog had bitten the boy in anger.

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A CASE OF INVERSION OF THE UTERUS OF THREE YEARS  
STANDING, REDUCED IN TWENTY MINUTES  
BY DR. EMMET'S METHOD.

By DR. EDMOND SOUCHON, Professor of Anatomy and of Clinical Surgery, Tulane  
University of Louisiana.

So very many cases of inversion of the uterus give so much trouble to reduce them, that it is most gratifying, comforting, and especially encouraging, to come across one that gives no trouble at all.

The following are the particulars: Mrs. B. \* \* \*, aged forty-five, has had *thirteen pregnancies*, three of which terminated in miscarriages. Three years ago, she was delivered by a *midwife* of a fine healthy child at full term. As soon as delivery took place, there appeared outside of the vulva, a tumor which bled profusely. A physician was sent for, who recognized the trouble to be inversion of the uterus. He made some attempt to reduce it, but not succeeding as readily as he wished or as he thought he should, he became alarmed at the great loss of blood, applied astringents and pressure to the tumor and informed the patient and her husband that later on some new attempt should be made to remedy the trouble. The blood ceased

and the tumor diminished in size so that in course of time, it was not visible at all outside. This reassured the patient and she let things go on. At her menstrual periods, however, and sometimes also between them, she lost much blood; she became very sallow, puffed and had an anemic murmur at the base of the heart.

At this time Dr. G. Devron was called in, and as he judged that some surgical interference was indispensable, he asked that another confrère be called in with him, and I was the one selected.

At first, the examination was not very satisfactory, the parts being tender, the abdomen tense and the vagina so easily elongated when the finger was pushed up to try to pass behind the tumor, that it was not easy to do so. The tumor was about two inches long, with a body about one inch and a half in diameter. However, the finger, passed around the groove between the pedicle of the tumor and the cervical canal, was quickly arrested and could not penetrate any higher than at most a quarter of an inch. To make sure our diagnosis, we determined to recognize the characteristic *indentation* corresponding to the point of inversion of the uterus. To accomplish this, the tumor was seized with a vulsellum forceps and by gentle traction, brought as low down as possible; this however, did not bring the tumor any further out than the orifice of the vulva. The tumor being held there, it became an easy matter for the finger to feel, through the posterior vaginal cul-de-sac, the *pathognomonic indentation*; the finger introduced afterwards into the rectum, felt the indentation even better. To be doubly sure, the body of the womb was searched for in front, behind and at the sides and could not be found. The case was therefore positively and unmistakably an uncomplicated inversion of the uterus of three years' standing,

We informed the patient and her husband of the nature and difficulties of the case and told them that the patient would have to be put under chloroform, and efforts made during two and three hours, to try to return the organ to its

proper place and shape; that this should be done every day for eight or ten days possibly, unless the patient's condition prevented it. Accordingly, the very next day the patient was thoroughly anæsthetized by Dr. Devron; this relaxed completely the abdominal walls. With my left hand introduced into the vagina and my right hand on the abdomen, I had the whole organ fully under control. The first impulse and temptation in these cases, is to press against the base of the tumor; I confess to have yielded to it, though expecting little from it. As this flattens the tumor, as the pressure shoves the vagina upwards, the first impression also is that the tumor has been somewhat reduced, but the moment all efforts cease, it is immediately found out that it is not so. I therefore, determined to lose no more time at this and at once to apply Dr. Emmet's method. I introduced the thumb and fingers in the groove between the pedicle of the tumor and cervical canal extending them as much as I could to stretch the parts as much as possible; at the same time, I exercised all the pressure I could upwards, against the *bottom* of the groove and with the palm of the hand, I endeavored to push the tumor itself upwards. Simultaneously with this internal manœuvre, the end of the fingers of the right hand placed over the abdomen could feel distinctly the indentation and were made to press successively all around the smooth margin of the *indentation*, trying at the same time to work these fingers from the inner lip of the indentation to the outer lip, so as to unravel it, as it were. After seven or eight minutes, I had accomplished nothing and my left hand got very tired. Dr. Devron took my place, and I took charge of the chloroform. After working in the same manner for about seven or eight minutes, his hand became so cramped, that he had to desist, without having accomplished any good apparently. I, then, resumed the same efforts and was about removing my hand from fatigue, when all at once, I felt one point of the circumference yielding a little, then more, and finally in the space of a minute, the whole tumor was reduced. My index and middle fingers were pushed



into the fundus of the uterus as high up as I could stretch the uterine walls as much as possible in their newly conquered position, and with the fingers of the right hand on the abdomen, I gave them and the fundus a good squeeze, as I would a folded piece of thick, wet and softened leather to make it keep its fold. Dr. Devron then made a thorough examination and pronounced every thing all right. Thus, in the short space of twenty minutes, a complete inversion of the uterus had been reduced. We were very agreeably disappointed at our most unexpectedly rapid success, and were much delighted for our poor patient and also for ourselves.

One remarkable feature is that the moment the resistance began to yield, it yielded so rapidly that the whole reduction was in truth accomplished in a minute's time. This quick reduction was the last thing expected, specially in a case of three years standing. I am at a loss to explain this. Of course, it is because the tissues were not so hard and so firmly contracted as in the vast majority of cases, but why so in this case? Very likely because the numerous previous pregnancies and the age of the woman had reduced the contractility, or tonicity of the uterine muscular fibres.

The patient made a rapid recovery.

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#### HYDATIFORM MOLE.

By A. PARKER CHAMPLIN, M. D., Bay St. Louis, Miss.

On the 27th day of June, 1885, I was called to see Mrs. X. She gave the following history: Is 33 years of age and a resident of New Orleans; has been married since the age of sixteen and has given birth to eight children, all of whom are still living; has had one miscarriage of a two months' fœtus. I had been sent for on account of a flooding, which had commenced some five or six months previously, and had persisted during that time with the exception of short periods of cessation. She believed herself some five and a half or six months advanced in gestation. Previously to leaving New Orleans a short time since, she had consulted and had been examined by two physicians of

that city, both of them of high and deserved professional standing. One of these gentlemen did not consider her pregnant, the other affirmed that she was and about the middle of the fifth month.

On making a digital examination *per vaginam*, I found a slight discharge, about the usual degree of dilatation for those who have given birth to several children, and the cervix not shortened nor soft. There being no uterine contraction, I determined to make an attempt to prevent abortion. For this purpose I ordered fluid extract viburnum prunifolium and liquor opii sedative, to be repeated every two or three hours until hæmorrhage ceased, to be then continued three times a day. At the same time she was advised to keep the recumbent position, quiet was enjoined, cool drinks directed, and cloths, wet with cold vinegar water, ordered applied to the vulva.

The next day I intended to call again but meeting her husband, I learned that the hæmorrhage was under control and that the patient was doing well. I did not see her, therefore, but requested Mr. X. to let me know, if there should be a recurrence of the trouble.

I was quite aware that the hæmorrhagic discharges might be caused by placenta prævia or vesicular mole, or the result of uterine hæmorrhage, but after weighing well the significance of the various symptoms and the history, I came to the conclusion that the case was one of placenta prævia.

About 6:30, A. M., of the 9th of August, I was called by the husband, who feared that his wife was threatening to miscarry. I arrived at her bed-side about 7 o'clock. She was suffering apparently with ordinary labor pains, otherwise doing well. The discharge was slight. My attention was called to a small mass which she had expelled previous to my visit. This seemed to me to be placenta or placentiform in character. Having cleansed and carbolized my hands, I made a digital examination. I found the os uteri patulous, soft, dilatable and about the size of a silver dollar. The contractions being weak and the hæmorrhage

slight, I determined to pursue an expectant course. Cautioning them to notify me should the hæmorrhage increase, I seated myself on the porch within hearing of her complaints. During the next hour and a half I examined her twice, finding everything progressing favorably.

At 9 o'clock, the os being well dilated, I concluded to act. The uterus being very much anteverted I rectified the position. I felt blocking up the lower segment of the uterus a soft, yielding mass, which I took to be placenta. This I at once proceeded to deliver by expression and gently pulling on the mass, but as it was strongly attached I only succeeded in effecting delivery after I had insinuated my fingers and broken up the adhesions. Continuing the expression, I reintroduced my fingers, expecting to meet the presenting part of a fœtus, but, to my surprise, felt instead a soft, yielding body much like a moistened, large-celled sponge. Carrying up my hand into the cavity, I broke up and extracted about four-fifths of the mass and the uterus, now contracting efficiently, soon emptied itself of the remainder, of which I assured myself by examination of the cavity. Having made sure that the womb was well contracted, I applied the binder, cleansed out the vagina and removed all soiled articles. I, then, made a careful examination of the mass. I thought it would weigh about six pounds and a half, but afterwards learned it was only four and a half. The upper portion of that last expelled consisted of clear grape-like vesicles, ranging in size from a pin's head to a large scuppernong grape. These vesicles were arranged in clusters and of a beautiful pearl-clearness. This clear portion constituted about four-fifths of the mass, the other being intermixed with coagula and some bloody fluid. The lower portion of this, which was the part first expelled, was a placentiform body three and a half or four inches in diameter, nearly round and flattened, the two surfaces resembling closely those of an ordinary placenta, the uterine being raw and somewhat broken, the fœtal smooth and white, apparently covered by amnion, which, however, on close examination I failed to

find. No trace of a cord could be seen and there was no direct connection with the vesicular mass. The vesicles had no attachment to the uterine wall.

The above account is as full as possible. It was my second case. A third case I had seen in Biloxi but had turned over to Prof. E. S. Lewis, of New Orleans. He with the assistance of Dr. Logan delivered her and reported the case in the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL* of December, 1881.

In the works on obstetrics and gynæcology and pathological anatomy in my library, all of them of recent date, I find it taught that degeneration of the chorionic villi is the cause of vesicular mole, but nothing is said of a placenta proper. The main point of interest in any case was the existence of the placenta. I am at a loss to account for it, since I was of opinion that when degeneration took place it was at the expense of the *whole* conception.

In reflecting upon this case several theories have sprung up in my mind to account for the presence of the placenta.

First. The cystic degeneration may have involved only that portion of the chorionic villi which *atrophies*, the other portion fulfilling its allotted destiny.

Secondly. There might have been a placenta succenturia, its villi degenerating, the natural portion growing as usual or vice versa.

Thirdly. There might have been a plural pregnancy, with two placentaë, one growing, the other degenerating.

Fourthly. Might not the placentiform mass have been an organized coagulum, its form being the result of pressure.

The treatment instituted in my case was as follows: Quinine three times a day as a tonic and quina La Roche, ferrated on account of the anæmia. Carbolized injections were directed three times a day. The patient did well and, when I saw her last, on August 24th, had nearly recovered.

Allow me, to record before closing, that since *viburnum prunifolium* was recommended as a uterine sedative, I have made it, in conjunction with opiates, my standby in

cases of threatened abortion, and have been surprised to find that even when not preventing its occurrence, it has seemed to render the act less painful and to lessen the hæmorrhagic loss. Such has been my experience in every case, especially in those between the 4th and 6th month of gestation, when flooding is so profuse. I cannot consider it a coincidence. Opiates alone do not give like results.

Would be pleased to learn the experience of others, in its use.

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#### FIVE CASES OF LEPROSY IN CHILDREN.

Reported by DAVID JAMISON, M. D.

Whether leprosy is increasing in this city or not is a question that I am not able to answer, but the records of the Charity Hospital certainly show that a larger number of cases than ever before are now under treatment. I beg leave to report the following cases occurring in children. Frank and Joseph Monier, aged twelve and fourteen years, were admitted into Ward 11, July 20th, 1885; A. and B., females, aged seven and nine years, were admitted into Ward 40, in the spring of 1885. In these four cases the disease is well developed, and there is no possible doubt about the diagnosis.

On the 10th July, L. M., aged seven years, came to my office. He is bright, intelligent and fairly nourished; temperature 101. Complains of lassitude and weariness; does not care to move about; likes to sit in one position as much as possible. He is chilly nearly all the time, and has lost his appetite. Cinchonidia was given. He returned in a few days, apparently relieved. The third visit was made ten days later. His face was of a dull, reddish color; there were hyperæmia of the skin and loss of sensibility in the periphery of the nerves (spinal). The hyperæmia assumed the form of irregularly shaped blotches. These blotches were on the trunk as well as on the face.

At present, he is without fever. The circular spots are being developed into rings, and the pigmentation is disappearing. The disease is apparently stationary until another exacerbation of the leprosy fever occurs. His parents are

natives of Hanover. Mother and father are both living. I have never seen his father, but he is said to be a healthy man. His mother, and sister aged 18 years, are fine specimens of robust, healthy women. His maternal grandmother died of cancer. No member on either side of the family were ever known to have any skin diseases. They have not made a habit of eating shell-fish, fish or salt meat; have always lived well, in fact. There is no peculiarity whatever about this family that I can discover; they are ordinary, well-to-do people. Their personal habits are cleanly. The boy has always been bathed and his clothes changed at least twice a week. His sister does not show the slightest sign of any disease. The mother was advised to keep the boy separated from the rest of the family.

Chaulmoogra oil and cleanliness were the only remedies ordered.

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#### A PECULIAR GUNSHOT WOUND.

Reported by F. J. KEARNY, Resident Student of the Charity Hospital.

On March 2d, 1885, L. J. was admitted into Ward 8, Charity Hospital, suffering from a gunshot wound of the forehead. I was informed by his son, that he had tried to commit suicide by shooting himself through the head with a 32-calibre pistol.

On examination, two lacerated wounds were found, crossing each other at their middle, and extending from the inner end of each superciliary ridge upwards and inwards, about  $2\frac{1}{2}$  inches.

By inserting my finger in the wound, the ball was found flattened against the frontal bone which was denuded of periosteum in a circle about three inches in diameter. The flaps formed by the crossing of the two wounds were dissected for a considerable distance, and underlying tissues were badly charred by the powder.

The most peculiar point in the case, however, was that, although the wound was carefully washed and examined by Dr. Samuel Logan, then Visiting Surgeon to the ward, and by myself, not one powder-mark could be found on the

skin. This goes to prove that the absence of powder-marks should not be taken as conclusive evidence that the shooting was not done at close quarters. The only explanation I can offer in regard to the unusual character of the wound, is that the pistol was held so firmly against the forehead that the greater portion of the charge of powder followed the ball in, and only exploded after it was under the skin.

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\*PLACENTA PRÆVIA, COMPLICATED BY ORGANIC RIGIDITY OF THE OS; DEATH.

By F. W. PARIHAM, M. D.

The notes of this case were recorded by me in 1881.

Virginia E., colored, 29 years of age, a native of Mississippi, but for the last 12 years a resident of New Orleans; a stout, well-proportioned and active woman, by occupation a washer-woman. Married 12 years previously; she had had six children and had never had a miscarriage. The children were all well-formed and healthy and none of the labors were unusually difficult or prolonged. The last child was born two years previous to the labor, which furnishes the material for this report.

I was first called to see her in February, 1881. I then treated her for some bowel-trouble. Nothing in any way bearing on this history was at that time discovered. About September 15, 1881, she again called me. She complained of a pain in the small of the back and in the hypogastrium, constant, but occasionally much intensified. On examination, I found an abdominal tumor, hard, movable and globular in shape, with its upper limit at the umbilicus. No marked tenderness was anywhere discovered. The following history was obtained:

In January preceding, her regular, normal, menstrual flow occurred. At the next menstrual epoch, the catamenia failed and did not subsequently return. She noticed after a time in the lower part of the abdomen a swelling, which continued steadily to increase in size.

Sometime preceding my visit she had felt movements,

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\*Abstract of a paper read before the Orleans Parish Medical Society.

but this soon after ceased and nothing more attracted her attention until the coming on of the pains for which she called me. I auscultated carefully, but failed to detect any foetal pulsation. I ordered morphine, which relieved her. This was continued for several days and then stopped. On September 25, the pains having recurred and continuing, I determined to make an examination. With my finger introduced into the vagina, I found a rather long cervix and a slightly patulous os, which would about admit the little finger. The circumference of the os was hard and rough and a broad and tough cicatrix was plainly distinguished, commencing at the margin posteriorly and extending back half an inch or more. A very offensive discharge, coming from the uterine canal, was discovered. Wishing to see the condition of the os, I introduced a Knott's speculum, but after some manipulation, failing to bring the os into view, I desisted, fearing that I might bring on labor. About 11, P. M., the same night (Saturday) decided uterine contractions came on. She became very much alarmed and sent for me. I arrived at the house at 4½, A. M. I found her in great distress. The pains began early in the night and had increased in frequency and severity. They were ordinary labor pains. On the day previous, after my visit, she had not lain down at all, but had remained up all day, ironing and scrubbing, until towards evening the pains compelled her to go to bed. Examining, I found a fluctuating, but tense, tumor, the size of a large orange, projecting from the vulva. This was tightly grasped in the vagina and could not by any sort of manipulation be brought further down. I ruptured it: a large quantity of watery fluid and some blood gushed out. A well-developed placenta, of about the sixth month, was contained in this sac and fell from the vulva, when the tumor was ruptured. I followed up the cord and membrane to the os, which tightly grasped them. It was with great difficulty that I succeeded in getting even one finger into the uterus. No pulsation in the cord was felt.

About 5:30, A. M., a confrère, whom I asked to come



and assist me, arrived. The patient being under chloroform, the doctor made an examination. He found it, as I had done, very difficult to get the index-finger into the uterus and impossible to enter two fingers at one time. There was strong and frequently repeated uterine contraction, but not the slightest dilatation of the os, and all our efforts at forced dilatation with the finger accomplished little or nothing. A head presentation was made out. Failing, however, to accomplish any dilatation, we concluded to bring down the feet. First one and then the other foot was grasped and brought down with great difficulty.

The body of the child and the cord were now grasped by the os as in a vice. Up to this time, hæmorrhage had taken place in small amount, but now the body of the child acted as a plug and prevented further flow into the vagina. When the os was slightly opened by the finger, however, blood trickled through into the vagina. This made us fear that the uterus had filled with blood during the intervals between pains. It was now four hours since I saw her first in the morning. As she was quite fatigued by the long-continued uterine contractions, we let her rest awhile.

At 9, A. M., one hour later, things were just as we had left them. No dilatation had taken place. We made traction by the legs and brought out the thighs. We waited a couple of hours, before attempting any further forcible extraction. At the end of this time, I examined and found that the contractions, which had been good and strong, had lost their force. She was losing a good deal of blood. Feeling well convinced that unless the uterus were speedily emptied of its contents and made to contract, we should be unable to check the hæmorrhage, we determined to deliver as soon as possible. Traction was again made and the pelvis and trunk of the child gradually came out. Finally, by sweeping first one arm and then the other over the face and continuing the traction the shoulders were delivered. The chin and mouth could be felt, but we utterly failed to effect any further descent of the head.

The os was now as rigid as it had been two hours previously. Owing to hæmorrhage and exhaustion, the woman was now almost *in extremis*. There still, however, seemed to be hope, if the uterus could be quickly evacuated. The indication was plain. My friend incised freely the os and cervix, after which the fœtus was easily delivered. I introduced my hand into the uterus and felt it distinctly contract. The hæmorrhage stopped, but too late, for respiration had ceased. But, as the heart still acted, though feebly, we attempted by artificial respiration and frictioning, kept up for one full hour, to restore her, but she was past our aid.

After death we drew the uterus down until we could see the cervix. We found the os encircled by a rim of hard connective tissue, involving about half an inch of the cervix.

The posterior cicatrix also was found and appeared to be connected with a former severe laceration of the cervix. The fœtus was about six months old and in a state of commencing decomposition. This, together with the offensive discharge, observed before the commencement of labor, indicated that the fœtus had been dead some days. What produced the death of the fœtus and consequent premature labor it will not be of interest here to inquire.

The case is interesting in that it presented *two* important variations from the normal, an abnormally placed placenta and an undilatable os uteri.

This unyielding and undilatable condition of the os may be of two kinds; 1st, that due to spasmodic contraction of the cervical fibres; 2nd, that due to organic rigidity. Concerning the first, it would be out of place here to say anything. The second form, organic rigidity, is due to an organic change in the cervix, the result of inflammation, by which the connective tissue becomes proliferated and thickened. This is usually due to some laceration of the cervix.

It is important to be able to distinguish organic rigidity from functional rigidity. In organic rigidity the edges of

the os are thick, rough and dense, and signs of former injury, as a scar, may be discovered; while in spasmodic contraction, the irritable general condition of the woman, associated with a hot and less moist vagina, the edges of the os being *thin* and *tense*, will usually be sufficient to make plain the diagnosis. As to treatment of cases like that whose history I have above detailed, the indication is plain. After waiting a certain time to enable nature to accomplish all that she can possibly do, the os and cervix must be incised sufficiently to permit withdrawal of the head, with or without the forceps. The effect which the complication of placenta prævia would have upon the treatment of organic rigidity would simply be to call for the incision earlier. As to the case in point, I am now clearly convinced that we delayed too long the incision. The continued loss of blood, or even commencing loss of blood, with an abnormally situated placenta demonstrated, would in another case determine me in making the incision as soon as I should be satisfied of the cicatricial condition.

Our patient, I think, died partly from hæmorrhage and partly from shock. I believe, that if the uterus had been sooner emptied, thus alone controlling the hæmorrhage and stopping the violent and ineffective uterine contractions, the woman might have been saved. Fortunately, such cases are rare. I have in my reading found no similar condition described. One condition or the other has been found but not both, so far as I have been able to discover.

Some might ask, if there was in this case cicatricial contraction of the os, how did the placenta escape so early? I can only say this, the placenta was not large and was situated, doubtless, immediately about the os; the contractions, being strong and continuing, forced it little by little through the small opening of the cervix into the vagina carrying the membrane ahead of it. The placenta, being a soft, compressible body, might well, I think, be forced through in the manner suggested.

Prof. Hamilton, of Edinburgh, in some experiments

carried on to determine the cause of the migration of the white blood-corpuscles, took a glass tube with small holes made along the sides. Into this tube he forced a fluid containing small pieces of a solid preparation of gelatine and glycerine. Placing a resistance at the distal end and continuing the pressure, he found that gradually the little bodies worked their way through the stomata, lengthening like the white globules to diminish their tranverse diameter and enable them to pass. Thus, I conceive the placenta in this case may have made its exit.

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TWO CASES OF TRAUMATIC TETANUS SUCCESSFULLY  
TREATED AT THE CHARITY HOSPITAL.

By P. E. ARCHINARD, M. D., New Orleans.

The following two cases are briefly reported simply to put on record two cases of traumatic tetanus cured by the judicious use of bromide of potassium and chloral hydrate.

Frank Thomas, colored, aged 19 years, born in Louisiana, a laborer by occupation, was admitted into the Charity Hospital on July 12th, 1884, suffering with marked tetanus. He gave the following history: one week before admission he had stuck a splinter in the ball of the big toe of his left foot; the splinter he said was removed and the wound was healing slowly when three or four days later the muscles of the lower extremities began to grow stiff; at about the same time the jaws became locked and he had considerable difficulty in opening his mouth wide enough to take food; his condition grew worse from day to day, his whole body getting more and more stiff, and he suffered with a constant pain in the back. Upon admission there was marked opisthotonos and trismus; the muscles of the abdomen were rigid and the extremities were stiff; this rigidity would occasionally give way a little, but the least touch or noise would bring on the pain and stiffness.

There was considerable difficulty in separating the jaws sufficiently to administer fluid food and medicines. Temperature  $99\frac{1}{2}^{\circ}$ ; pulse  $124^{\circ}$ ; respiration  $28^{\circ}$ . He was put on

tincture of cannabis indica gtt. xxx every four hours ; also potassium bromide  $\bar{3}$ ss, and chloral hydrate grain xv, every two or three hours. On examining the site of the injury a little fluctuation was detected, the wound was laid open and a small amount of pus discharged.

After a few days of the above treatment the patient's condition was unimproved, the rigidity had increased, the breathing was very rapid, shallow and altogether costal ; there was considerable delirium at times during the night. The temperature had now reached  $103.2^{\circ}$ . The cannabis indica was stopped and the bromide or chloral mixture continued in larger doses with the addition of one-eighth grain of morphia at each dose. This brought relief, and under this treatment with a stimulating diet, the patient improved steadily, the temperature falling to normal and the muscles slowly relaxing. The medicine was continued at irregular intervals until the 7th of August, when it was stopped. On August 13th the trismus suddenly returned and with it the rigidity of the muscles of the trunk and extremities. On examining his left foot a little pus was found, this was soon evacuated, and along with the matter a splinter two-third of an inch in length was discharged.

From that time on the patient, with occasional small doses of bromide, rapidly recovered, and on September 1st, 1884, he was discharged cured.

Louis Warden, colored, aged 17 years, born in Louisiana, was admitted to Charity Hospital, August 15th, 1885. The following note was made at the time by Mr. J. Laurens, Interne of Ward 2. About four weeks ago stuck a splinter in the ball of big toe of the left foot ; splinter was removed and the wound healed kindly ; two weeks after this accident he began to grow stiff about the the mouth and back. Upon admission there is marked trismus with opisthotonos alternating with left pleurosthotonos : the paroxysms are accompanied with great pain, and come on in quick succession ; they are occasioned by the least touch or noise or a sudden ray of light ; they sometimes come on spontaneously. His temperature ranges from  $101\frac{1}{2}^{\circ}$  to  $102\frac{1}{2}^{\circ}$  F. ;

the pulse is very much accelerated and the breathing hurried. Upon examining the foot the wound was found perfectly healed up. The patient was immediately put on bromide of potassium ℥ss, chloral hydrate gr. xv every three hours. This medicine had the effect of greatly diminishing the number of paroxysms, and though it rendered the patient semi-somnolent and stupid, it however, did not prevent him from partaking of liquid nourishment. After five or six days the patient's rigidity being somewhat reduced the medicine was repeated at intervals of 4 hours only, a large enema of soap and water was then administered to open the bowels; this acted well. The improvement continuing, the bromide and chloral mixture was still further reduced to 3 or 4 doses a day. To-day, September 11, the patient is able to walk about unassisted, and though a little stiff he can be considered cured.

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POISONING BY THE SEED OF DATURA STRAMONIUM; TWO CASES; RECOVERY.

By P. B. McCutcheon, M. D., New Orleans.

On August 21st, 1885—about 12, M., I was called to see Mrs. W., and her son, H. C. W., aged 26 years. I found the mother in bed, complaining of headache, a sense of weakness and great thirst. The pupils of both eyes were widely dilated, the tongue and fauces very dry, pulse rapid. There was partial delirium. I was informed, that about eight o'clock the whole surface of the body had become very red and swollen. Neighbors, recognizing that poison of some kind had been swallowed, gave an emetic, which produced frequent vomiting. The only symptoms that the son presented at the time of my visit, were dilated pupils, thirst and swollen hands and arms. He says that he first noticed that he could not see distinctly whilst in the car at 7, A. M., on the way to his work. Very soon thereafter he had confusion of ideas and dryness of throat; when he arrived at his shop about 8, A. M., he was told that he was intoxicated; while attempting to work, he fell to the floor;

water was thrown over him and he recovered sufficiently to get home, by means of the cars.

I obtained the following account as bearing on the cause of these symptoms:

On August 20th, a friend gave the mother a branch of *datura stramonium*, to which were still attached the leaves and some capsules, which contained nearly ripe seed. The leaves were stripped from the stalk and mixed with lard to form a salve; this done in a skillet. Some coffee was on the table, and a few of the seed from the capsules, which had been opened, became mixed with the coffee. Moreover, the coffee was parched in the same skillet in which the salve had been made.

Next morning this mixture was ground and an infusion made which was drunk by the mother and son about 6, A. M., and in one hour's time the symptoms of poisoning were manifest as described. By 4, P. M., all these abnormal manifestations had nearly disappeared.

The only treatment that I used was sulphate of morphia in one-eighth grain doses every two or three hours.

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#### A CASE OF FRACTURE OF THE STERNUM.

By W. B. GILL, M. D., New Orleans.

The subject of this report, John Kersonich, a native of Austria, but for many years a resident of this State, is about fifty years of age and of intemperate habits. Whilst somewhat under the influence of drink, he fell through a dilapidated gallery twenty feet down to the pavement.

He was admitted into Ward 7 of the Charity Hospital on July 30th, and examined about six hours after the accident. There were simple fractures of the ninth and tenth ribs of right side posteriorly to axillary line. There was also a prominent deformity situated just below the junction of the upper and middle pieces of the sternum, about an inch and a half in length; the movements of the chest in respiration caused distinct bony crepitation and a gliding movement to be felt over this deformity. This proved to be a

fracture of the sternum, in which the lower fragment was over-lapping the upper to the extent of an inch or more. The left anterior chest wall was emphysematous from the clavicle down to about the sixth rib, and from the left sternal margin to the axillary line. There was percussion dullness over dependent portion of left lung; the heart sounds were distant and a metallic tinkling could be heard over front of left lung. Evidently, here existed a wound of the pleura, caused by the jagged end of the upper fragments penetrating the thorax, with a resultant hemorrhage into pleural cavity and escape of air into areolar tissue of chest wall. The condition of shock was profound, the temperature falling to  $96^{\circ}$ , breathing very shallow, and the radial pulses could not be felt at the wrists; stupor was well marked, although when aroused he would answer questions intelligently. The prognosis was very unfavorable. He was put upon 5 grains carb. ammonia and 10 minims of tr. digitalis every three hours, and hot applications made to extremities. Reaction was very slow, and the above stimulant was continued three times daily with milk punch and beef-tea at frequent intervals for several days.

Owing to fracture of ribs, no efforts were made to approximate the fractured ends of the sternum, but as soon as reaction from shock occurred, a bag containing two pounds of sand was placed over site of fracture, and continuous pressure thus kept up for ten days. The result is a very good fibrous union, permitting a slight hinge-joint movement during respiration. The man's recovery is complete; he stands and walks erect comfortably, and has since undergone an operation for cataract. The fractures of the ribs were put up with adhesive plaster and united promptly.



## THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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## LEADING ARTICLES.

## THE RELATIONS BETWEEN PHYSICIANS AND THEIR PATIENTS.

Nothing has worked more harm, both to physicians and their patients, than the latter's crude ideas of disease and their consequent treatment of the former.

The practice of medicine is very old, it long antedates any true knowledge of disease; but ills did not call less loudly for relief because they were not understood, and these calls were not made in vain. This practice, prior to the knowledge of disease, however, was not always without reason and method; in those days they had two ways of proceeding: (1) by specifics, and at a much later date (2) by symptomatic treatment. In the beginning, all recognized diseases had their names and specifics, later the more observant began to notice ills that could not be included in the list of diseases known, and having no specifics for them commenced to treat them symptomatically; success gradually made them sceptical of their former specifics until none of the original remained, and since men can be said to have really acquired some knowledge of disease, very few have been added in their places.

It naturally follows that the laity not being possessed of this knowledge, their idea of treatment is the use of specifics; and they think it strange that all these centuries of

study and experience have resulted in the rejection of the former host of specifics and the replacing of them by scarce a corporal's guard in number.

To them, disease is a something entirely distinct from the body which ought to be neutralized or driven out immediately, should the physician understand his business. They are unwilling to believe that organs which have gradually become diseased, can at best only gradually recover, and that with the self-limited diseases which have no antidote, the doctor who ably seconds nature in its struggle deserves far more credit and recompense than if he had possessed a specific. As an example, the treatment of malarial fever, before the introduction of quinine, required much more skill and attention than at present.

That this craving for specifics among the laity is taken advantage of by unscrupulous men, may be seen by taking up any daily newspaper and glancing through its columns. These men are sharp enough to propound questions to the would be sick, that soon convince them they are on the verge of dissolution and can only be saved by taking the medicine in question.

We have, also, travelling quacks who always promise cures, in fact guarantee them, but always exact part payment in advance; it is true they hardly ever get the second payment when they have any real disease to handle, but they make the first payment large enough to pay them. For a working rule, we would say that a man's honesty or ability is in the inverse ratio of the number of specifics he vaunts.

There is no doubt that the pathies, which flourish in this country, have some good in them. It is not that the baths of the hydropaths do not benefit some troubles. The fault we find is that they are recommended for the cure of all diseases. In fact, the cry of all pathies is *cure*, and it is as attractive to the general public as the music of the pied piper was to the rats and children of Hamelin town, and the results, we think, often as disastrous to the victims.

Though there are few diseases which are susceptible of cure, there is an immense number the course of which the physician can check and ease, or even in certain cases completely arrest.

In febrile diseases, also, timely aid may enable an exhausted vitality to tide over the crisis, and thus a true physician may be said to be the companion who helps his patients fight their battles, and not the magician who annihilates their enemy. They must regard him as one, human like themselves (even to the appreciation of money), who has spent the best part of his life in laborious studies, in order to be able to shield them from the results of those inroads he is powerless to prevent.

In choosing a physician they must remember that they are choosing one to whom their life may at any time be entrusted and they must make the choice seriously, but when once made, implicit confidence should be given, for no layman is the competent judge of the treatment of a case, and no physician can do full justice to his patient unless he feels he has his confidence.

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#### OPHTHALMIA NEONATORUM: THE OUNCE OF PREVENTION AND THE POUND OF CURE.

We have just come (as our French friends say) from reading some statistics bearing upon a subject which has gravely interested us for a long time. In the *Pacific Medical and Surgical Journal*, for September, appears the report on ophthalmology, by A. M. Wilder, M. D., chairman of the section, read before the California State Medical Society at its last meeting. In his report, Dr. Wilder has occasion to speak of the ravages of *ophthalmia neonatorum*, and of the ease and certainty with which it may be prevented by "Credé's method." He gives some figures derived from various sources, and especially from a paper by Dr. Henry Garrigues, of New York. Now, these figures are but a twice-told tale to any ophthalmic surgeon; they have been iterated and reiterated in text

books and journals, the accoucheurs of France and Germany have hearkened to their imperative voices, and throughout these countries Credé's method of treating the eyes of new-born infants has become in obstetric clinic, after obstetric clinic, as much a matter of routine as tying the cord or washing the baby—nay, more a matter of routine, for there are those who bring reasons for the discontinuance of both procedures, but none so far as we know, has ever been able to prefer a single charge against this most perfect of prophylactic measures. The great hospitals of the North are rapidly falling into line with those of France and Germany. Are we never going to learn the lesson? We speak with warmth, for it falls to our lot to see year after year infants brought into the eye clinics of our "great Charity Hospital," both from the lying-in wards of the institution itself, and from the homes of the city and the country around about, with one or both eyes hopelessly, needlessly ruined. It falls to our lot to pronounce to stricken parents the bitter sentence: We can do nothing for your child. As soon as it is old enough it must be sent to some asylum for the blind to be educated.

This purulent ophthalmia of the new-born is not, it is true, of common occurrence in the children of the better classes, for it is usually, perhaps always in the severer cases, the result of inoculation with some morbid matter during the passage of the head along the vagina. Let it be remembered, however, that it is the children of these very lower classes to whom sight is indispensable for the earning of a living, and that without it they become almost to a certainty, a burden not only to themselves but to the whole community. And let not those whose practice lies wholly within the chaste circles of "our best families" lay to their souls the flattering unction that this is a question with which *they* have nothing to do. Now and then even into the most select practice a case will creep, and when the high-born little one is blind for life, can our fashionable confrère soothe his conscience with the reflection that he promptly called in consultation "the best oculist in town?"

You who sit in authority, into whose hands these weighty matters are confided, turn about upon your judgment seats and read upon the wall this hand-writing in no strange tongue, for the soothsayers have already done their work.

“ In the year 1879, F. Daumas submitted the following statistics to the Blind Congress meeting in Paris: Of 56,391 eye patients he had treated, 1,178 had become incurably blind. In 108 cases, the blindness was due to incurable diseases; 1,070 to curable diseases. Of these, 817, or 69 per cent., had become blind by the purulent conjunctivitis of new-born children. Horner states that an average of 33 per cent. (minimum 20, maximum 79) of blind children brought to the institutions for the blind in Germany and Austria, had lost their eyesight by ophthalmia neonatorum. In Credé’s clinic in Leipsic 10 per cent. of the children used to become affected; in Olshausen’s, in Halle, the average reached 12½ per cent.”

In 1880, Credé instituted his treatment, which, as every one should know, “ consisted in *washing the outer surface of the eyelids with plain water, separating them slightly, and letting a single drop of a 2 per cent. solution of nitrate of silver fall from a glass rod on the cornea.* Since Credé introduced this method in his clinic in 1880, until the end of March, 1883, he treated 1,160 children in this way, and only four were affected, and of these two, or perhaps even three, must be eliminated on account of particular circumstances.”

During Dr. Garrigues’ term of twelve months at the Maternity Hospital, New York, there were born 352 living children. “ One of these cases was delivered by an assistant, during the absence of the House Surgeon, and the application being neglected, the child had a purulent conjunctivitis, with opacity of the cornea, and although it was sent to the eye ward for special treatment, the case ended in complete loss of sight in both eyes. *Of the 351 children who were treated as prescribed, not a single one was affected.*

In Bohn, Credé's treatment was adopted in June, 1881, with the modification that instead of a 2 per cent. solution of nitrate of silver in water, a vaseline ointment of the same strength was employed. During the six years prior to the adoption of this treatment, ophthalmia occurred in 7.3 per cent. of the children born. From June, 1881, to November, 1883, 703 children were delivered, of whom only four have suffered from ophthalmia, or .56 per cent., and in three of these cases it was believed that the infection occurred subsequent to birth, as the disease did not appear until the seventh, eighth and ninth days respectively."

In the name of all that is wise, do not these figures tell their tale clearly enough? Will our brethren in spite of them still insist upon throwing away the ounce of prevention and then trying wildly, foolishly, to mend matters with the pound of cure? Will not the authorities of our great hospital, whom we have addressed once before on this subject, see their meaning and at last insist that Credé's method shall become a part of the obstetric routine in the institution over which they so ably preside?

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#### THE BOARD OF PENSION EXAMINING SURGEONS.

On August 20th, a Washington telegram announced that Commissioner of Pensions Black had appointed as a Board of Examining Surgeons for New Orleans: Drs. W. H. Hire, John Callan and Wm. O'Donnell. On the same date, Hon. L. St. Martin received a telegram, as follows: "I am advised that Dr. Hire is under indictment for violation of section 5438, Rev. Stat., U. S. Acting largely upon your recommendation I have appointed him Examining Surgeon. Will you advise me at once of condition of affairs. Jno. C. Black, Com. of Pensions." This, at once, brought out the astounding fact that Col. St. Martin had not given any such recommendation, and he at once telegraphed to Washington that the message purporting to come from him

recommending the above physicians, was a forgery. As soon as this state of affairs was made plain to Gen. Black, he revoked the commissions of Drs. Hire, O'Donnell and Callan and requested the old Board, consisting of Drs. S. C. Russell, Thos. Layton and O. Czarnowski, to retain their positions and continue to act as Examining Surgeons until further notified.

As a matter of course, considerable excitement was occasioned by such an unusual transaction, and the newspapers, as well as the Government, undertook an investigation into the *modus operandi* of the forger or forgers, as the case may be. The result of the work of the Government detectives has not yet been made public. The papers published a statement from Dr. Hire and one from Dr. Callan; both of these physicians disclaiming any knowledge of the forged telegram, or how, or by whom it was sent.

Dr. Hire stated that he did not know Col. St. Martin and knew nothing of the recommendation except Dr. O'Donnell's statement that he (O'Donnell) had procured Col. St. Martin's recommendation. He acknowledged being under indictment by the Government and only wished that his appointment had not been made until the case had been disposed of.

Dr. Callan, a young physician, ex-Resident Student at the Hospital, and one whom every one had learned to respect for his gentlemanly qualities and professional acquirements, made to the writer a statement similar in every respect to that given by the daily papers. He had been approached by Dr. O'Donnell for the use of his name in connection with a proposed new Board. Dr. Callan was specifically told that he was to do nothing; that Drs. Hire and O'Donnell would do everything that was required in the premises; among other things Dr. Hire obtaining the endorsement of the G. A. R., and Dr. O'Donnell that of Col. St. Martin. The young Doctor's mortification and indignation when the revelations now so well known were made, may be better imagined than described.

Both Drs. Hire and Callan cast the blame upon Dr.

O'Donnell, and charge him with being acquainted with the means by which Col. St. Martin's supposed endorsement was obtained. We have not seen any statement from Dr. O'Donnell and cannot give his version of the affair. Even if the two gentlemen whose statements are given are innocent of any collusion with fraud, still they, as poor dog Tray, were evidently in bad company with some one, be that whom it may. Good doctors make very poor politicians, and good politicians are miserable physicians. If these premises are true, when a good doctor goes into politics he is going to get hurt. The good doctor is very apt to trust blindly, and a good politician likes nothing better than a confiding catspaw with which to work out his schemes.

The whole affair is unfortunate in many ways. It is a reflection upon a community that such things can be attempted and so successfully carried out; and it is especially a reflection upon the profession of this city that members of its body will lend themselves to such conduct.

It is a pity that doctors will not cease wrangling for office. A dignified application for a position of honor and trust, for which a doctor may consider himself peculiarly fitted, cannot for a moment be objected to, but the invoking of all forms of political machinery, the wire-pulling and petition-making for an office, which brings no special glory to the applicant, should be, and are, repulsive to the right-thinking and high-minded men of the profession. It thus too often happens that the office-seekers and office-holders are not representative men of the profession, and bring down upon the whole medical faculty odium and disgrace, which are unfair and unmerited.

In this connection might well be mentioned a custom in this city, that not only gives a wrong direction to a young physician's ambition, but has been productive of much evil in the way of disorganizing the practice of medicine and deranging fees for professional service. This custom is *society practice*. Every firemen's association; every benevolent association, every colored society, and their name is



legion, elects annually a physician to attend the members and their families. Just before the annual election a committee from each body goes around to ten or a dozen physicians, and request them to put in bids, stating the lowest sum payable quarterly for which they will do the work. A society of two hundred members, exclusive of women and children, expects its medical attention for an amount between \$250 and \$500 per annum; and strange to say it finds no difficulty in getting it at that price. A *very* few societies pay by the visit (from 50 cents to \$1.00 each), but the majority pay by the year, and the physicians are at the beck and call, day or night, of any member, however slightly ill. Of course, it is very plain that it requires more than one society to provide a doctor with an income sufficient to keep him from starving. We could instance one medical man that had eleven societies; and another who received *considerably* less than a hundred dollars per month for paying an average of ten visits daily.

Where is the money in this kind of work we would ask? or, what is more than money, where is the honor or glory in thus degrading our calling? The sad results of such service as this is too apparent to require any further explanation at our hands. The only excuse offered by the society-doctors themselves is, that "others do it, and if I refuse this kind of work, I'll starve." It is too true that "others" do it; and it is true also that members of the American Medical Association, resident in this city, engage in this work. We cannot point out a specific section in the Code against this practice, but no one familiar with the Code of Ethics can for a moment hesitate in saying that it is violated in spirit from beginning to end.

The term "family-physician" is a paradox when applied to this work, and the physician only rises to his highest dignity when he is by *preference* the honored and beloved, as well as only, minister to the sufferings of the family.

## THE NEEDS OF MEDICAL EDUCATION.

This subject is, indeed, an old one, about which it would be hard to advance any ideas not already put forward; but it is, nevertheless, a subject of such pressing importance to the American medical profession and to the welfare of the American people, that we believe agitation of the question from time to time not only proper, but eminently necessary.

In the June number of this JOURNAL, we took occasion in an editorial upon this subject to review briefly the history of medical education in this country, and to refer to the deplorable condition of medical instruction as at present conducted. We then pointed out the crying necessity, not only of purging the profession of the quacks and incompetents who overrun it, but of materially diminishing the number of those annually entering the arena of practice through channels that claim respectability. We said there were two methods of reducing the enormous influx of new-fledged doctors:

1st. By requiring certain preliminary qualifications before permitting matriculation.

2nd. By raising the standard of medical instruction.

Concerning the preliminary qualification we then expressed ourselves at some length, but we desire again to refer to it.

Preliminary education may be of two kinds:

The 1st consists in the acquiring of the information which forms the necessary introduction to the study of medicine. The 2nd is, that true education which involves not simply the acquiring of the necessary facts, but accomplishes what is far more valuable, that mental training and discipline which enable one to systematize effort and make the greatest amount of the best work possible.

While, therefore, no respectable medical college should fail to demand less than the minimum requirement of the Illinois State Board of Health, viz: a "good English education, including mathematics, English composition and elementary physics, or natural philosophy;" we maintain

that to this *minimum* should be added a fair knowledge of Latin and one of the modern languages, preferably German, and of algebra. Prof. S. D. Gross contended, and no one could speak on this subject with greater authority, by virtue of his own eminent qualifications and his long service as an educator, that English, Latin, Greek, logic, mathematics, history and geography should comprise the preliminary study, and he commended a knowledge of French and German. He thought a "sound preliminary education could not be too strongly insisted on or too highly prized." He considered it "a boon of inestimable value." We have no idea that he regarded the mere information acquired in the study of some of the subjects he enumerates as absolutely essential to the acquirement of medical facts and principles, but he held that these studies best develop the higher faculties of the mind and make it better capable of dealing with those questions, in medicine, that require for their solution something more than a good memory and a praiseworthy application. With the simpler problems in medicine too, which some have been pleased to denominate the practical questions of medicine (as if everything tending in any degree to advance our knowledge of the science does not improve the art of medicine), these logically trained minds are more competent to deal because they have a clearer grasp and comprehension of the work upon which their solution depends.

The argument has been urged, that the poor man who desires to commence medicine has not the means to study a year or two in order to acquire this preliminary education. Would it not be infinitely better for such a man to work a year or more and by private, diligent application properly prepare himself. We believe the more rapid progress he would make in the study of medicine would fully compensate for the apparent loss of time. We know that the human mind is very slow to acquire knowledge in advance of its development. The following quotation from Prof. Von. Helmholtz, we extract from the annual catalogue (1884-85) of Tulane University of Louisiana, as being particularly applicable to students of medicine :

“Helmholtz says, speaking of academic freedom in German Universities, ‘The majority of students,—who are, as it were, the representatives of the general opinion,—must come to us with a sufficiently logically trained judgment, with a sufficient habit of mental exertion, with a tact sufficiently developed on the best models, to be able to discriminate truth from the babbling appearance of truth.

\* \* \* Thus prepared, they have hitherto been sent to us by the gymnasiums. It would be very dangerous for the Universities if large numbers of students frequented them who were less developed in the above respects. \* \* \* It must not be looked upon as pedantry, or arrogance, if the Universities are scrupulous in the admission of students of a different style of education.’”

Surely, if the power of independent thought is necessary for any work in life, it is pre-eminently so for the work of students and practitioners of medicine.

Of two men, one possessed of no knowledge at all and the other who has great information but no education, that is, no mental training, it is hard to say which is the worse fitted for the study of medicine. One is ignorant, it is true, but then he starts with no false notions, maybe, and with no exalted idea of his own ability; while the other, though he has considerable knowledge, has probably many wrong theories, which must be first eradicated before his mind is ready for the reception of correct impressions. “As the twig is bent the tree is inclined,” and the man who graduates in medicine (as he can in the majority of schools) without a sufficient training in the elementary branches of education (at least) will never get through blundering until by a process of gradual straightening he corrects his mental crookedness.

Let us see some of the improvements that might be advantageously added to the courses as at present conducted by most of the medical colleges in this country.

1st. A preliminary educational requirement. This has been sufficiently insisted upon.

2d. A graded course of not less than three years of nine months each. As Dr. Leffmann\* has pointedly remarked, "it would be curious to know under what circumstances originated the extraordinary method of medical instruction according to which the student is not to know anything, however easy, when he has heard it once, and to know everything, however difficult, when he has heard it twice." Nor can this state of affairs be improved materially by repeating the course a third time. There is no good reason why a medical course should not be made up of parts, as in the curriculum of a purely literary college, these parts being arranged in an ascending scale, instead of being mixed up together, as now, so as to form an incongruous whole.

3d. Examinations at the end of each term should ascertain the student's fitness to advance to the next higher grade. Then, at the end of the whole course a rigid final examination (usuually looked forward to with apprehension by students at college) should crown the honest effort of the faculty, not only to impart the proper instruction but to determine at its completion the fitness of the student to enter the practice of medicine, where not only the vitality of his own conscience but the welfare of suffering humanity are at stake.

4th. Let some value attach to the graduation-thesis; otherwise let it be abolished altogether. At present, theses are practically regarded as rubbish, fit only for the wastebasket, for it is and has long been the impression among students that their theses are never read by their professors. It is time, then, that this traditional form be left out of the requirements of graduation. It would be far better, as has been suggested, if the thesis were dropped and a clinical report be substituted, with the understanding that such report would be carefully read by the faculty and would form part of the test of the student's right to receive a diploma. Few would be competent, while learning the rudiments of medicine, to carry on such investigations as

\*Medical Education; a paper read before Phil. Co. Med. Soc., Sept. 1884.

would make a thesis valuable, but any man who should be allowed to graduate should be able to prepare an interesting and, perhaps, valuable, clinical report.

5th. Of course so much more being in this scheme required of a student, he should be given increased facilities for accomplishing work; the faculty should be sufficiently enlarged and all the accessories of the most thorough medical instruction should be sought.

It is undoubtedly true that much of the trouble with the present system of medical education arises from the fact that so much bad material is supplied to the medical mills, and the result of the grinding can but be unsatisfactory until the machinery is so perfected that only the good will pass through, the chaff remaining behind. Silk purses cannot be made of sow's ears; so, can good doctors not be made of men without capacity. So long as the supply of bad material continues, no loophole should be left in medical education, through which the incompetent may escape into medical practice.

Prof. Gross thought that the present deplorable state of medical education was likely to continue, in fact, that things were likely to go from bad to worse until reaction followed and some reform was effected.\* This view was, we will admit, too pessimistic, but how bad things really are may be seen from the statement made by Dr. E. Y. Nelson, of Delaware, Ohio, in a paper entitled "The Relation of the Literary to the Medical Colleges" (see *Journal of the American Medical Association*, Vol. IV. p. 255†), that according to the schedule of medical colleges, adopted by the Illinois State Board of Health, "there are in the United States ten first-class medical colleges." This shows a disposition on the part of the colleges to decline to adopt, or to evade the carrying out of, the requirements of a first-class medical education. What then is the remedy? Simply what has been urged for so long by the American Medi-

\*See pamphlet on Med. Education above referred to, p. 35.

†See also an address before the Alumni Association of the University of Michigan, Dr. Conrad George, June, 1885.

cal Association and by all fair-minded men, competent to judge, that in every State and territory, State Boards of Examiners, entirely independent of the medical schools, should be established and the power vested in them solely of granting a license to practice. Diplomas would then count for nothing, all applicants for the license, graduates and non-graduates, being placed on the same plane, until the examination before the Board conferred distinction. Thus, would medical schools be made simply places of instruction and the best schools would of course, be those wherein the best instruction could be obtained. Such schools might advantageously be endowed by the State but not given the power to grant licenses. The argument against the establishment of such Boards of Examiners has been urged, that most of the States have tried them and found them not to work. Certainly, such Boards must be so constituted by law that the probable showing of favoritism or prejudice would be reduced to a minimum.

Already Nebraska and Virginia have such Boards, which work well, and other States are preparing to follow. Better times seem to be coming. Let us hope that the full light which follows the dawning will not be long delayed.

That venerable Nestor of our profession, Prof. N. S. Davis, has given much thought to this subject. He has devoted the best part of his life to medical teaching and his views concerning the reform of medical instruction are radical and pronounced. He advocates the establishment of examining boards in every State and the taking away from the schools the right to grant diplomas which shall confer the license to practice. We would refer our readers to the discussion of this subject in the Section on State Medicine of the American Medical Association, reported in our June number

## EDITORIAL COMMENTS.

## THE USE OF THE CINCHONA ALKALOIDS IN PREGNANCY.

Dr. Chassaignac's paper by this title calls our attention to one of those questions in medicine which singularly enough it would seem, remain year after year unsettled. It is argued *pro* and *con* in text books, written about in Journals, wrangled over before societies, and the solution remains as far away as ever. That the cinchona alkaloids may and do produce uterine contraction there seems no reason to doubt; that the poison of malaria is capable of bringing about abortion, seems equally beyond cavil; but when malaria is present in the pregnant female and quinia is administered, whether the drug by neutralizing the poison will ward off the impending danger, or whether adding its oxytotic action to that of the miasm it will increase the peril—that is the question.

At the meeting of the New Orleans Medical and Surgical Association before which Dr. Chassaignac's paper was read, nearly all the physicians present agreed with the author that quinia, especially if guarded by opium, should be administered under these circumstances, the evil influence of the malarial poison constituting *the* danger to be dreaded. There was one, and one whose opinion is worthy of consideration, however, who dissented. He mentioned two cases within his experience where the drug, although in one case combined with full doses of opium, had seemed to cause the premature birth which took place. In spite of his earnest and able pleading the doubt remained as unresolved as ever, for his adversaries contended, and with much apparent justice, that the administration had been too long delayed, and that malarial abortion (to coin a term) had already set in at the time of its exhibition. In fact, such questions can never be settled by the citation of individual



impressions; figures, figures derived from the most careful and guarded observations must be forthcoming.

For the settlement of this dispute the arena is here, in this very State and city. There is not a practitioner among us having a good obstetric practice who could not for the trouble of recording observations cast much light on the subject. The records of the lying-in wards of the Charity Hospital alone would furnish conclusive proof, had they been and were they kept and made accessible in a manner befitting that great institution.

As it is the Hospital furnishes an unparalleled field for experiment and observation to any one anxious to push the enquiry. At any rate Dr. Chassaignac's eleven carefully recorded cases are a step, if a short one, in the right direction and we hope that he will continue the march.

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#### “GENUINE HYDROPHOBIA CURED.”

In the September number of the *Virginia Medical Monthly*, is an account of a case of “Genuine Hydrophobia Cured,” by H. Emmet Wooten, M. D., of Kemper, Texas. It is of interest in connection with the graphic history of a case of the same disease contained in this number of the JOURNAL.

Dr. Wooten says of his patient: He “had been bitten by a rabid dog, twenty days previous, in the calf of the right leg, taking out a piece of flesh one inch in length. He was having spasms, and was tied down to the floor with strong ropes. I was told that he had been snapping and foaming at the mouth for six hours and had convulsions every thirty minutes. \* \* \* The dog bit a cow and a sow upon the place, both of which died the tenth day. I at once administered twenty grains of the bromide of potassium in glycerine and water, and gave him an hypodermic injection of morphia, one half grain every two hours, until the spasms ceased which they did at 9:30 o'clock on the following day. I applied a plaster of subnitrate of bismuth, one inch thick, to the bitten leg and

kept it there until the third day. *It brought away nearly a pint of greenish pus*, when the patient was able to leave his room. I attribute his cure to the bismuth and potash. I also gave him ten grains of calomel the second night, which operated finely. The young man is now well. \* \* \*

That this was a case of hydrophobia, seems to us more than doubtful, and the doubt is enhanced by a comparison of its meagre details with those of the case so fully reported in our present number. In that case, the symptoms all agree with those described by the most trustworthy observers. An unmistakable case of the disease which terminated fatally, death being due to exhaustion, in Ward 16 of the Charity Hospital, in 1877, presented the same group of symptoms. There were no general convulsions, no snapping at the by-standers, no foaming at the mouth, no barking, growling or running on all fours, no canine conduct of any sort.

No indubitable case of this dreadful disease has ever, so far as we are aware, been cured. Dr. Wooten must make good his claim to cure by a more extended report of the symptoms manifested by the patient, the dog, and the subsequently inoculated sow and cow. For the present we are inclined to believe that the "pint of greenish pus" locked in the muscles of the calf was the true cause of the alarming symptoms, and its release the efficient factor in their cure. Hydrophobia is so rare, accurate descriptions of well observed cases are so uncommon, while sensational reports of spurious or feigned attacks are so rife, that many of the profession are inadequately informed upon the natural history of the disease. Thus, the wildest utterances of the laity are often allowed to go uncorrected and the name HYDROPHOBIA, terrible enough in itself, is wrapped in an additional atmosphere of fantastic and superstitious terrors. Such needless and imaginary clouds upon the face of human happiness it is the express duty of the man of science, in any department, to dispel, but this duty is especially incumbent upon those whose life

task is the alleviation of all forms of human suffering of mind and body, be they real or fancied.

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### EXENTERATION vs. ENUCLEATION.

In a paper read before the Society of German Naturalists and Physicians, in 1884, Professor Alfred Græfe laid down rules for the neat and satisfactory performance of *exenteratio bulbi*, of which a description from the pen of Dr. Middleton Michel was quoted in our last issue, and urged upon the profession certain reasons why it should be preferred in many cases to the older enucleation. (See *American Journal of Ophthalmology*, Vol. II, No. 1.) There can be no doubt that a similar operation had been successfully performed by many surgeons long before the communication of Professor Græfe above referred to was made, as one may readily see by consulting Nos. 3 and 4, Vol. II, of the *American Journal of Ophthalmology*, and Nos. 2 and 3, Vol. XIV of the *Archives of Ophthalmology*.

Indeed, we remember that Dr. C. Beard, an oculist whose name will be familiar to our readers in this and the neighbouring States, mentioned to us in conversation at a date long preceding 1884, that he had done and been well pleased with an almost identical operation. Professor Græfe, however, by the thought and study which led him to realize the desirability of a substitute for the classical enucleation, by the faithfulness and courage with which he has experimented, and by the ability with which he has pointed out the advantages to be anticipated by the new procedure, has made the operation his own.

In the paper referred to Prof. Græfe cites ten cases collected by him from European literature, in which death from cerebral meningitis has followed enucleation, and alludes to similar cases recorded in American journals. He very justly remarks that doubtless many cases have occurred which have never been made public. When we call to mind that enucleation is seldom, if ever, done for the purpose of saving life, save in cases of intra-ocular malignant growths, and here exenteration cannot be offered as a

substitute for enucleation, loss of life as a consequence of the operation must be peculiarly distressing.

The *a priori* reason for the safety of the operation are obvious; neither the capsule of Tenon nor the inter-vaginal lymph-spaces of the optic nerve are opened, while the cross sections of the vessels cut within the eye are less than those of the same vessels severed on the outside of the globe.

Another advantage is that the ocular muscles remain attached to the sclerotic stump, and thus an artificial eye is held in better position, and is endowed with more perfect motility than after enucleation.

According to Prof. Græfe healing is not longer delayed than after enucleation, especially if the operation be done under irrigation with the bichloride solution. There is usually great chemesis, often swelling of the lids, and sometimes acute pain following the operation. The latter may be allayed by the application of iced compresses.

At last reports Prof. Græfe had done exenteration seventy-five times without a single bad result, and had found it meet all the indications which call for enucleation, with the exceptions above mentioned.

In a case reported by Dr. H. Knapp (Nos. 2 and 3, Vol. XIV, *Archives of Ophthalmology*), however, the operation was followed by severe orbital cellulitis, arising, Dr. Knapp thinks, from thrombosis of the vortex veins. The mouths of these veins passing through the unelastic sclera are left gaping after evisceration, and may furnish an open channel for septic infection.

Such reflections should temper our ardour without abating our courage in dealing with a new operative measure.

Only long experience can teach us what is best and safest.

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#### CLARK, PERRY AND MARITIME SANITATION.

It is strange that people will so often refuse credit to the authors of useful innovations. *Gaillard's Journal* says of Dr. Holt's quarantine measures: "The process is the

same as that invented and applied by Drs. Clark and Perry, quarantine surgeons under Gov. Kellogg ten years ago, but abandoned upon the change of administration, prior to the epidemic of 1878." This is the first we have heard of any such practice by any previous Board of Health. A Politzer bag and a charcoal furnace may have been used by the aforesaid Drs. C. and P., but no apparatus for a scientific application of the process was ever used in the Mississippi river below New Orleans. People who are inclined to belittle Dr. Holt's process simply display their ignorance. We confidently believe that when the President of the Board of Health has by experience fully perfected his plan, his quarantine system will be the best in the country. No quarantine is absolutely perfect, even that of total non-intercourse with the infected locality: a person from Vera Cruz can get to New Orleans in many other ways than through the Mississippi. Again, a person in the stage of incubation, which has been unusually prolonged, cannot be purified of his poison, but goes to the city to start an epidemic. The process would not be wrong, nor the officers negligent; it is simply in the present state of human intelligence unavoidable.

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### THE DANGEROUS RAG TRADE.

Dr. Geo. M. Sternberg in a recent letter to the *N. Y. Medical Journal* calls attention to a recent order of an English Local Government Board, viz:

"Art II From and after the date of this order and until the first day of November, 1885, no rags from Spain shall be delivered overside *except for the purpose of export*, nor landed in any port or place in England or Wales."

Allusion was made in a leading article in this JOURNAL last month to the danger to which we are exposed from rags from Spain. There is no doubt in the world that cholera may very easily be transmitted in this way. Dr. Sternberg in this same letter mentions an instance in point. In Kriegstetten seventeen women engaged in tearing rags in a paper mill were siezed with cholera and twelve died.

Investigation showed that the rags came from cholera houses in Turin. After the rags were subjected to disinfection and boiling no more cases occurred.

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## CORRESPONDENCE.

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DR. JOSEPH HOLT AND STEAM AS A DISINFECTANT.

OFFICE OF THE SANITARIAN, }  
New York, Sept. 14, 1885. }

Messrs. Editors *N. O. Med. and Surg. Journal*:

As all of your readers do not see *The Sanitarian* and as some of them may possibly be as ignorant of the use and efficacy of steam as a disinfectant of vessels, as well as of other things, as Dr. Joseph Holt, President of the Louisiana State Board of Health, pretends to be, I trust you will grant me space for this communication that it may go before the same readers as his remarkable innuendo in reference to myself in your September number.

In an editorial in *The Sanitarian*, headed "Disinfection of Vessels," vol. XIV, page 551, I took occasion to animadvert upon a particular paragraph of Dr. Holt's description of his "New Quarantine System." in the same number, which reads as follows:

"This general plan, having once been enforced, we may boldly proclaim that *for the first time in the history of quarantine, a ship has been actually cleansed, disinfected, purged of suspicion by appliances adequate to the work.*" (The italics are mine.)

"From which," I remarked, "one is led to infer that Dr. Holt and the editors of the *New Orleans Medical and Surgical Journal*" (referring to remarks in conjunction with Dr. Holt's paper) have limited their observations to New Orleans. . . . We confess to some surprise that these gentlemen seem never to have heard of the efficacy of steam and its easy mode of application for the disinfection

tion of vessels, as of other things more or less, with *certain* efficacy ever since 1848, and recently endorsed as the most efficacious of all means. But *The Sanitarian* would not be understood as belittling Dr. Holt's plan for the plenary injection of sulphurous acid or other vapors, which is an advance on the methods hitherto used for this purpose. Moreover, our own use of sulphurous acid, in *sufficient quantity*, even by crude methods, has been so satisfactory in its results as to give us unshaken faith in its efficacy, notwithstanding the recently published results of certain experiments. In chlorine we also have implicit faith, but when applied with sufficient potency for disinfection, it is so destructive to some materials as to preclude its use. In bichloride of mercury or anything else, as a ship disinfectant, in solution except in vapor, we have but little confidence, for the manifest reason: Such substances can not be applied to the infected recesses."

For this feeble wriggle at Dr. Holt's attempt to sit down upon all the progress that had been made in the disinfection of vessels and quarantine reform generally, until the advent of his recent invention, the efficacy of which is yet to be proven, in your September number, under "Some Quarantine Reflections" he renews his effort, and this time with personal allusion:

"*As a matter of truth, steam can not be applied as an effectual disinfecting agent in ships, and steam has not been the method of disinfection in any port since 1848, or any other time. Some one may have tampered with it, but did not disinfect.*" (The italics are mine.) And coupled with this assertion, he boldly charges me with the offense he has himself committed, namely with trying to strip him of originality, etc. But he uses one very important truth.

It is certainly true, as Dr. Holt says, that the statement to which he refers if coming from a country bumpkin would have been silly, because country bumpkins are not reasonably supposed to be sufficiently familiar with such subjects as to have intelligent opinions upon them. But few country bumpkins, we opine, are so abominably ignorant as not to

know that steam can be driven anywhere where any other vapor can be driven. In this respect, the limitations of Dr. Holt's knowledge, places him below the grade of knowledge, with which he shows some familiarity, for some country bumpkins there are, we know, who are much less like the ancient King of Siam, who did not believe water had ever been solidified, because he had not seen it, than Dr. Holt is. They, accomplished country bumpkins hereabouts, would instruct Dr. Holt in the use of his own machine: Show him how, by means of steam, water can be raised to a boiling temperature in a wooden bowl; inform him that flexible steam hose-pipe is made under a temperature test of 360° Fahr., by means of which and steam the water may be boiled in the bilge of a ship, and high steam driven through all her limbers and open spaces, with a facility and destructiveness to infectious emanations and organic germs, if there are any present, never dreamed of in his philosophy. These are among the recent advances, though familiar to some country bumpkins. But Dr. Holt has need of the alphabet, and some lessons in addition, hence for his benefit, and as matter worthy of record in your JOURNAL, I here append an excerpt from some old papers.\*

During the summer of 1847 almost every vessel of the U. S. Naval squadron in the vicinity of Vera Cruz became infected with yellow-fever. Among the rest, the steamer *Vixen*, which vessel had had a good deal of river service, was very filthy and filled with vermin, was so badly infected toward the latter part of the season that all hands were constrained to sleep on deck. Though yellow-fever ceased to prevail during the season of the northers, the winter months, the crew of the *Vixen* continued to be in a sickly condition, with an occasional case of fever sufficiently typical to remind us that "Yellow Jack" had not departed. Before the return of hot weather, about the 1st of May, 1848, there being no immediate prospect of going north, it was determined to break out, as far as practicable, while on sea-service, and paint ship. Previous to undertaking this, however, the commander, the late James H.

\*Fourth National Quarantine Convention, Boston 1860, p. 231; Hunt's Merchants Magazine, 1863; Transactions Medical Society of State of New York, 1864, and 1868; and early volumes of The Sanitarian.



Ward, Esq., resolved upon a final effort for the extermination of the vermin by steam. Everything liable to injury was taken on deck, the hatches closed, and by means of a common leather hose connection, steam was turned in below decks. This was kept up for two or three hours, so that every crevice was completely permeated. After this there was a thorough scraping, whitewashing, and painting. There was an immediate improvement in the health of the crew, and not another case of fever to the end of the cruise in midsummer. A few weeks subsequent to the steaming of the *Vixen* the gunboat *Mahones*, Commander W. D. Porter, having been on a surveying expedition up the Tuxpan River, returned to the anchorage at the mouth of that river, and telegraphed for the medical officer of the *Vixen* to visit the sick. There I found three cases of yellow-fever, and within a few days four others occurred. The *Mahones* was a vessel captured from the Mexicans, had never been off the coast, and was filthy in the extreme. The salutary effects of the steaming on board the *Vixen*, both for vermin and fomites—no unusual associates, by the way—were so apparent that the same process was forthwith advised and applied by means of the *Vixen's* engine and hose to the *Mahones*, and, as in the first instance, fever and vermin both ceased to exist; there was not another case. These vessels both continued on service in the vicinity of Vera Cruz until the following August, when they were sent to Norfolk, and were at once admitted to pratique. The *Mahones* was there laid up until sold. The *Vixen*, after remaining three weeks without “breaking out,” was, with a new crew, transferred to the coast survey in the Chesapeake Bay for the remainder of the summer. In neither of these vessels was there any return of the fever. About the same time that the *Vixen* and *Mahones* arrived at Norfolk, the frigate *Cumberland* and the steamer *Scorpion* arrived at New York. The *Scorpion* was at once quarantined on account of recent cases of yellow-fever on board; and the *Cumberland*, not having had any cases since the previous season, was, after “fumigation” and a few days’ detention, permitted to go up to the navy-yard to “break out,” But scarcely had the work commenced before the yellow-fever also broke out on board, and the vessel was, in consequence, sent down to quarantine, and there kept until frost. The *Cumberland* and *Scorpion* were of the same squadron as the *Vixen* and *Mahones*, were more commodious, better ventilated, and in every respect in better con-

dition for health, *excepting that they had not been steamed*. Deeply impressed with the benefit of heat as applied in the cases of the *Vixen* and *Mahones*, I have frequently commended it; but until during my superintendency of the floating hospital, in 1862, I am not aware of its having been put in practice. Of all the infected vessels that arrived at this port during the season, the steamer *Delaware* was probably the worst; at any rate, the malignancy of the fever from that vessel was greater than that from any other. The *Delaware* had proceeded from the Tortugas in the early part of August with invalid soldiers on board, stopped at Key West, Fernandina, St. Augustine, and Port Royal, where, in consequence of having yellow-fever on board, she was put in quarantine twelve days, and then sent to New York. She arrived here September 21st, having lost one man with the fever on the passage from Port Royal. On arrival, her commander, Captain James S. Cannon, and two of the crew were sent to the floating hospital, and within five days afterwards seven of the invalid soldiers, all well-marked cases of yellow-fever, and some of them so malignant as to have black vomit supervene within a few hours from the time of attack, and to die within forty-eight hours. One died on board the *Delaware* within twenty-four hours, his case being so malignant that the boarding officer deemed it useless to transfer him. In this state of affairs, at my urgent request, the remainder of the invalid soldiers (18) were transferred to the (yellow-fever) floating hospital for safety. They all escaped the disease; and I have not the least doubt that if all the soldiers had been removed on arrival several lives might have been saved instead of lost by depending upon the effect of "fumigation." During the convalescence of Captain Cannon, I recommended to him the use of steam for the purpose of effectually disinfecting his vessel. I subsequently received the following letter:

U. S. TRANSPORT "DELAWARE," }  
New York, *November 30th, 1862.* }

"DR. BELL—*Dear Sir*: During my confinement in Quarantine Hospital with yellow-fever, last summer, you suggested the idea of disinfecting my vessel by steam. In accordance with the suggestion, before my recovery, the engineer steamed the lower cabin where nearly all the sick had been confined. After my recovery, I more effectually steamed the vessel by closing her up below and driving the steam through her lower hold and bilges. This I did by

attaching a hose to the boiler and leading it below through an aperture left for that purpose. Although we remained in quarantine three weeks after the first steaming, we had no sickness among a crew of twenty persons; and since that time the steamer *Delaware* has been in a perfectly healthy state. After refitting, the *Delaware* was sent to Port Royal with soldiers and encountered a heavy gale; of course, everything was damp, but no sickness occurred on board, and the troops remained perfectly healthy after landing. On my return, over 100 invalid soldiers came North with me, but there was no sickness among them except that which they brought from the hospitals. The only injury resulting from the use of the steam was to the paint, which it stained; and the first time charring the leather, and the second time melting the rubber hose. In using steam, hose which cannot be affected by heat easily ought to be provided especially for the purpose, by a copper coupling about ten feet long attached to the cock where the steam comes directly from the boiler and the heat is most intense. Much injury might otherwise result from the cracking of the hose, if leather, or melting it, if rubber, by the escape of steam.

"I am so well satisfied of the beneficial effects of steam on shipboard that I would be sure of cleaning my vessel of that dread disease, the yellow-fever, by its use in a very short time.

"I am very respectfully, your obedient servant,

"JAMES S. CANNON,

"*Master U. S. Transport Delaware.*"

NAVY DEPARTMENT, WASHINGTON, }  
*January 30th, 1868.* }

*Sir:*—Your communication of the 22d inst. has been received. Transmitted herewith, by direction of the Secretary of the Navy, is a copy of the report of Commander Chandler, of the U. S. Steamer *Don*, dated the 16th ult., on the disinfection of his vessel by steam. The report of the medical officer of the vessel, to which allusion is made, has not yet been received.

Very respectfully,

WM. FAXON,

*Assistant Secretary of the Navy.*

Dr. A. N. BELL, No. 117 Clinton St., *Brooklyn, N. Y.*

[COPY.]

U. S. STEAMER "DON" (4TH RATE), }  
 Santa Cruz, W. I., December 16th, 1867. }

HON. GIDEON WELLES, *Secretary of the Navy:*

*Sir:*—I have the honor to inform the Department that yellow-fever broke out on board this vessel on the 26th of November in its most virulent form. Seven men were taken down, but the symptoms did not at first seem alarming, and the fever was light. Soon, however, delirium took place, followed in a few hours by black vomit and death. I was, by order of Rear-Admiral Palmer, examining the Island of St. John's, as reports had been circulated that the recent earthquake had destroyed a portion of it. These reports were groundless; I immediately returned to St. Thomas, when the fever became malignant, and was ordered to Santa Cruz. On arriving here the ship was anchored with a spring, and was always broadside to the wind. The sick were at once landed, Commodore Bissell kindly sending his launch for that purpose, and clothing and bedding aired. Some time ago, one of the members of the Board of Health of the City of New York gave me the pamphlet which I have the honor to inclose, in relation to overcoming miasma by heat or steam, and I resolved at once to test it. The ship was thoroughly impregnated with yellow-fever. I caused the hatches of the berth-deck and ward-room to be securely closed and battened down. One joint of the steam-heater on the berth-deck was disconnected, and the same operation performed in the ward-room. A thermometer was lowered through a small slit in the tarpaulin, and, after two hours steaming in the ward-room, it indicated 205 degrees, and on the berth-deck 172 degrees. I am under the impression that the true temperature was at least 10 degrees above these figures, as the act of bringing the thermometer in contact with the air above caused it to fall too quickly for an accurate observation. The hatches were then opened, decks dried down, the joints of steam-heaters replaced and steam turned through the heaters, and in two hours there was no indication of the extreme heat those places had been exposed to except blistered paint, and a few articles of furniture that were glued together had fallen apart. The berth-deck had previously been scraped, ready for a new coat of white-wash, which was soon put on, and it affords me much happiness to state that no new cases of fever occurred. Several men afterward complained of pains in the head

and back with a little fever, showing that although the heat had mortally affected the disease, yet it was still struggling for existence. We had twenty-three cases on board, and seven died. I have the honor to inform the Department that I am fully persuaded that heat eradicated the disease on board this vessel as effectually as a severe frost could have done, and I would respectfully recommend that vessels of war destined to cruise on the West India stations be provided with means of steaming the lower decks and holds.

The medical officer, A. A. Surgeon Thomas Owens, has made a detailed report to the Bureau of Medicine and Surgery. The fire department, as usual, suffered most, owing, I think, to imprudent exposure in coming from the hot fire-room to a cool draught on deck, and also from excessive drinking of cold water while in a heated state. This is the third yellow-fever ship that I have served on board of, but I have never before seen the disease in so violent a form.

Very respectfully, your obedient servant,

(Signed) R. CHANDLER, *Commander U. S. Navy.*  
*Brooklyn, N. Y., February 4th, 1868.*

While I regret the length of this communication, considering the good use to which you commonly put your pages, I think you will agree with me in the opinion that the subject is one upon which your readers should have as much information as possible.

Truly yours,

A. N. BELL, M. D.,

*Editor of the Sanitarian.*

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THE PRESENT STATE OF THE TREATMENT OF CHOLERA  
 BY FERRAN'S INOCULATING INJECTIONS.

From our Paris Correspondent, E. LAPLACE, M. D.

About six weeks ago there came to Cornil's laboratory of pathological anatomy, Prof. Rummo of the University of Naples, sent by the Italian Government to investigate Ferran's system of inoculations against cholera. He remained a few days here examining the *inoculating fluid* brought back from Spain by Prof. Brouardel, who had just returned from a similar mission on the part of the

French Government. This fluid had been procured from Ferran himself, who averred that to its mitigating influence was due the insusceptibility of those inoculated with it, to an attack of cholera. This was shortly after the Spanish minister of the interior, from very evident results, had prohibited Ferran from further practicing his inoculations. But the people clamored, and permission was again granted him to continue. Prof. Brouardel reported that just as many of the inoculated were attacked with cholera as of the non-inoculated, and that moreover, many of the inoculated suffered with violent local manifestations, such as phlegmonous abscess, etc. But whilst Ferran placed himself as a benefactor to the poor, his fees for inoculation were heavily laid upon the rich, so that by this means he made rapid strides in fame and wealth.

Being therefore in possession of his secret inoculating fluid, Prof. Rummo submitted it here to a careful analysis. Chemically it revealed nothing beyond the constituents of ordinary broth beginning the process of decomposition. As Ferran pretended that his fluid was a result of cultures of cholera bacilli which had thus been attenuated, a minute quantity of said fluid was then transplanted to tubes containing nutrient gelatine and the bacilli thus submitted to the ordinary process of cultivation.

Cultivations were also made in nutrient gelatine and agar-agar spread on a glass plate. The results were as follows: In the tubes large colonies of unsymmetrical bacteria were produced, which did not liquify the gelatine. Microscopically, there were numerous bacteria much resembling those of decomposition, and quite small.

The cultivations on a glass plate revealed, (1) colonies that grew in small dots; (2) colonies growing in large hemispheres; (3) colonies growing after the shape of a feather.

Under the microscope, the first and second groups appeared alike, being composed of single flat bacteria, while the third group presented real bacilli.

When Ferran's liquid was examined "in natura" for

bacilli, several different kinds of bacteria were to be detected in it, having no particular significance and much resembling those of the atmosphere.

Finally, none of the micro-organisms found in Ferran's fluid, either in a pure state or after cultivation, bore the slightest resemblance or analogy to the comma-bacillus, invariably found in cholera dejections.

Armed with this information Prof. Rummo proceeded to Spain and joined Ferran in his work. The former observed the same unflattering results of the inoculations as had been reported by Prof. Brouardel, whilst Ferran still boasted of the wonderful nature of his attenuated virus-fluid. On procuring some of the fluid from Ferran, Prof. Rummo then and there proceeded to repeat the same experiments as were performed in Cornil's laboratory, and obtained exactly the same results as were just described. He in this way demonstrated to Ferran that the micro-organisms in his fluid did not possess any analogy whatever to that of cholera as he claimed, and consequently that his liquid was worthless, thus explaining the bad results of the inoculations. Ferran admitted the result of the experiments and destroyed the rest of the inoculating fluid in his possession, saying it was worthless and laying the blame on his assistants in his laboratory at Valence who had been guilty of negligence, etc., in its preparation.

Whereupon, Prof. Rummo informed Ferran that the results of the experiments obtained in his presence, were identical with those of the experiments performed with the fluid given by him two months since to Prof. Brouardel of Paris, and that consequently he must have been inoculating for at least the last two months with this worthless fluid.

Here Ferran was dumbfounded, broke into tears, supplicated Prof. Rummo not to speak, and returned immediately to Valence to prepare fresh fluid. It is supposed that so far the fluid has been nothing else than a light chicken broth.

Prof. Rummo, returned here three days ago bringing some of the fluid which again gave identical results, thus

confirming once more the experiments first made here some six weeks ago.

The above is exactly as it was related to me in Cornil's laboratory yesterday by *Rummo* himself, while I assisted at all the experiments, etc., above described

PARIS, Sept. 6th, 1885.

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## REVIEWS AND BOOK-NOTICES.

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*Lectures on Diseases of the Nervous System, Especially in Women.* By S. Weir Mitchell, M. D., member of the National Academy of Sciences, etc., etc. Second Edition, Revised and Enlarged, with Five Plates. Philadelphia: Lea Brothers & Co., 1885. Pp. 283.

This work deals chiefly with some of the rarer nervous diseases which attack women and which, from their obscurity and protean character, usually confound the general practitioner. Much of the material is from the author's own studies. The author's name alone is a guarantee of excellence; and in this, the second edition of his work, he has added the fruit of years of accumulated knowledge and thought. His treatment of the subject of hysteria is quite exhaustive, and would alone furnish matter for a small volume. The work is specially rich in practical hints relating to treatment, the fruit of long observation and study.

A. McS.

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*Six Lectures upon School Hygiene,* delivered under the auspices of the Massachusetts Emergency and Aid Association to Teachers in the Public Schools. Boston: Ginn & Co., 1885. Pp. 193.

These Lectures, by different speakers, give a résumé of well-known facts relating to the hygiene of schools. Heating, ventilation, care of the eyes, epidemics, disinfection, etc., are dealt with by men who are evidently abreast of the times in all that relates to school hygiene. The work is intended as a guide to teachers and professors in preserving the health of those intrusted to their care; and as such



it can be recommended. Works of this class will bear fruit in the improved health of the coming generation; and the work before us, although short, will perform its share in the labor of disseminating a knowledge of hygiene.

A. McS.

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*Tabulæ Anatomicae Osteologiae.* Editæ a Carolo H. Von Klein, Artium Magistro, Medicinarum Doctore.—Cincinnati Lithographic Co.

This book will, we have no doubt, be found a very useful addition to every student's library. The author has given us cuts of each bone from every possible point of view, being much more thorough in this respect than other authors of similar works, and though the artistic merit of the plates is not as great as we are led to expect from reading the introductory, still, as we are promised a cheap book, and the plates are sufficiently good for purposes of instruction, we think we can safely recommend it to our readers.

G. B. L.

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*Fiori Sparsi Sulla Tomba di Luigi Somma.*

This is the title of a pamphlet that we have received from Doctor Giuseppe Somma, one of the editors of "*Archivio di Patologia Infantile*" of Naples, (Italy).

It is a handsome volume of over a hundred pages excellently printed in mourning, dedicated to the lamented Professor Luigi Somma, who died of cholera last year at the age of forty-seven. It is a neat collection of all that was said and written at that time by his friends, and by the Italian and foreign medical press. A handful of flowers, that the author scatters upon the tomb of his beloved senior brother as a token of gratitude, as a tribute of affection to his memory. The last farewell. A warm tear of fraternal love dropped upon the cold marble which covers his remains! By these long and earnest testimonials, we can easily judge how keenly this excellent man's loss was felt through all Italy. How esteemed and loved he was by that Neapolitan population, which had learned to consider him as one of its best citizens, as one of its greatest benefactors! The founder of the study of pædiatrics in Italy, and of the Journal "*Archivio di Patologia Infantile di Napoli*," the writer of many valuable scientific works Professor Luigi Somma, was certainly one of the most progressive and learned physicians of his country.

When we see men, like Luigi Somma, disappear from the scenes of this world, leaving behind them such an inheritance of good works, ideas of pessimism and discouragement vanish from our mind, and we say with the Italian poet:

“The man who leaves love upon earth, will certainly find  
“his home in Heaven!”

J. D'O.

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*A Treatise on Epidemic Cholera and Allied Diseases;* by A. B. Palmer, M. D., LL. D., Professor of Pathology and Practice of Medicine in the College of Medicine and Surgery of the University of Michigan. Ann Arbor, Mich.: Register Publishing House, 1885. Pp. 222.

This work consists of two parts: Part I includes the definition, history and etiology of cholera; its phenomena, symptomatology and pathology; its diagnosis, prognosis and prophylaxis; and its treatment. Part II treats of the choleroïd diseases, such as cholera morbus, cholera infantum and serous diarrhœas, their nature and treatment. The author goes over the subject of Asiatic cholera pretty thoroughly. The book is written in a pleasant style and will repay perusal. Throughout the book the name of Dr. Klein is written Kline. This should not be. Dr. Klein has done enough good work in pathological investigation to merit a correct spelling of his name by those that use it

F. W. P.

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## PUBLICATIONS RECEIVED.

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*Health Statistics of Women College Graduates.* Report of a Special Committee of the Association of Collegiate Alumnae, Annie G. Mowes, Chairman, Boston: Wright & Potter Printing Co., State Printers, 18 Post Office Square, 1885.

*Vaginal Hysterectomy for Cancer.* By A. Reeves Jackson, A. M., M. D. Reprinted from the *Journal of the American Medical Association*, Chicago, 1885.

*A New Bandage for Fixation of the Humerus and Shoulder-Girdle.* By Chas. W. Dulles, M. D. Reprinted from the *Medical News*, August 29, 1885.

*Medical Education.* A paper read before the Philadelphia County Medical Society, September 24th, 1884, by Henry Lefmann, M. D., D. D. S. Reprinted from the Proceedings of the Society.

*A Plea for the Use of Pure Alcohol and Alcoholic Mixtures of known composition, in preference to ordinary Fermented Liquids.* By Henry Leffmann, M. D., D. D. S. Read before the College of Physicians of Philadelphia, June 3d, 1885. Reprinted from the *Polyclinic*, July, 1885.

*Index-Catalogue of the Library of the Surgeon-General's Office, U. S. Army, Vol. IV.* We acknowledge the courtesy of the Surgeon-General. The work is beautifully gotten up and is one to which the cant "invaluable" can be applied in perfect sincerity.

*Complete Laceration of the Perineum and part of the Recto-Vaginal Septum; Resulting from Forceps Delivery. Primary Operation, Complicated with Traumatic Erysipelas.* By A. B. Cook, A. M., M. D., Louisville, Ky. Reprinted from *Gaillard's Medical Journal*.

*The Duty of the State towards the Medical Profession.* An address delivered before the Medical Alumni Association of the University of Michigan. By Conrad George, M. D. Reprinted from *The Physician and Surgeon*, July, 1885.

*Tabular Statistics of One Hundred Cases of Urethral Stricture, Treated by Electrolysis, Without Relapse.* By Robert Newman, M. D. Reprinted from *New England Medical Monthly*.

*A Treatise on Epidemic Cholera and Allied Diseases.* By A. B. Palmer, M. D., LL.D., Prof. of Pathology, etc., in the University of Michigan, 1885.

*Dott. Cav. G. Somma Fiori Sparsi Sulla Tomba di Luigi Somma.* Napoli, 1885.

*An Address on Cholera Infantum.* By William Perry Watson, A. M., M. D. Reprint from *Archives of Pediatrics*, August, 1885.

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## Necrological.

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DR. ARMAND MERCIER died of heart-disease at his residence, No. 198 Canal street, September 7, aged 73 years.

A native of New Orleans, Dr. Mercier was the worthy representative of one of our best creole families. After finishing his literary education at the College Louis le Grand, he graduated in Medicine at Paris, France, in 1840, and since has been busily engaged practicing his profession in this city. He was a favorite pupil of the illustrious Velveau, and like his master, devoted much attention to Surgery, in which branch he acquired a reputation second to none in the South. The Doctor died in harness, never having had to relinquish his professional duties up to the day of his death. To his sons, and the other members of his afflicted family, we tender our heartfelt sympathy.

WILLIAM K. BOWLING, M. D., LL.D., died at Mont-eagle, Tenn., August 6th, 1885, aged 77 years.

Dr. Bowling was one of Tennessee's oldest, best known and most distinguished physicians. He was a man of strong character, a bold and aggressive thinker, and a pronounced presence in his community in all matters, medical, social, and political. In 1851 he founded the *Nashville Journal of Medicine and Surgery* which he edited with great ability for quarter of a century. In the same year he assisted in founding the medical department of the University of Nashville, in which he became professor of the practice and institutes of medicine.

He was twice Vice-President and in 1874 President of the American Medical Association. In 1873 elected President of the American Association of Medical Editors.

DR. EUGENIUS A. HILDRETH, one of the most prominent physicians in Wheeling, W. Va., died at his residence in that city on August 31st, in the sixty-fourth year of his age.

DR. WILLIAM B. ROWLAND, a leading physician of Maryland, died at Port Deposit, September 6th, aged seventy-four years. He was twice elected to the Legislature on the Democratic ticket, and was a man of high professional standing.

Every student that has attended the Medical Department of the Tulane University of Louisiana during the last 16 years will learn with regret of the death of PATRICK CAREY. For three long years Patrick, as he was familiarly called, has been the faithful Janitor of the Medical School. Courteous, attentive, efficient, Patrick endeared himself to both students and professors, and his loss will be one to be deplored by all who remember his good services to their *Alma Mater* and to themselves.

Patrick was born in Ireland, of Irish parents, but was brought to this country when only three years of age, and at the time of his death September 8th, 1885, was only 36 years old.

He had been ailing since the fall of 1884, and during the spring of this year had several very severe spells of illness, but it was not thought that he was nearing his end as rapidly as events proved, but in June he became very weak and was even confined to his bed. During August he became irrational and was never again throughly conscious. In his wandering he was apparently living over again the college days for he was continually calling the names of old students,

who had long ago graduated and gone out into the world as doctors. All of his old friends will join us in extending our sympathy to his wife and his five children, and in wishing peace to the ashes of the Faithful Janitor.

DR. FRANCIS D. CUNNINGHAM, of Richmond, Va., died on September 9th, aged 49 years. He graduated from the Medical College of Virginia in 1857, and afterwards continued his medical studies in London and Paris. Dr. Cunningham was a member of the Richmond Academy of Medicine, of which he was president in 1872; of the Virginia State Medical Society, of which he was president in 1875; of the American Medical Association, and of the American Public Health Association. He was Professor of Anatomy in the Medical College of Virginia from 1867 until the time of his death. He was a surgeon in the Confederate Army, and in 1862-63 he was Medical Director of the Trans-Mississippi Department.

As a man, Dr. Cunningham had the love and respect, and as physician, the entire confidence of the community in which he lived.

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## ABSTRACTS EXTRACTS AND ANNOTATIONS.

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### MEDICINE.

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#### SALICYLIC ACID TREATMENT OF INTESTINAL CATARRH OF INFANCY.

Dr. Wm. A. Northridge, resident physician at the Seaside Home for Children, Coney Island, read a paper on this subject before the Medical Society of the County of Kings. The paper, as well as the discussion thereon, is published in the *N. Y. Medical Journal* for August 27th.

The formula used at the Sanitarium is

Ry. Acid salicylici . . . . gr. iii.  
 Cretæ preparat. . . . gr. ii.  
 Syr. simplicis . . . . ʒi.

M. S. At a dose to a child six months and over.

The pathology of summer complaint in children, whatever its predisposing causes (e. g. heat, teething, improper

food) is largely due to organisms, and Dr. N.'s theory is that the action of the drug is two-fold: 1, anti-fermentative; 2, alterative. The first, or antiseptic action of the acid and its salts, is known; the second is not so well known.

Under the use of the above formula, which the author has shown to contain free particles of the acid, the watery stools of the little patients rapidly diminish, though they never cease *suddenly*, and the greenish hue soon changes to a more natural color. Of course the children are carefully nursed and their diet is regulated. In the cases detailed and in which the results were excellent, the doctor usually ordered boiled milk and lime water, except when the child was breast-fed. He occasionally used a quieting mixture at night, such as bromide of potassium and chloral hydrate, or gave a few drop doses of wine of ipecac for vomiting; in one case, when the child was very sick, he gave two drops of aromatic spirits of ammonia as a stimulant.

Certainly his results as shown in the reported cases were good, though, in the discussion several members were inclined to criticize them.

Dr. E. H. Bartley had had some good results from the drug on the watery discharges of cholera infantum, but the cases should be selected. A true fermentative diarrhoea, beginning with undigested food would be improved by salicylic acid. He would think, however, that the pure acid and not the calcium salt would be preferable. A point to be remembered in connection with Dr. N.'s cases was that the children had been sent from the miserable tenement houses of New York to Coney Island Sanitarium, where they got good nursing and pure air, and it would be hard to say which did the most in the cures, the drug or the change to a healthy home. In his own practice he used benzoate of sodium or ammonium to check the green stools with undigested food and free fatty acids. He valued calomel highly in some cases and had good results from opium when indicated.

Dr. W. B. Chase agreed with the preceding speaker as to the value of the change of hygiene in the cases reported. He went on to say that many children were not only improperly fed, but over-fed, which added to the depressing effects of heat and fermentation. Such children should be fed less and given diluted nourishment, such as barley water and rice water. He thought intestinal as well as

gastric digestion should be looked to more than formerly. He had been much pleased lately with a pancreatic extract in the preparation of food.

Dr. Topham thought the trouble due entirely to undigested food and not to organisms, and for his part, he would hesitate to put three grains of salicylic acid into a child's stomach, if he had it at the seaside with fresh air and full control.

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#### CHLORAL IN NIGHT-SWEATS.

(*Nicolai, Vratsch.*)—The remedies usually employed against night-sweats have this disadvantage: the organism soon becomes accustomed to them, so that the dose must be constantly increased, sometimes with untoward results. This inconvenience can be avoided by the use of chloral. Nicolai uses a mixture of eight grammes of chloral in two tumblerfuls of whiskey and water in equal parts; the patient is washed with this mixture at bed-time. In case this should not suffice, the patient must be wrapped in a clean night-shirt, which has been saturated with the mixture and then dried. This treatment gives especially good results in children, where the sweating is not due to phthisis.—*Hospitals-Tidende*, of Copenhagen.

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#### COMPOUND ELIXIR OF CHLORAL

“*Elixir Chloral Co.*”

R̄	Potassium bromide . . . . .	ʒix.
	Chloral hydrate . . . . .	ʒix.
	Fluid extract hyoscyamus . . . . .	ʒij.
	Glycerine . . . . .	ʒix.
	Tincture of cannabis indica . . . . .	ʒss.
	Water to make f	ʒviii.

Mix the tincture of Indian hemp with the glycerine: add the fl. ext. of hyoscyamus and lastly the salts, previously dissolved in the water.

This is intended to replace a much-advertised nostrum, of which the *published* formula is pharmaceutically incompatible.

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#### REMEDY FOR TAPE-WORM.

The “*Revue des Sciences Medecales*” states that an un-failing remedy for tænia consists of one drop of croton oil, dissolved in one drachm of chloroform, and mixed in one

ounce of glycerine. The medicine is to be administered in the morning early, and to be followed by a mild laxative in the evening of the same day.

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Our friend R. N. Girling, the accomplished Pharmacist, sends us the following note :

#### A POPULAR ERROR.

Perhaps one of the most popular fallacies, is that of judging the strength of medicinal preparations by their color, and not only is this unreliable method commonly believed in by the people, but such belief is sometimes shared by members of the profession.

As an illustration, I may mention the much used tincture of opium, the so called paregoric. It has been the experience of the writer time and again, to be told by persons that the paregoric with which he supplied them "was not so strong as Mr. So and So's, because it was not "so dark," and in one instance some paregoric, made in strict accordance with the U. S. P. formula, was returned by a physician with the remark that, "it was not sufficiently colored to be of full strength." It is a well known fact that when made according to the U. S. P. Paregoric should not be much darker than pale sherry wine, and any addition of coloring matter is certainly reprehensible and should be discarded by the physician.

It may be safe to assume that the druggist who adds coloring matter to his paregoric may also falsify other pharmacopœals; and as it is manifestly to the advantage of the physician to secure uniformity and accuracy in the preparations he prescribes, and as he accepts the United States Pharmacopœia as his authority for the strength and mode of manufacture of such preparations, it is to his interest to insist that the druggist should strictly follow out the formulæ therein described, and moreover it would be useful in overcoming the erroneous views of the public if he were to instruct his patients, whenever opportunity offered, as to what is the correct appearance of even a so commonly used remedy, as the one mentioned.

With regard to the strength of the highly-colored "paregorics," out of ten samples examined for the amount of opium, *not one* was found to be of the standard strength, six of them contained less than one-half of the required amount of the drug, and one of the most highly-colored



samples a little over one-fourth of the opium necessary. All were deficient in alcohol.

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SWAMP BUTTON-BUSH IN RHUS POISONING.

Dr. S. P. Hubbard, of Taunton, Mass., writes :

“ As I have never seen in any medical journal the virtues of the swamp button bush (*Cephalanthus occidentalis*), for poisons of all kinds, especially *Rhus tox.*, I wish to say to the medical profession that no remedy half equals it. Try it. Make a strong tea and freely bathe the parts with it while hot.”—*Medical Record*, Sept. 5th.

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OX GALL IN TYPHOID FEVER.

Dr. Geo. G. Van Schaick in the *Quarterly Bulletin* has a very interesting article on ox-gall in typhoid fever. He looked upon the tympanities, high fever and mental disturbances as largely due to the changes which take place in the liver, and which result in great diminution of the secretion of bile. Acting upon this belief he concluded to try the effect of pure ox-gall in the first cases of enteric fever which he was called upon to treat.

His first case was seen on the sixth day of the attack, at which time the morning temperature was 103 3.5 and the evening 105 3.5. On the next day the eruption appeared and the morning temperature was 103 4.5. At 3:30 P. M., he gave  $\mathfrak{ss}$  pure gall in gelatine capsule and at 4 P. M., fifteen minims more. The result was an evening temperature of 104. After this he gave  $\text{1}\frac{1}{2}$  to 3 drachms of bile daily and nothing else. The patient did well in every respect, her temperature never exceeding 103, except on one day, when the butcher failed to get the bile, when it reached 105 3.5. But it was immediately reduced upon the resumption of the drug.

In the second case the highest temperature reached was 104 on the eleventh day. The bile was pushed in this case to  $\mathfrak{ss}$  daily, but no special result was observable and the dose was again reduced to  $\mathfrak{ss}$  3 times daily.

In the third case antipyrine, quinine, cold affusions, etc., were used but the tympanities, hebitude, weakened heart's action and a temperature of 105 1.5, soon showed the treatment useless and bile was begun. The following day the

evening temperature was 103 1.5 and the patient continued to an excellent recovery.

Altogether the author was pleased with the results obtained and though aware that three cases are not sufficient to establish the treatment over all others, still the method should be tried as promising much.

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#### THE USE OF ANTIMONIALS.

Those are very readable and instructive articles, when written by competent observers, that champion drugs which through habitual misuse have become unpopular. The August number of *The Practitioner* (London) leads off with an original communication on "Notes on the Use of Antimonials," and certainly if that much abused drug can accomplish what Dr. Nias asserts, we have lost a great deal by its abandonment.

According to the doctor, in serious inflammations of all kinds and in all their stages no drug seems to act as well. He says that at certain London out-clinics, a class of patients, about corresponding to our longshore-men, present themselves suffering from pleurisy in its first stage; they are men who depend upon their daily labor to feed their families and can neither afford to lay up or to have their chests strapped up, thus preventing them from working; with these patients he has scarcely ever failed to abort the disease with antimony; the routine treatment being as follows: first a local counter-irritant is applied at the affected point, either of mustard, at least four inches square, and kept on as long as the patient can stand it, or a mild vesication is obtained by means of acetum cantharidis; the patient is then put upon one-eighth of a grain of morphine and the same amount of tartar emetic with thirty grains of sulphate of magnesia, three times a day. In about three or four days the friction sound and crepitus seem to disappear without going through the stage of effusion. Other cases are also mentioned to show its beneficial effects in causing the rapid absorption of fluid in both the pleura and knee joint, for fluids in the latter position it seems to be a favorite and efficient remedy in the hands of Prof. Jaccoud.

Dr. Nias has tried to substitute ipecac for antimony, but has found it both much more disagreeable to take and much less efficacious.

## SURGERY.

## NOTE ON AN INDICATION FOR COCAINE.

The *Southern Practitioner* extracts from *Philadelphia Medical and Surgical Reporter*, a translation of an article by Dr. Barette in *Le Concours Medical*, in which B. states that Grynfeld, of Montpellier, has found that cocaine not only causes perfect anæsthesia of the urethra, "but it also completely prevents the febrile excitement following catheterization," "due to increased sensitiveness of the parts, and, therefore, of reflex character." This is an affirmative answer to one of the questions asked by our collaborator Dr. Samuel Logan, in his suggestive article on the surgical uses of cocaine which appeared in our last issue.

## INTESTINAL OBSTRUCTION CAUSED BY THE VERMIFORM APPENDIX.

In the August number of this JOURNAL was reported in the Clinical Department an interesting case of strangulation of the intestine in a loop formed by the adventitious attachment of the usually free end of the vermiform appendix. In Pepper's American System of Medicine (Vol. II, p. 842), in the enumeration of the causes of internal strangulation this is put down as one of the ways in which the strangulation may be brought about. Extremely rare as this must be, however, we see in the *British Medical Journal*, for August 29, 1885, the account of an almost exactly similar case to the one in our JOURNAL, reported in a paper read by Mr. R. N. Pughe, in the Surgical Section of the recent meeting of the British Medical Association. The patient was a boy, æt. six years, admitted into the Liverpool Infirmary for children, July 10th, 1884.

There was a history of frequent and prolonged attacks of constipation, lasting sometimes a week, on one occasion even a fortnight, notwithstanding the persistent use of purgatives and enemata. The attacks finally yielded to large doses of castor oil. When seen by the surgeon in charge, the patient lay on his back with the legs drawn up and showed signs of great restlessness, he complained of pain in the region of umbilicus and kept his hand on the right side of the abdomen, which was slightly distended, but everywhere resonant. Over the region of the cæcum it was painful and tender, but no tumor could be felt. The tongue was brown and somewhat dry, there was great thirst

and everything was immediately vomited, the vomit smelt sour, but was not stercoraceous.

The failure to make out a tumor, the absolute constipation, the absence of straining and mucous discharge, and the history, all pointed to strangulation rather than to intussusception and the diagnosis was made accordingly. Laparotomy being imperatively demanded, an incision, sufficiently long to easily admit the hand, was made in the linea alba and the constriction sought.

“A dilated and deeply congested loop of strangulated intestine, apparently nine to twelve inches long, came into view. The loop, consisting of small intestine, was constricted “close to the attachment of the mesentery to the spine, by a thick cord-like band, about three-eighths of an inch in diameter, through which the small intestine had passed, and so become strangulated.” The loop was very red and extremely dilated. Examination proved the band to be the appendix with the free end attached very near the origin at the cæcum. Two ligatures were placed and the band cut. The cut-ends sprang apart two inches, so tight was the strangulation. The rest of intestines was healthy. The operation was antiseptically performed (spray included), and sutures (silver and gut) carefully applied, taking in the peritoneum. The boy recovered.

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#### EXTIRPATION OF A CANCEROUS KIDNEY.

M. Pèan removed, through the abdomen, in a woman, a cancerous kidney weighing six kilogrammes. She recovered from the operation in about three weeks, and her health continued to improve.

Extirpation of the kidney has frequently been performed for various lesions, but chiefly through the lumbar region. When the operation has to be performed by way of the abdomen, on account of the large size of the tumor, it presents much greater difficulties, and successes thus obtained are much rarer.—*Journal de Médecine et de Chirurgie Pratiques.*

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JOHN MENNINGER of Utica, N. Y. drove a nail into his brain with the intention of ending his life. The nail was a ten-penny and measured two and one half inches in length. It required eight blows to drive it home. It passed between the hemispheres and the man is still alive and may recover.—*Gaillard's Medical Journal.*

Our old friend and fellow student Dr. Geo. T. Elliot, of New York, has, in the *New York Medical Journal* of September 5th, an article recommending warmly the use of pyrogallic acid dissolved in collodion in cases of psoriasis. Dr. Elliot's formula is as follows :

Acidi pyrogallici. . . . . $\bar{3}$ iss.— $\bar{5}$ ij.

Acidi salicylici. . . . . $\bar{3}$ ss.

Collodii flex. . . . . $\bar{5}$ ij.

The parts are to be carefully bathed with warm water before *each* application. Apply with a moderately stiff brush every second or third day. The doctor has used the same solution in herpes tonsurans with gratifying success.

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A NEW BANDAGE FOR FIXATION OF THE HUMERUS AND SHOULDER-GIRDLE.

Dr. Charles W. Dulles, in the *Medical News*, describes the following method of applying a bandage, which while less cumbrous, he has found as efficient as the Velpeau or Desault bandage :

“This form of bandage requires, for an adult, a roller about three and a-half inches wide, and about ten or twelve yards long. It is applied as follows :

The arm of the injured side should be placed against the chest-wall, almost in the perpendicular line, but with the elbow a little in advance, and the forearm flexed at a right angle and laid across the lower part of the chest.

A large piece of lint, or a soft towel, or a piece of old muslin, should now be interposed between the arm and the body, going well up into the axilla, so as to prevent the excoriation which usually results from the apposition of two skin surfaces.

Then the surgeon, standing behind the patient, and a little toward the injured side, should apply the initial end of the roller to the axilla of the sound side, and carry the bandage diagonally across the back to the top of the shoulder of the injured side ; then straight down the front of the arm to the point of the elbow ; then under this to the back of the arm ; then up behind the arm to the shoulder, where the preceding turn crossed it. At this point a firm pull should be made on the bandage, to pull the humerus well up against the glenoid cavity. In cases of fracture of the clavicle or scapula, this piece can easily be regulated so as, with the aid of a little manipulation, to place and keep the ends of the bone in position. Then the bandage

is to be carried diagonally across the front of the chest to the axilla of the sound side ; then through this axilla to the back ; then horizontally across the back to the lower third of the arm of the injured side, and round this to the front of the arm ; then across the front of the chest to the axilla of the sound side, leaving the forearm out ; then through this axilla to the back near the point of starting. The bandage is completed by repetition of these turns till the roller is used up, advancing with each turn a little way up on the shoulder, and a little way up on the arm. If one roller does not suffice to give the support desired, of course a second must be added."

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Hydrate of Chloral has been successfully employed as a blister in place of cantharides. The powdered chloral is sprinkled on warmed adhesive plaster. Vesicles are raised in ten minutes. The advantages are, rapid and perfectly painless action and absence of any troublesome effect.

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### OPHTHALMOLOGY.

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The Professorship of Ophthalmic Surgery in Vienna, which was held by the late well-known Prof. Jäger, is likely to be conferred on Prof. Fuchs, of Lüttich (Liège,) says the *British Medical Journal*.

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#### THE TREATMENT OF EAR-ACHE BY THE INJECTION OF CARBOLISED GLYCERINE.—*Therap. Gazette.*

The glycerinum acidi carbolicum allowed to trickle slowly into the ear almost instantly removes the pain, according to Bendelack Hewetson. If the meatus is much swollen at the orifice, the remedy may be injected through a fine catheter.—*Medical Chronicle*, Sept., 1885.

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#### COCAINE IN EAR-ACHE.—*Therap. Gazette.*

Dr. Hobbs remarks that with a sound tympanum (tympanic membrane.—Eds.) you cannot expect cocaine dropped into the ear to relieve the pain of middle ear inflammation. It must be blown in through an Eustachian catheter, and then does give relief. After this the pain is controlled by spraying a solution of cocaine and glycerine into the corresponding nostril, immediately resorting to Valsalvas' method of inflation.—*Medical Chronicle*, Sept., 1885.

DR. W. R. AMICK in the *Cincinnati Med. Journal*:

An ointment of yellow oxide of mercury and vaseline in the proportion of one to thirty did not completely destroy lice which had established themselves among the roots of the eye-lashes. The unguent. hydrg. nit. of the U. S. D. carefully applied to edges of the lids, after thorough cleansing, proved successful in a few days. \* \* \* \*

In a case of furnucles in the external auditory canal, a small block of pine wood heated very hot upon the stove, wrapped in flannel, and held against the ear gave more relief from pain than morphia or irrigation with hot water.

Love is blind, but matrimony is a great oculist.—*Louisville Courier-Journal*.

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### NOTICE TO SUBSCRIBERS.

Although the subscription to the JOURNAL is payable in advance, we unfortunately have on our list quite a number of delinquent subscribers. With this issue of the JOURNAL we shall send to those who are in arrears a year or more their bills, with the time for which they owe, written across the face of the bill in red ink. Unless these bills are paid before the end of October, the names of the subscribers will be erased from our list and the bills placed in the hands of a collecting agency.

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### MEDICAL NEWS AND MISCELLANY.

Twenty-eight members of the new Committee of Arrangements for the International Congress met in New York Sept. 3d, and decided that any member of the regular Profession in America might become a member of the Congress upon registering his name and paying a fee of ten dollars. The Committee also elected the following:

#### OFFICERS OF THE CONGRESS.

*President*—Austin Flint, M. D., LL.D., New York.

*Vice-Presidents*—W. O. Baldwin, M. D., Alabama; H. I. Bowditch, M. D., Massachusetts; William Brodie, M. D., Michigan; Henry F. Campbell, M. D., Georgia; W.

W. Dawson, M. D., Ohio; R. Palmer Howard, M. D., Canada; E. M. Moore, M. D., New York; Tobias G. Richardson, M. D., Louisiana; Lewis A. Sayre, M. D., New York; J. M. Toner, M. D., District of Columbia; The President of the American Medical Association; The Surgeon-General of the United States Army; The Surgeon-General of the United States Navy; The Supervising Surgeon-General of the United States Marine Hospital Service.

*Secretary-General*—Nathan S. Davis, M. D., LL.D., Illinois.

*Treasurer*—E. S. F. Arnold, M. D., M. R. C. S., New York.

*Chairman of the Finance Committee*—Frederick S. Dennis, M. D., M. R. C. S., New York.

*Executive Committee of the Congress*—Austin Flint, M. D., LL.D., President of the Congress; Nathan S. Davis, M. D., LL.D., Secretary-General; E. S. F. Arnold, M. D., M. R. C. S., Treasurer; Frederic S. Dennis, M. D., M. R. C. S., Chairman of the Finance Committee.

*Presidents of the Sections*—A. B. Arnold, M. D., General Medicine; William T. Briggs, M. D., General Surgery; Henry F. Smith, M. D., Military and Naval Surgery; DeLaskie Miller, M. D., Obstetrics; Robert Battey, M. D., Gynæcology; F. H. Tirrell, M. D., Therapeutics and Materia Medica; William H. Pancost, M. D., Anatomy; John C. Dalton, M. D., Physiology; E. O. Shakespeare, M. D., Pathology; J. Lewis Smith, M. D., Diseases of Children; A. W. Calhoun, M. D., Ophthalmology; S. J. Jones, M. D., Otology and Laryngology; A. R. Robinson, M. D., Dermatology and Syphilis; Joseph Jones, M. D., Public and International Hygiene; Henry O. Marcy, M. D., Collective Investigation, Vital Statistics and Climatology; John P. Gray, M. D., LL.D., Psychological Medicine; Jonathan Tafft, M. D., Dental and Oral Surgery.

In Spain the cholera began to show its first indications of cessation in the latter part of August and reached as low a point as 811 new cases on September 20th. Since that date it has increased somewhat, but it is hoped that the approach of cold weather will soon completely check it, for this year at least. As a set off to the favorable reports from Spain, the disease has appeared in many towns and cities of Italy and is doing much damage. In Palermo, Sicily, September 20th, there were 258 new cases and 114 deaths. King



Humbert wished to visit Palermo, as he did last year Naples, but his ministers have so opposed it that he has given up the idea.

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In Canada small-pox is still epidemic. Indeed it is so thoroughly distributed that the outlook for its suppression before the winter sets in is very poor. It is a disease that likes close rooms and woolen clothing and the chances are that Canada will harbor smallpox for some time to come. It is very likely too that the border cities of the States will suffer by importation of the disease in persons or fomites, and it may be that a general epidemic will be experienced throughout North America this winter.

With such a preventative as Jenner's great discovery, vaccination, it is almost criminal for a person to have small-pox; and when the people are too ignorant or too superstitious to attend to vaccination themselves it is the fault of the Board of Health of that locality where the miserable affliction appears.

We hope our Board will again inaugurate a system of public vaccination, for it is very likely that some of our many visitors this winter will introduce small-pox here. The Public School children should be vaccinated early and the poor people of the back part of the city should be visited by inspectors. Indeed this kind of work should never cease.

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DR. A. B. MILES, our friend and colleague, left on Sept. 9th for New York, where he will spend about a month. The Doctor is a man of manifold duties and a hard worker; he deserves his rest and recreation if ever a man did. Remembering the Ambulance Service and the many improvements he introduced into the Old Charity after his last New York visit, we say heartily: more power to your elbow, Doctor!

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DR. DAVID JAMISON, who was noted as absent in our last issue, has returned to his post at the Charity Hospital, looking remarkably well. During the absence of Dr. Miles, Dr. Jamison will be commanding officer at the Charity.

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DR. J. B. HAMILTON has tendered his resignation as Surgeon General of the Marine Hospital Service, to take effect November 1st, but is willing to remain in the service

with the rank of Surgeon. It is expected he will be stationed at Chicago.

Surgeon Storey, Chief of the Purveying and Quarantine Division is named as his successor, although a strong fight is being made for the office by Vice-President Hendricks, in the interest of Dr. Matthews, of Louisville, Ky., and by ex-senator McDonald and Wm. H. English of Indiana, in behalf of Dr. Walling, of Indianapolis.

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DR. GEO. M. STERNBERG, U. S. A., has sailed from New York to represent this government at the International Sanitary Conference in Rome, which adjourned during the summer until November. On his way he will spend some days at Berlin with Dr. Koch.

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The Virginia State Board of Medical Examiners meets at Alleghany Springs, September 15th, immediately before the Sixteenth Annual Session of the Medical Society of Virginia, which convenes at eight o'clock in the evening of the same day.

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DR. JOHN GODFREY, the Marine Hospital Surgeon in this city for some time past, and a gentleman highly esteemed by the community, will shortly go to Louisville, to which point he has been transferred. He will be replaced by Dr. Vansant, of San Francisco.

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Our Paris correspondent, Dr. E. Laplace says in a letter of Sept. 6th :

There seems to be no more doubt that typhoid fever is the result of a special bacillus, as it has been almost proved by experiments of M. Tayon, of Montpellier, who now vaccinates with attenuated virus against that disease. The microbe as existing in the typhoid fever patient is benign, and being injected into another person will protect the latter. Whereas if this same benign microbe be cultivated in nutrient jelly, it becomes virulent, and being injected into the circulation of guinea pigs, produces death after the worst symptoms of typhoid fever. Thus M. Tayon explains that this affection is not contagious, but surely infectious, the microbes undergoing a cultivation in some external medium and then being introduced into the system in their virulent state.

MORTUARY REPORT OF NEW ORLEANS  
FOR AUGUST, 1885.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total
Fever, Yellow.....							
“ Malarial.....	11	7	11	7	14	4	18
“ Congestive.....	18	3	15	6	17	4	21
“ Continued.....		1	1		1		1
“ Intermittent.....							
“ Remittent.....	4	4	6	2	5	3	8
“ Catarrhal.....							
“ Typhoid.....	3	1	1	3	2	2	4
“ Puerperal.....		2		2	2		2
“ Typhus.....							
“ Enteric.....							
Scarlatina.....	1		1				
Small-pox.....						1	1
Measles.....							
Diphtheria.....	9	1	5	5		10	10
Whooping Cough.....	2	1		3		3	3
Meningitis.....	9	3	8	4	3	9	12
Pneumonia.....	2	10	5	7	6	6	12
Bronchitis.....	4	2	3	3	3	3	6
Consumption.....	33	33	24	42	64	2	66
Congestion of Brain.....	6	1	3	4	3	4	7
Diarrhœa.....	7	7	7	7	10	4	14
Cholera Infantum.....	11	6	10	7		17	17
Dysentery.....	6	2	3	5	6	2	8
Debility, General.....	3	1	2	2	4		4
“ Senile.....	13	8	9	12	21		21
“ Infantile.....	5	4	4	5		9	9
All other Causes.....	158	92	128	122	137	113	250
TOTAL,	305	189	246	248	298	196	494

Still Born Children—White, 38; Colored 15; Total 53.  
Population of City.—White, 171,000  
“ “ Colored, 63,000

Total, 234,000

Death rate per 1000 per annum for month.—White, 21.40.  
“ “ “ “ “ Colored, 36.00.  
“ “ “ “ “ Total, 25.33.

W. H. WATKINS, M. D.,

Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

## METEOROLOGICAL SUMMARY--AUGUST.

\* STATION--NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Temp't'e.	Daily Max. Temp'at'e	Daily Min. Temp'et'e.	Daily Rain fall, inches.	GENERAL ITEMS.
1	29.852	80.5	90.3	77.7	.02	Highest Barometer, 30.126. 22d.
2	29.875	81.5	87.7	77.4	.02	Lowest Barometer, 29.786. 30th.
3	29.931	80.3	87.3	75.2	.06	Monthly Range of Barometer, .340.
4	29.979	81.1	85.5	77.2	....	Highest Temperature, 93.2. 7th.
5	29.994	82.4	91.0	75.5	....	Lowest Temperature, 69.6. 18th.
6	29.976	82.1	91.3	76.1	....	Greatest daily range of Temp'et'e, 22.5.
7	29.970	82.8	93.2	77.6	.02	Least daily range of Temperature, 8.3.
8	29.966	83.8	93.0	77.6	....	Mean daily range of Temperature, 14.6.
9	29.985	82.3	92.3	71.5	.08	Mean Daily Dew-point, 74.5.
10	29.965	82.3	92.4	76.1	.06	Mean Daily Relative Humidity, 83.9.
11	29.952	81.1	90.8	76.8	.09	Prevailing Direction of Wind, S. W.
12	29.940	80.3	79.0	74.9	.10	Total Movement of Wind, 3,419 miles.
13	29.947	82.6	91.2	74.9	....	No. of Foggy Days, 0.
14	29.921	71.4	87.6	73.4	.22	No. of clear days, 6.
15	29.905	78.1	81.4	73.1	.07	No. of fair days, 22.
16	29.961	74.7	82.0	71.1	.42	No. of cloudy days, 3.
17	30.016	75.7	78.3	69.9	.75	No. of days on which rain fell, 18.
18	30.057	82.6	92.1	69.6	....	Date of solar halos, 0.
19	30.030	76.7	91.3	73.6	.37	Dates of lunar halos, 20th.
20	29.985	82.3	91.3	75.5	....	Dates of frosts, 0.
21	30.064	76.0	90.0	73.1	.87	
22	30.095	77.5	89.3	72.0	.78	COMPARATIVE MEAN TEMPERATURE.
23	30.031	79.1	89.7	75.1	.28	1873.....84.2   1880.....81.3
24	29.947	81.8	90.2	75.5	....	1874.....83.9   1881.....82.8
25	29.920	82.2	91.8	75.1	....	1875.....79.3   1882.....80.0
26	29.920	79.4	90.2	77.2	.02	1876.....82.2   1883.....83.3
27	29.939	79.7	88.7	72.5	....	1877.....83.1   1884.....82.3
28	29.921	80.5	87.0	75.6	.02	1878.....83.5   1885.....80.4
29	29.846	80.0	88.0	73.1	....	1879.....81.0
30	29.820	82.7	89.7	75.1	....	
31	29.922	83.3	92.5	76.0	....	COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.)
Sums	.....	.....	.....	4.25	.....	1873..... 8.30   1880..... 4.60
Means	29.956	80.4	89.2	74.7	....	1874..... 4.82   1881..... 4.21
						1875..... 8.61   1882..... 9.21
						1876..... 4.44   1883..... 4.12
						1877..... 2.54   1884..... 0.87
						1878..... 3.31   1885..... 4.25
						1879..... 10.44

M. HERMAN, *Sergeant, Signal Corps, U. S. A.*

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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NOVEMBER, 1885.

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## ORIGINAL ARTICLES.

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

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### Elevated Temperature—Its Cause.

By JNO. B. ELLIOTT, M. D., Professor of Theory and Practice of Medicine, Tulane University of Louisiana.

The most common of all pathological states is that aggregate of phenomena termed fever. No matter what the special disease or its causes may be, independent alike of time, place or season, of sex or condition, the one constant pathological state that confronts us at the bedside is the febrile. However else our numerous sthenic diseases may differ in their onset, symptoms and course, their specific characteristics are all invariably outlined upon the same universal back-ground of elevated temperature. Pneumonia is amply distinct in its symptoms from Yellow Fever, and either of these again is completely contrasted with Variola, yet fever unites them in a common bond and its temperature is a measure of their danger. Among surgical, as among medical conditions, the same statement holds. The shock of surgical interference equally with disease poisons brings this pathological state in its train.

A generalization so superficial even as this would seem to warrant some definite theory of fever. It would appear we might at least conclude that being peculiar to no disease but common to all, we should find its explanation in

the disturbed processes of the human body rather than in the disease which has disturbed it.

Nevertheless the trend of medical thought has been toward the study of the various phenomena of fever as so many isolated facts rather than to the interpretation of the pathological state as a whole; and so we have numberless records of cases with an infinite repetition of identical symptoms which have served only to fix our attention upon the special diseases rather than upon the common febrile state. Whenever a true explanation of fever is arrived at, we shall find that such an explanation will serve to interpret likewise the large majority of symptoms, which accompanying the febrile condition in various diseases are ascribed at present to the latter rather than to the former.

The phenomena which characterize fever may be summed up as follows:

Chill.

Elevated temperature.

Diminished alkalinity of the blood.

Suppressions of secretions, dry skin.

Full blood vessels, flushed skin.

Rapid action of the heart.

Increased decomposition of tissue.

Great thirst.

These phenomena are not all invariably present in every febrile attack. for the condition of the patient at the time of the onset will induce various modifications in these effects. They are given rather as a complete view of a typical case in which they are all to be accounted for. In the present paper the question for which we desire to seek an answer is, "*What is the cause of elevated temperature? Why is this the one constant symptom of fever?*"

We will not pause to prove that the nervous system is the controlling agency in the tissue changes of the body. This we state as an accepted fact. Nor is there discord in opinion concerning the portion of the nervous system to which this control is assigned. The automatic centres of the cerebro-spinal, together with the centres of the gangli-

onic system, are regarded as the regulators of secretion, waste and repair.

The question to be answered here is not what is it that suffers disturbance, for this is settled, but the further inquiry, as to *how* through a disturbance of the nervous system, a normal temperature and a normal tissue repair is replaced by an elevated temperature and a partial cessation of tissue building.

The human body is an organism within which physical and chemical laws reign as imperatively as they do in the world without. Tissue or food which is oxidized within the body must obey the same laws as fuel which is burned outside of it; and matter and force which are being transformed by the organism for use in work and repair must be as strictly accounted for as the matter and force which we deal with externally in our chemical laboratories. If we keep these laws of the physical world closely before our minds we will have but little difficulty in tracing the origin of the elevated temperature of fever.

The chemical energy which undergoes transformation in the human body is determined in its new forms by the nervous system. These new possible forms result in accomplishing external work on the one hand and internal work on the other. The former we will pass by, the latter needs further analysis.

The internal work done in the body may be summed up in one word "functioning." All automatic muscular movements whether of striated or of unstriated muscle are embraced here as well as all the secretion, excretion or tissue changes occurring in the various organs. Again, a proper conception of function in its widest sense embraces the life-history of the active cell. By it is implied the birth, growth, death and disintegration of the cell element, no matter how prolonged or how transitory its existence may be. Fixing our attention therefore upon a single cell let us endeavor to realize all that transpires in its life-history.

It has its birth from the protoplasm of its mother cell; its growth is nourished by pabulum from the blood; its death

is but the completion of its function; its disintegration involves the functioning of alien cells. This is a brief and simple summary, yet it contains implicitly all that we are in search of. A closer study of the modes of its growth and disintegration will make plain for us the physiological chasm between normal body temperature and fever heat. What occurs during disintegration will be considered first.

This disintegration is but the return of organic matter to the inorganic state. Oxygen is here the active agent, breaking up the various molecules of the cell by uniting with their atoms. It is a simple process of burning up of matter in the body, and this burning involves a transformation of the matter of the molecule and a transformation of the chemical energy of the atoms as they unite one with another. Our conception of this process of combustion within the body has about it somewhat of the looseness which characterizes those acts of combustion which we see occurring outside of the body. In the burning of fuel the process seems perfectly arbitrary and uncontrolled, limited only by the heat attained and the quantity of fuel present. We are apt to transfer this conception to the oxidation of tissue within the body, and fail to realize that combustion within the body is strictly limited and controlled. There is no arbitrary falling to pieces of body tissue. The nervous system in health controls combustion in time, place and extent, or life would be impossible. This control extends to every part of the process. Not only does it determine when and where tissue shall be oxidized, but it determines the modes of force into which the chemical energy shall be transformed. These modes are *work* (as automatic muscle contraction), *heat* (as normal body temperature), and *tissue-building force* (or the lifting of pabulum to tissue). The transformation of chemical energy into work we are too familiar with to doubt; its transformation into heat is also constantly before our eyes; its transformation into tissue-building force is, however, an unfamiliar occurrence. Let us consider this more closely.

We mean by growth the work of changing pabulum of



the vegetable sap or of the animal blood into tissue of tree or body. Between the pabulum and the tissue the gap is wide. The former is on a much lower physiological plane than the latter. To lift the pabulum into tissue is work, and it requires an expenditure of energy to do this work. Not only is it work, but it is the highest grade of work done in the body. The work done in muscle contraction is a mere physical change of one form of energy into another, during which tissue falls down to the plane of dead matter; while in the work done in tissue-building, energy is expended in lifting pabulum to the higher plane of tissue. The energy here becomes potential as energy of position, being represented in the higher physiological result to which it has contributed.

From the nature of the force change involved when chemical energy transforms to tissue building force, we are entitled to regard it as the most important of all the physiological processes of the body. In it, energy becomes constructive, while in all other processes it is destructive. Its control and regulation must therefore be considered the highest function of the automatic centres.

It remains further to insist in this connection upon the strict quantitative relation existing between chemical energy which undergoes transformation in the body, and the modes of force into which it is changed. This may be illustrated numerically by the following: Suppose an amount of chemical energy, represented by the number 12, to undergo transformation into work, heat and tissue-building force; then the value of the work, heat and tissue-building force, in their sum, can never vary from twelve.

Furthermore, if we suppose in this case that the amount of energy expended in automatic muscular work=3; the amount contributed to normal body heat=3; and the amount devoted to tissue-building=6, then any change in the quantity of one of these forms must compel answering changes in the others. As the work (=3), is usually a fixed quantity, we may neglect it for our present purpose and confine our attention to the other two. Let us sup-

pose, then, that the transformation of chemical energy into the highest form (tissue-building force), falls, through failure of the nervous system, from 6 to 4, then from the law of the conservation of energy the value of the lowest (heat,) must rise from 3 to 5; for tissue-building is a vital constructive process sustained by nerve energy and can cease immediately if that supporting power be withdrawn, while combustion is a chemical process and will not cease until the matter at its disposal shall be consumed. Any thing, therefore, that arrests tissue-building must elevate temperature; or, any thing that prevents chemical energy from passing into its highest transformation, tissue-building force, compels it to appear in its lowest form, heat.

In considering thus the mode of disintegration of the cell with which we began we have practically reached an explanation of fever-heat. Yet before explicitly stating the theory we will better prepare for it by glancing at the mode of growth of our cell.

Every cell is in an area of nervous influence. As the development of each cell begins from its parent cell it too is born into, and grows within the same influence. From the pabulum which comes to it its food is selected through this influence both in kind and quantity, and of the chemical force which is being transformed about it this nervous control determines the amount which it is to appropriate and the form it shall assume. Its whole life-history is but an unbroken play of forces as they build up the matter of its form under the control of nervous influence. The most important fact in its history is the lifting up of pabulum into the substance of its tissue molecules. As long as its healthy growth continues the transformation of chemical energy into normal heat and into tissue building force goes on under the even control of the nervous system. But let some disaster befall the controlling centres and the tissue building receives a check. The energy it was absorbing fails to reach its higher destination and appears as additional heat.

The remoter effect of this loss of nervous force, and the direct effect of the additional heat thus liberated need some

attention. The same nervous energy which sustains the development of a growing cell, sustains also the integrity of the maturer cells about it. These perfected cells are in a state of unstable equilibrium. In almost equal balance destructive forces and constructive forces are playing about them. In the natural order of events they are destined after their brief life is run to fall to pieces and go into disintegration as the last link in their functioning lives. But the nerve energy which supports them through this period is the only power which insures them their natural term of life. Take away this support and death and disintegration begin before their time.

Thus, more results from the loss of nerve power than the simple checking of tissue-building. Arrested growth in developing cells means also premature death and more rapid disintegration in the mature cells. This last accident is likewise hastened by the increased heat which results when tissue-building ceases. Sensitive as are all delicate tissues to elevation of temperature, they become far more so when the nerve power which sustains them is withdrawn. Their death and disintegration is thus doubly hastened by the same nerve failure which checks tissue-building.

In what has been said our theory of elevated temperature has already found expression. It only remains to sum up the propositions discussed and from them to formulate our theory. These propositions are:

1st. Fever is not the expression of a disturbing agent, but of a thing disturbed.

2d. This "thing disturbed" is the nervous centre (or centres) controlling the distribution of the chemical energy within the human body.

3d. This chemical energy within the body is distributed into the forms of Heat, Automatic Work and Tissue-building force, of which Heat is the lowest and Tissue-building force (since it is constructive), the highest form.

4th. Depression of the centre controlling these transformations causes it to fail in its highest function, tissue building.

5th. As combustion goes on though tissue building ceases, the energy which was destined for tissue-building force has now to appear as the lower form, Heat.

6th. The same nerve failure which arrests tissue construction and gives rise to heat, favors also the breaking down of tissue already formed; this latter process being likewise hastened by the elevated temperature.

From these our definition may be drawn as follows:

Fever results from a depression of that nervous centre which controls the distribution of energy within the body, on account of which depression tissue-building ceases and the energy destined to perform that act passes off into the lower form of heat. From this same failure of nerve power, and from the heat resulting, tissue destruction in the body is usually increased.

This definition is offered as an answer to the question with which we set out: 'What is the cause of elevated temperature?' and if the theory is correct it also answers the other question, 'Why is elevated temperature the only constant symptom of fever?' Of all the phenomena of fever, enumerated upon a former page, the definition only requires that elevated temperature should be invariably present. All of the other phenomena may or may not be present. They are not, as is elevated temperature, primary and essential, but secondary and dependent upon the condition of the patient, and perhaps upon the exciting cause of the fever.

The chill which introduces nearly every febrile attack is too closely involved with our subject to remain unmentioned in this immediate connection. Its explanation as interpreted from the facts of physiology seems to bear out, at least, the assumption that fever results from depression of nerve power.

The vaso-motor centre in the medulla, if stimulated, causes contraction of peripheral arterioles and increases blood pressure; if depressed it causes dilatation of these arterioles and a corresponding fall of blood pressure. In this latter case the blood collects in the abundant

capillaries of the abdominal viscera. This latter condition is the true state in chill. Its occurrence with a febrile attack would seem to be dependent upon the extent of the nervous depression. If the disturbance should be profound enough to depress the vaso-motor centre as well as that centre controlling force distribution then the chill would accompany the fever. Should such not be case a febrile re-action might set in without this phenomenon. In other words chill is a secondary phenomenon, one which is, however, rarely absent in a mild form.

The essential bearing upon our thesis of the phenomenon of chill is the fact that its true physical state (visceral congestion) is known to result from a depression of a nerve centre; and as we have high temperature even during chill it is infinitely probable that depression of our force centre is a correct assumption in regard to its true state. Furthermore, when it is remembered that our anti-pyretics are among those agents which stimulate nerve function we have reason to believe that their action in controlling temperature is through a restoration of nerve power, thus striking at heat-production in its origin by re-establishing the normal force distribution in the body.

The remaining secondary phenomena of fever can be interpreted under the established laws of chemistry and physics. The increased decomposition of tissue, resulting as above explained in fever, accounts for all of them. The decomposition, or combustion, of tissue occurs outside of the blood-vessels in the inter-capillary areas. And as combustion in the body is a process of oxidation and this oxidation a production of acidic oxides, we have, resulting a condition which can be readily interpreted. The law of the diffusion of liquids through wet animal membranes shows that when a liquid which is acid is separated from a liquid which is alkaline, the diffusion flow will be in greatest quantity from the acid liquid through the membrane to the alkaline liquid, so that the bulk of the liquid will accumulate upon the alkaline side of the membrane.

If we apply this law to the condition in the body where

acid products are forming outside of the vessels, we perceive that the flow must be from the tissues into the vessels in greater quantity than from the vessels to the tissues. It results from this that acid products being poured into the blood, the alkalinity of the blood would be diminished just in proportion to the oxidation of tissue outside of the vessels.

By this same physical law would likewise be explained another secondary phenomenon of fever, diminished organic secretions and dry skins. In order that an organ can perform its true secretory functions it is necessary that its functioning cells should be fed by an outflow of pabulum from the blood. But such an outflow would, as we have seen above, be seriously interfered with by the diminished alkalinity of the blood. In other words, as the various organic functions of secretion are directly dependent for their perfection upon the chemical integrity of the blood, these functions must be seriously interfered with, when the condition of the blood becomes so altered as to diminish the normal flow of pabulum from the vessels. The dry skin is an external manifestation of what is taking place in the organs which are hidden from our observation.

The "full blood vessels, with flushed skin" find the same interpretation. The flow of liquid from the extravascular areas into the vessels causes the liquids of the body to accumulate within the vessels producing distension and fullness. The flushed skin is an evidence of this capillary fullness as the dry skin (in spite of this vascular fullness), is an evidence of the arrest of secretion.

The rapid action of the heart has most probably a double cause. First, since the blood is so altered by this inflow of acid products, its nutrition power must be diminished, and of this the heart muscle would give earliest evidence. A rapid heart beat is the beat of an enfeebled heart.

Besides this physiological cause there would be also a physical cause. With dilated capillaries the resistance to

blood flow would be diminished, the motion of the blood would be quickened and the heart beat would become more rapid. Experiment has demonstrated that in fever blood pressure is low.

The cause of "great thirst" can only be conjectured. It has been accounted for upon the supposition that increased combustion in the body demands a water supply in order to meet the chemical changes for which its presence is necessary. This seems to be not only a plausible but a highly probable explanation.

Clinical experience has proved that the treatment of fever and its accompanying phenomena is most successfully accomplished in practice by just such means as would be determined upon *a priori* to meet the conditions presumed under the above explanations. Space forbids, however, their discussion at this time.

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### A Process for Steadying and Raising the Trachea in Tracheotomy.

By DR. EDMOND SOUCHON,

Professor of Anatomy and of Clinical Surgery, Tulane University of La.

The operation of tracheotomy is one of the most easy in surgery, provided the subject be thin and the trouble allows of a pretty full extension of the neck; but if from swelling due to disease, or from accumulation of fat, the trachea is deeply seated, and if on account of the difficult breathing the neck can only be partially extended, then I hold it to be one of the most difficult and dangerous operations, particularly if the patient is in an advanced stage of asphyxia and is restless. The three great difficulties then are the mobility of trachea, the depth at which it is situated and its shortness, leaving but very little room to operate between the cricoid cartilage above and the innominate vein and artery below.

It is recommended in books to seize the hard and incompressible cricoid cartilage between the thumb and middle finger and to press it against the vertebral column, thus

steadying it. This is easier said than done in the condition of the neck described above. Even when accomplished successfully, this manœuvre sinks the trachea deeper than ever and increases the trouble and danger of the balance of the operation. To obviate all these difficulties, I have been in the habit, for several years past, as soon as the skin was incised, to use a strong tenaculum and to hook firmly the middle crico-thyroid ligament or the first ring of the trachea. The cricoid cartilage itself is too hard to allow the tenaculum to penetrate deep enough to take a good hold. I then use some little force, and bring the trachea *forwards* to the surface and *upwards* away from vessels below. The tenaculum is at this juncture confided to an assistant with instructions to hold it firmly in the above position. The incision to the trachea and the incision of the rings are then comparatively easy, as is also the introduction of the canula. This introduction is much facilitated by seizing one of the edges of the cut in the trachea with a pair of forceps at the same time that with a tube you depress and separate the other edge and introduce the canula.

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### An Easy way to Repair the Packing of a Hypodermic Syringe.

By CHAS. B. LANNEAU, M. D., of Charleston, S. C.

To the country practitioner especially, who may have a syringe which works badly, the following method may prove of some value :

Take a thick piece of chamois leather (buckskin), stretch and tack it down on a smooth piece of board ; smear it over with mucilage (working it in well with the finger), allow it to dry and harden thoroughly. Then cut out discs the size of the calibre of the syringe, in sufficient numbers to fill up the end of the piston rod, having first pierced small holes for it to pass through. Screw on the top firmly and replace the rod in the barrel. Washers of the same material may be placed at either end of the glass cylinder. Finally, screw the cap of the syringe into its proper position. When



the packing becomes moistened, it swells greatly, causing it to fit tightly, and the instrument will not “back water.” I have had several times to fix my own syringe in this way, as there is no instrument maker here. For those who live remote from a city this procedure may save the sending of perhaps, an only syringe a long distance for repairs. But it is well to keep several syringes on hand to be used in case of emergency. When the discs are all placed on the piston, they may be smoothed with fine sand-paper, for the roll which they form will be as hard as a piece of wood—like sponge similarly treated in the making of a sponge tent.

I expect physicians will bear me out in the assertion, that few things tax our *patients and patience* more than to have a syringe shoot out at both ends simultaneously, when one endeavors to administer a hypodermic injection.

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#### **A Resume of Koch's Address on the Cholera Bacillus at the Cholera Conference in Berlin, May, 1885.**

By DR. GEORGE T. ELLIOT, New York City.

The discovery of the comma bacillus by Robert Koch, of Berlin, aroused great hope that we should become acquainted with the cause of cholera, and through that acquaintance obtain the means of combating it. However, since his views were made public, many have attempted to disprove the claims which he made of the specific nature of this bacillus, advancing bacilli of their own, and without sufficient bacteriological knowledge, asserting facts, which could not withstand scientific testing. It is, consequently, with great pleasure that we welcome the report of the discussion on the cholera bacillus, which took place in Berlin, May 4th, 1885, in the presence of Drs. Bardeleben, Bergmann, Pettenkofer, B. Fraenkel, Robert Koch, Hirsch, Virchow and others, and the facts brought forward at the time by Koch are of such general interest and importance that I venture to make a résumé of the report from the columns of the *Wien. Med. Wochenschrift*, No. 38, 1885, for your Journal.

Koch opens the discussion by reminding his hearers that the investigation made by the commission, which was sent to India, showed that in cholera, and especially in the small intestines of those who died with the disease and in the stools, a micro-organism occurred, which could be differentiated from all other bacteria, and which was, therefore, to be regarded as of a specific nature.

They were found only in cholera and no where else, and the behavior of these bacilli agreed so well with the facts relating to epidemics that they could be regarded as the cause of cholera.

Then proceeding to review the principal work done on the subject since the conference of the year 1884, he first notices that of Finkler and Prior. They claim to have discovered in cholera nostras a micro-organism which could not be distinguished from the comma bacillus. On the other hand, Koch states that he found very material differences, and showed pure cultures of the two which had been obtained under exactly the same conditions. The differences were as follows: Finkler's and Prior's bacillus liquified the gelatine very much more quickly than the comma bacillus, and the liquifaction extended over the whole extent of the point of inoculation. As a result the appearance of an air bubble seen at the upper end of the comma bacillus culture was missing. This was, however, obtainable, when the bacteria were cultivated at a very low temperature, but not when at the same degree of heat as was necessary for the cholera bacillus. The appearance of cultures of each, of the same age and made under the same conditions, was very different. Koch's bacillus showed scarcely any liquifaction of the gelatine, and its lower end looked like a thin thread, while Finkler's and Prior's had liquified a large part of the gelatine, and formed a sack-like spot filled with cloudy contents. The chemical changes which took place in the two were also different; from Koch's bacillus a peculiar aromatic odor was given off, but Finkler's had a foul and stinking smell. The variations between the

cultivations of the two bacilli on potatoes, were also as definitely marked as when made on gelatine. Von Ermen- gen and others, in comparing the two bacilli, also observed these same points, and agreed with Koch that the two are not identical as Finkler claimed. Koch, further- more, doubts that Finkler and Prior's bacillus has any- thing to do with cholera nostras. They had examined stools already decomposing, while examinations of fresh stools made by Koch, Von Ermengen, Watson Cheyne, Biedert and others showed not only no bacteria resembling the cholera bacillus, but also none having any likeness to Finkler's bacillus.

He next takes up Klein's work, and after pointing out the intentional misunderstandings of Koch's assertions, which this investigator has committed, and proving how he is opposed to the results of all other bacteriologists, he concludes by referring to Watson Cheyne's criticism of Klein, which appeared in England, and which caused the latter to withdraw the greater part or nearly all of his as- sertions about the comma bacillus.

Emmerich found in nine cases of cholera, not only in the blood but also in the internal organs, a rodlike bacillus which he regards as the true cholera microbe. He also acknowledges finding the comma bacillus at the same time, but not constantly, and considers its presence as accidental. Koch agrees perfectly with Flugge's criticism of Emmer- ich's work, and points out that Emmerich is the only one who has found a bacillus in the blood or organs of cholera subjects. Ceci followed Emmerich exactly in more than a hundred trials, but could not confirm the latter's re- sults, in no case obtaining a cultivation from either the blood or from the organs of those who had died from cholera. Moreover, Emmerich's method was faulty. He placed, when in Naples, a certain amount of blood and pieces of organs in flasks containing gelatine, but brought them to Munich and then first attempted to obtain pure cultures from them. His claims to have produced in ani- mals symptoms similar to cholera, by the hypodermic in-

jection of pure cultures of these bacilli, Koch holds would not prove anything, because certain other bacteria caused in rabbits a form of septicæmia, which was accompanied by the same changes in the intestine that Emmerich noted in his cases, and Brieger obtained also the same conditions in guinea pigs from a pathogenic form of bacteria which he isolated from human fæces.

These have been the most important works in opposition to the comma bacillus, and Koch then proceeds to mention the results obtained by the many investigators, who have labored to prove its specific nature and its connection with cholera. They all agree in its not being present in anything but cholera, and furthermore, that it is readily distinguishable from all other forms of bacteria. Among these mycologists are first Tricati and Rietsch who examined and found the bacillus in over thirty cases of cholera. Von Ermengen, also, during the epidemic at Marseilles, observed them in every case which he examined. Likewise, Babes, Watson Cheyne, Pfeiffer in Paris; Ceci, Escherich, Armani and Fede in Italy, and only lately Schottelins has published positive results obtained by him in Turin. In addition, Koch received from Dr. Dissent, of Calcutta, in the course of six months, cover-glass preparations of eighty cases of cholera, of which seventy-nine could be used. There were five specimens from each case, and seventy-six were made from autopsies and three from stools. The comma bacillus was present in all of these except five, and these had been from cases in the later stages of cholera. Of the others, thirty-seven showed a moderate number of bacilli, twenty-seven many, and in ten there was almost a pure culture. These preparations also confirmed the assertion which he had made, that the more rapid the course of the attack, the more abundant were the bacilli. The greatest progress has, however, been made in experimentation upon animals. Tricati and Rietsch succeeded in producing cholera in dogs and guinea pigs, by injecting pure cultures of the bacillus, and also the contents of the intestine of cholera

patients into the duodenum. Later, this was also done by Koch, Babes, Flugge and Watson Cheyne. Tricati and Rietsch, in their experiments, ligated the ductus communis choledochus, and this was also at first done by Koch. This latter, after ligating the duct of ten guinea pigs, injected into the duodenum a pure culture of comma bacilli. Of these guinea pigs six died of cholera, four as a result of the ligature. He then injected eighteen without ligation, and thirteen died of cholera. But he noticed that the less injury done the intestine, the less danger there was of death resulting. He used great precaution in injecting six guinea pigs, and only one died of cholera. While of four rabbits injected, none died. He then sought to produce cholera in the animals by natural means, and studied the digestion of guinea pigs with great care and found that the food passed slowly through the stomach, but very quickly through the intestine to the cæcum where it remains some length of time. The reaction of the stomach he found to be very acid, that of the small intestine alkaline, and the cæcum distinctly acid. Knowing from earlier experiments that the acid of the gastric juice would destroy the power of development in the bacilli, he made experiments with the view of having them carried into the small intestine uninjured. Pills were made of pure culture, and coated with keratin, collodion, caoutchouc and other substances insoluble in the stomach, but no result was obtained from them.

Attempts were then made to remove the acid reaction of the stomach, and after many trials it was found that a five per cent. solution of soda was the best. Five c. c. of this solution could be given without causing any gastric disturbance, and even three hours after administration the stomach was still alkaline. In the first experiment on guinea pigs, seven received five c. c. of the soda solution, and a little while after ten c. c. of a broth, in which comma bacilli had been cultivated. They were killed twenty hours after, and the presence of the bacilli in the cæcum and small intestine was determined in six out

of the seven animals. The experiment was repeated on two guinea pigs with a two per cent. soda solution, and on six with a five per cent. solution. They remained healthy. A similar result was obtained with four other guinea pigs. One of these last, however, seemed to be ailing, and on the next day was very sick, having the same symptoms as Koch had observed in those which had died of cholera after injections into the duodenum. An autopsy after death showed marked cholera appearances in the small intestine, and its contents were almost a pure culture of comma bacilli. It seemed strange to him that only one of the nineteen animals should show cholera symptoms, but knowing that this guinea pig had an abortion a few days previously, he argued from this that perhaps thereby some disturbance of the system resulted which diminished the peristalsis of the small intestine, thus giving time for the bacilli to establish themselves and to develop.

To prove this he experimented with alcohol, chloral, morphia, atropin and opium, and found the last, when given in a certain way, was the best. The tincture of opium injected into the abdominal cavity in the dose of one c. c. to every 200 grammes in weight, rapidly produced a narcosis which lasted from a half to one hour, the animals getting then as well and as lively as ever. The next series of experiments were made on thirty-five guinea pigs. The solution of soda and the cholera bouillon was given, and shortly afterwards an intra-abdominal injection of tinct. opii. Of these thirty died of cholera. Diminishing the dose of soda and bouillon did not give as good results, the number of deaths becoming smaller and smaller. In all he produced infection and death from cholera in eighty-five guinea pigs, and, furthermore, succeeded in infecting one animal from another. He also made experiments with Finkler's and Prior's bacillus. Out of fifteen infected five died, but with symptoms different from those obtained from the comma bacillus. Further experiments were made with croton oil, castor oil, alcohol, etc., to produce favorable conditions for the bacilli to

develop. Alcohol proved to be the best. From these experiments Koch concludes that the comma bacilli have energetic specific properties, which they exhibit when introduced into the small intestine, this latter being in a condition which is favorable to their getting a foothold. Naturally, these conditions are only artificially obtained in animals, but in human beings the stomach is often alkaline. The experiments of Ewald in this regard, are very interesting. He found that water admitted into an empty stomach remains neutral for some time or becomes alkaline. The water passes only little by little through the pylorus, and only in one or one and a half hours afterwards is there a sudden and large diminution. But even up to this time the water has an alkaline reaction, and supposing that in this water there were the cholera bacilli, they could arrive in the duodenum in a living condition and the result would be cholera infection.

The experiments made in regard to the resistive power and capability of existence of the comma bacilli by Rietsch and Tricati and Babes, were also undertaken by Koch. He made use of sewer water, river water, spring water, filth and closet water. In spring water the bacilli could be demonstrated after thirty days, in Berlin sewage after six to seven days. Mixed with filth, they were undemonstrable after twenty-seven hours, and in closet water after twenty-four hours. On stuffs such as linen cloth, their power of living did not exceed three to four days. He also repeats emphatically his former assertions in regard to the destructive action of heat upon the bacilli. Among disinfectants he found that carbolic acid was the best. A few minutes exposure to a 5 per cent. solution of the acid, was sufficient to destroy them. Sulphate of iron and of copper and other metallic salts acted well but not so well as carbolic acid.

He considers furthermore that the attempts at infection, made by men on themselves prove nothing against the bacillus, for at the time of the experiment their stomachs may have been perfectly healthy. Among these, Bachefontaine

in Paris, who took pills made of cholera stools, Klein, who drank some water in which there were "said" to be cholera bacilli, are cited. Macnamara reported in the "Dict. of Med." that cholera evacuations accidentally got into some water. Nineteen persons drank of this water after it had remained exposed to the heat of the sun for a whole day, and though there was at the time no case of cholera in the place, yet, inside of thirty-six hours, five of those who had drank of the water had cholera. Koch regards this report of Macnamara favorably, and reports the case of a physician who took a course in cultivation, etc., of cholera bacilli under him in Berlin. After being five days in the city, a slight diarrhœa commenced.

In a few days he left for his home, twenty-four hours distant by rail, and developed a genuine case of cholera. His evacuations were sent to Koch, and he found both microscopically and by cultivations, that the comma bacilli were present in considerable numbers.

All experiments made to find a form in which the comma bacilli can persist have been negative, and Koch does not consider that such a form is necessary to explain their slumbering and quiescent condition through a long space of time. He found that when kept in a damp condition, they retained their power of life for many days. Tricati and Rietsch had already observed that the bacilli kept in water from the harbor of Marseilles, showed life after eighty-one days.

Koch tested old cultures on Agar, and found bacilli after 144 days, and only after 195 days were they absent. We can thus see how they may remain in damp places, in marshes, etc., in a living condition, finding there no doubt an even better cultivation soil than Agar.

At the conclusion of these remarks, Pettenkofer arose and spoke strongly in favor of Emmerich's bacillus, but we may omit his remarks as they contained nothing of great interest. He also objects to Koch's views, and bases his remarks upon epidemiological grounds, claiming that the comma bacillus is antagonistic to epidemiology.



In answer to Pettenkofer, Koch reviews and disposes of the former's assertions against the comma bacillus, both in regard to the experiments upon animals, and upon their presence in small numbers in the intestines of healthy persons, etc.

The absolute untenability of Pettenkofer's proposition, that the curved bacillus is perfectly harmless and only becomes noxious under certain conditions is also proven by the fact that such a transformation has never been observed in any form of bacteria, and it would be unreasonable to ascribe to the cholera bacillus a power, which no other micro-organism has been shown to possess.

In regard to the objections based upon epidemiology Koch claims, that by analogy between the cholera bacillus and those micro-organisms producing other diseases, we must regard the comma bacillus as not possessing a form in which it persists. The virus of small-pox, splenic fever, etc., has been dried, subjected to heat, and transported long distances, and after a long time even has produced infection, but this has never been proved for cholera. Cholera has never been brought from a distance to Germany, as for instance from India, by means of dry objects as clothes, goods. That they can exist in a damp condition for weeks and months has already been proven, and Koch is fully convinced that if they exist on Agar for that length of time, they most certainly can exist in nature under the same conditions. A strong objection to the comma bacillus has been that it is destroyed by decomposition and filth bacteria, and yet cholera seems to prefer those places where filth abounds. Koch acknowledges that fact, but says that it does not follow from that, that the cholera bacilli cannot find a more favorable and suitable place to develop in than closet fluid. If this were the case, then all other rare and delicate forms of bacteria would also disappear from the face of the earth. In nature bacteria do not always live crowded together. Here and there are to be found conditions under which certain ones can thrive, and

moreover we find in nature several species living perfectly well side by side. As this is true for others, should it be impossible for the cholera bacillus alone?

It has also been claimed that in Bengal cholera flourishes especially in the dry season, which would seem to be contrary to the claim that the bacilli are killed by dryness. Koch acknowledges, that if the dry season meant, that at that time everything was dried up, the bacteria would most undoubtedly be destroyed. He showed however, from a rain chart of Calcutta, furnished him by Dr. Macnamara, that the so-called dry season was not without rain. The increase of cholera occurred in the months of February, March and April, and on the chart it was found that during these months considerable rain falls. Trustworthy physicians in Calcutta also informed him, that after a rain occurring during the dry season, there was always a decided increase in the number of cholera cases. Koch considers the diminution of cholera during the wet season as due to too much water, the bacilli being washed out of the overflowing tanks and swept away from the inundated soil. Moreover, the very large numbers of tanks are a potent factor. They are especially numerous in the suburbs of Calcutta, and though there is a less quantity of water in them during the dry season yet they do not dry up, and undoubtedly furnish enough dampness for the comma bacilli to thrive in. In addition, he points out that this smaller quantity of water is still impurer from the bathing of the population, the fæces, etc., than it could be in the wet season, consequently the increase of cholera is not surprising and the facts not antagonistical to the comma bacillus.

The first day's discussion then closed. On the second day, the proposition "Spread of Cholera through human intercourse, especially by means of pilgrims and ships," was to be brought up.

The third day was to be occupied by: "Influence of the soil, the air and the water."

The fourth day: "Practical results in regard to the measures to be taken to combat cholera."

The fifth day: "Further subjects, brought forward for discussion by those present."

The reports of the conference which took place on these last four days have not yet reached us, but we trust that they will contain as many facts of interest as this first day's discussion.

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## HOSPITAL REPORTS AND CLINICAL NOTES.

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We are anxious to make Clinical Reports a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

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### PENETRATING INCISED WOUND OF THE ABDOMEN AND COLON.

Reported by THOS. W. COMPTON, M. D., Alexandria, La.

In an altercation which took place on the Anandale Plantation in this parish, at sun down of the 25th of Aug. 1885, between two negro men, Calvin Davis and Walter Jones, the former received a severe incised wound of the abdomen. The wound, made by a razor, was about two inches long, transverse, situated in the upper lumbar region near the hypochondriac, and at a distance of about two and one half inches from the umbilicus. Through this wound the large intestine followed by the meso-colon, its arteries and veins, had been forcibly protruded until some twenty or more inches of the gut had escaped from the cavity of the abdomen, when strangulation took place at the seat of the cut.

In this condition the man was seen by me five hours after the occurrence of the cutting. The patient, in a remarkably quiet and composed mood, was lying on a bed in a cabin crowded with excited and curious negroes. A large, soiled handkerchief covered a washbowlful of

highly congested bowels bathed in serum poured out by the intensely distended blood-vessels. On examination I found the large intestine cut half in two near its middle. The cut was at right angles to the length of the gut; the edges of the wound were drawn asunder and everted so that the mucous coat was elevated in the form of a fleshy lip, and from the contraction of the circular fibres this lip was broad and bulbous giving to the wound the appearance of an inflamed cervix uteri. The mesenteric arteries with their interlacing branches were seen throbbing and pulsating with increased force. Upon my touching the intestine, excessive sensibility was shown by the patient exclaiming, Oh! Doctor!

The patient was now placed completely under the influence of chloroform and with the assistance of the owner of the plantation, Mr. Thos. Clemments, and a Mr. Riggs, I commenced by placing the index finger in the cut intestine, and with my thumb pressed together the everted edges of the peritoneal coat. I then passed a common No. 5 sewing needle and a large size saddler's silk ligature (the only silk ligature I had with me) through both the peritoneal and mucous coats of the gut, and made a tie. In the same manner I passed the needle and ligature six times consecutively, looping the thread each time and drawing tight the ligature which was made fast by the first tie, so that each loop connection had the effect of pressing together the everted lips of the peritoneal cut.

While my finger was in the gut I discovered two other wounds in the side of the colon opposite to the first. These were large enough to pass a small bullet through and had evidently been made from within by the point of the razor. I closed both by passing the needle and ligature through both cuts twice. I then crossed and tied the ends of the ligature in a tight knot and cut them close, trusting to their finding their way into the intestines and being discharged.

It was now found necessary to enlarge the wound to prevent rupture of the intestines in returning them. This

was safely accomplished by pressing against the bowels with my little finger and directing along it a probe pointed bistoury. The greatest resistance was found at the inner edge of the wound. A few drops of blood escaped when the bowels were returned. I now put the index finger of my right hand into the wound to arrange the bowels as well as I could, retaining in my left hand the end of the looped ligature attached to the large intestine and with it drew and approximated the wound in the gut to the inner side of the wound in the abdomen. The ligature was then secured externally by adhesive plaster. The skin of the wound was drawn together by three stitches, and a small linen compress and a bandage were applied. As the edges of the wound approximated closely I did not think it advisable to use deep sutures. The effects of the chloroform having passed off the patient was given one-fourth of a grain of morphine and left to pass the night, the family being directed to give fifteen drops of laudanum every three or four hours if he should become restless.

On visiting him next morning I found that he had slept through the night without the opiatés having been repeated. Pulse 58; temperature normal. No pain on pressure. No tympanitis. Compress stuck fast to the wound, and every indication of healing by first intention. Ordered milk diet, with ten drops of laudanum at night. If a movement of the bowels took place, a cloth was to be placed under him, and on no account was he to sit up or make any effort.

On my second visit, I found the patient's tongue large and coated with white, but thin; no indentation of the teeth was to be seen upon the edges. No other change.

From this time out no symptoms arose to be treated or combatted. The tongue regained its healthy appearance on the seventh day. On the seventeenth day a natural movement from the bowels took place. Three well moulded stools; purulent matter being seen on the two last. No pain was experienced. On the nineteenth day there was a large movement from the upper bowels and afterwards a sharp

pain in the epigastric region was complained of, but it soon passed off. On the twentieth day the ligature had been given a strain and was protruding one and a-quarter inches, so that the last knot in the loop was on the external edge of the wound, which had healed completely except along the track of the ligature. As it did not come away by gentle traction, I decided not to use force, although I felt confident that all the stitches had given way, and that the thread was only held by adhesion to the surrounding parts, and would in a few days find its way out.

For the last week the patient has been going about the plantation, and has had several natural movements from his bowels. Yesterday (Sept. 28th) I gave a certificate that I considered him out of danger, and his adversary was admitted to bail. To-day (Sept. 29th) is the fifth week since the wound was made and the patient feels so well, that he has asked to be put to work in the cotton field.

I will state that the external wound was kept closed by the compress from the time of its application. On the tenth day the compress was moistened with a four per cent. solution of carbolic acid and removed, a new compress replacing it. The wound appeared to be healed except around the ligature.

I am at a loss to account for the wound in the transverse colon being across the gut when the wound in the abdomen was transverse, but such was the case.

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#### A CASE OF PLASTIC OPERATION ON THE HAND.

By GUSTAV KEITZ, M. D., New Orleans, La.

The following case may be of some interest to those of your readers, who have some times occasion to resort to plastic operations in their surgical practice.

The history of the case is as follows :

Three young men, among them my patient, went to the lake fishing and gunning. Having returned to the wharf at Spanish Fort, one of the barrels of the Lefauchaux gun, which had been placed on the bottom of the skiff, was ac-

cidentally discharged. The charge, which consisted of two drachms of powder and one ounce of No. 9 shot, entered and passed through the palm of the left hand of Mr. Louis G. (æ. 22 years), at a point about one-half inch below the metacarpo-phalangeal articulations of index and middle fingers, and between the metacarpal bones of these two members. The hæmorrhage was very great.

This accident occurred August 2d, 5, A. M., and the distance of the hand from the muzzle of the gun was about one foot.

Upon the patient's return to the city a physician was called, who, as I was informed, stuffed the wound with cobwebs and solution of perchloride of iron and proposed to amputate the hand. The family, not satisfied with this, discharged him and called in Dr. C., who applied carbolized water dressings (of ordinary temperature), and sent for me to meet him in consultation August 5th, which I did. The hæmorrhage had ceased with the exception of very slight oozing, occasionally. The state of the hand was a very sad one. It presented a large, open, lacerated wound; the dorsal integuments and tissues having been torn away by the charge, the two metacarpal bones splintered into atoms and the deep wound filled with a lot of dirty cobwebs, which had formed a hard crust with the blood coagula and the perchloride of iron. I advised to leave the wound intact for the present, to dress it with carbolized cosmoline and wait for the sloughs to be detached together with the crust of cobwebs. The patient had no fever. The wound was ordered to be dressed once or twice daily, washing with warm carbolized water. I saw the case afterwards on the 8th, 13th, 16th, 17th and 19th, removing at each visit so much of the coagula and of the shattered bones as would readily come away. The wound having a healthy appearance, a good granulating surface, and the patient being in good condition, I proceeded on the 20th to operate.

Appearance of wound before the operation: A large opening at the palmar surface, marking the point of en-

trance of the charge, as described above; complete destruction of shafts of metacarpal bones of index and middle fingers; complete disorganization of the muscles which arise from the destroyed bones (lumbricales, interossei and adductor pollicis), and entire destruction of all dorsal integuments of the hand, exposing a raw surface of about two and a half by two and three quarters inches. The tendons of ring-finger and little finger were, of course, exposed, otherwise there was no injury inflicted upon them. The thumb was uninjured. The index and middle fingers had to be removed. The carpo-metacarpal articulations I intended to save in order to avoid opening the large synovial sack which branches from that articulation to the carpal rows of bones.

It might have required months for the granulations to fill up the large gap, and then probably very insufficiently. Neither could I hope the dorsum of the hand would be covered by anything but a very weak cicatrix. Skin-grafting has given me in all those cases, in which I have employed it heretofore, very poor satisfaction, and as the patient is a laboring man (cooper), it was my endeavor to save as much of the hand and give him as good and substantial a stump as I possibly could. Accordingly I proposed to operate in a way by which I could fill out the large gap in the dorsum of the hand with the integuments of the two doomed fingers, and I proceeded in the following manner:

Chloroform having being administered by my friend, Dr. H. A. Parra, I cut away all loose pieces of bone and sawed and clipped off the protruding ends of the metatarsal bones of index and middle fingers close to the carpo-metacarpal articulations, and washed the wound thoroughly with very warm carbolized water. I then inserted the knife at the outer margin of the metacarpo-phalangeal joint of the index finger, making a curved incision, which I carried to about the middle of the first phalanx, measuring about one and a half inches in length. A corresponding incision was then made along the inner and upper border of the same joint, and carried along the dorsum of the



index finger, terminating at the end of the first incision. I then continued the incision from the joint at which the two first ones met, up to about the middle of the second phalanx, where, by a circular sweep around the finger I marked the upper border of one of my flaps, after which I carefully dissected the integuments from the bones of the finger, which I thus removed. The same was done with the middle finger. By turning the flaps thus cut out, back over the dorsum of the hand I obtained a very good and almost complete covering for the dorsum of the hand. The flaps were held in position by interrupted silk sutures and bandage, carbolized cosmoline being used for dressing.

One of the digital arteries bled very freely and was secured by torsion. The capillary oozing was stopped by the use of hot water.

One-quarter of a grain of sulphate of morphine was administered subcutaneously.

August 22d. Patient has had neither fever nor pain since the operation. Wound was washed with warm carbolized water, and dressed with carbolized cosmoline. A good deal of suppuration, but flaps look healthy. The flaps cover the entire dorsum of hand with the exception of a small, triangular space over carpo-metacarpal articulations of ring-finger.

August 25th. Wound was dressed as before; flaps look well and union appears to have taken place, at least in the centre and around some of the edges of flaps.

August 28th. Dressed wound, which looks well, the flaps having retained their vitality. Suppuration very greatly lessened. The surrounding skin is pushing over the edges of the uncovered triangular space, mentioned above.

August 31st. Wound was dressed in the usual manner. The union is quite firm. Four adhesive strips were drawn tightly over the flaps to assist in the contraction of the cicatrix.

September 4th. Wound was dressed as on August 31st.

Cicatrization is taking place, the cicatrix appearing to be quite firm. I removed the sutures.

The hand was dressed September 7th, 9th, 12th, 15th, and 17th, when cicatrization was complete.

Patient was discharged, recovered, September 30th, 1885.

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#### INTESTINAL OBSTRUCTION AND IMPACTION CAUSED BY HABITUAL CONSTIPATION.\*

By ROBT. J. MAINEGRA, M. D., New Orleans.

Carrie M. has suffered from constipation from her birth, the bowels being seldom evacuated without the assistance of purgatives and purgative enemata.

I will mention in connection with this case, that the mother of this child when about five months pregnant was attacked with vomiting of a persistent and distressing character, which resisted the treatment and skill of the most eminent physicians of this city.

The family and the patient positively refused to consent to the request of four physicians in consultation, to be permitted to induce premature delivery, this being in their judgment the only remaining means by which the life of the mother could be saved. The woman was reduced by irritative fever and vomiting of all liquids and food, to a condition most deplorable, and in that condition she was left to the assistance of nature. Some time later however, labor pains commenced and in a most miraculous manner she delivered herself of an eight months and a half girl child pretty well nourished and developed; following this the mother retained her food, was able to nurse her offspring, and made a good recovery.

The child developed nicely and notwithstanding the constipation nothing occurred until the period of cutting her two year's teeth, when high fever supervened, and convulsions, which lasted several hours, followed. She recovered, however, from this attack, but the convulsions returned from that time at short intervals till the present time, and

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\*Read before the N. O. Med. and Surg. Association.

now this child presents the worst case of epilepsy imaginable. All sorts of remedies have been tried, and all have failed to produce the desired effect.

The bromides, which in combination with small doses of strychnia are usually beneficial, in her case are worse than useless, because when under their influence the epileptic attacks become more severe and occur at shorter intervals. I have seen this case go through eight attacks of this disease during one night, while she had been taking these remedies for one month steadily. Two years ago last July the constipation became aggravated, was attended with uneasiness, great flatulence and pain; the abdomen was distended to a tremendous degree. The distention still increasing, nausea and vomiting supervened, her condition was very bad. A very small trocar was introduced into the bowel, and a quantity of gas was eliminated, giving some relief. Large enemata given at short intervals and poultices covering the whole abdomen were recommended and applied, and finally the distention, pain and vomiting ceased and the bowels were relieved by copious liquid stools. Shortly after this, a digital examination per rectum was made and a large hard fecal impaction was detected high up in the rectum.

Chloroform was administered and after protracted and very tedious manipulation with instruments, several pieces of a hard, gritty, stonelike substance were extracted, and the operation had to be discontinued, part of the mass having receded and got out of reach. Instructions were given to the mother of the child to give the patient enemata of warm water several times daily, the free use of purgatives and digital manipulation as far as practicable were directed, expecting by these means a final elimination of the cause of all the trouble. The result was not as expected. Sometime later, we discovered a tumorlike mass occupying the right inguinal and right lumbar regions, which, notwithstanding the persistent use of purgatives and enemata went on increasing in volume causing a condition most distressing to the patient. She was constrained to walk in

a bent position in order to relieve the pressure of the abdominal walls against the greatly distended intestine. The dangerous and desperate condition of the patient augmenting, a consultation with four physicians and surgeons was held, and after a close examination the following condition presented itself:

A very hard, almost immovable tumor the size of a child's head at term, occupies part of the cæcum and the ascending colon. Above this tumor there is a second tumor lodged on the transverse portion of the colon, irregular in shape and of smaller dimensions.

The abdomen is distended only at the site of these tumors, rendering the examination easy, and but little painful to the patient.

Satisfying ourselves of the location and character of the tumors the next question was, what the means of affording relief to our distressed patient were.

I confess that my opinion at that time was that nothing but an operation could give relief to our patient. Such an operation of course presented very serious and dangerous difficulties, but considering the fact that the patient had been under constant and persistent treatment, I considered the operation to be the only chance left for the life of the child.

However, it was determined by the consulting surgeon to give a trial to remedies which had not been used in the case, which remedies and plan of treatment gave the most beautiful and remarkable results imaginable.

We had good grounds to believe, that if the patient could possibly be relieved of the impaction which afflicted her, that in all probability she would be cured of the attacks of epilepsy, which disease was due to a reflex irritation caused by the pressure of the tumors on the bowel and adjacent viscera.

The treatment suggested and approved by the confrères in consultation was the following:

A teaspoonful of the fluid extract of cascara sagrada to be given at bed-time in three tablespoonfuls of sweetened

water. Large injections of warm water with the addition of five or six tablespoonful of fresh beef gall. The injection to be repeated three or four times a day and to be retained as long as possible while the nurse by external manipulations kneaded, as it were, the tumors, in order to desintegrate them and to wash from their surfaces presented to the liquid as much as possible.

This plan of treatment answered admirably. In the course of two weeks time there was a perceptible diminution of the tumors and the general condition of the patient was much better.

The dose of fluid extract was increased to a teaspoonful and a half, and the enemata continued.

The patient was ordered to abstain from any solid food which would necessarily cause much excrementitious matter. The improvement was steady and in a manner hardly to be expected; the tumors diminished very perceptibly from week to week, and at the end of three months, or thereabout, no sign of tumor could be felt, and up to the present time there has been no reaccumulation in the bowel.

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#### CHRONIC UNIVERSAL SQUAMOUS ECZEMA CURED BY CHAULMOOGRA OIL.

By W. LOCKE CHEW, Resident Student, Charity Hospital.

V. S. admitted November 9th, 1884, Ward 4. Born in Italy, 35 years of age. In Louisiana twelve years. Laborer by occupation. Habits and condition good. Has for past eight years been subject to attacks of partial eczema. These attacks would last from four weeks to two months and after simple treatment would disappear. Six years ago present attack came on and at no time since has he been free from eruption. No history of syphilis or scrofula given.

Condition on admission: The entire cutaneous surface involved in the inflammatory process. Hands covered with thin scales. Dorsal surfaces of hands and arms covered with dense thick crusts. Large, weeping fissures in the folds of the joints. The skin beneath these crusts of

a bright red or scarlet color, moist and warm but unfissured. Legs, feet and thighs in same condition as arms and hands. Body covered with thinner crusts that flake off in large, thin pieces, the size of the hand's palm. Hair and scalp matted with thick, dense, horny crusts like decaying oyster shells. Nose and eye-lids not much involved. Patient melancholic; anorexia marked.

Placed on iron, arsenic and cod-liver oil, and given the white precipitate ointment locally. Bowels kept lax. After twenty days discharged improved.

Re-admitted in Spring and treated similarly, and with oxide of zinc ointment and slight amount of crysophanic acid; ℞i to ℞i of zinc ointment. In twenty-six days left improved.

During the hot weather of July returned to Ward 9, service of Dr. A. B. Miles, in worse condition than when first seen. Same treatment begun and continued for one month, then other highly valued remedies tried without in any manner checking the disease. We now began treatment with chaulmoogra oil and recommended the following mode of administration: Begin with small doses of two to three drops in large goblet of sweetened cream and repeat three times a day. On the second day after treatment increase the dose one drop, and continue this till the dose reaches ten or twelve drops three times daily, and for some days keep the patient at this; then if the disease is not cured, again increase the dose gradually, and with caution. We also ordered the patient an ointment of chaulmoogra oil, ℞ii, glycerine, ℞iv, to be rubbed over body and limbs, and also a cold, clear-water shower-bath every four hours, and the patient kept quiet in cool part of Ward. In ten days the improvement was marked. No complaint from itching after second day. In fifteen days all exudation had been checked and disease became no longer troublesome. On nineteenth day left the Ward cured, presenting the following appearance:

Cicatricial wrinkles over entire person, skin glazed and thickened. Cutaneous hair at many angles. Scalp hair normal.

## A CASE OF PETIT MAL; THE RESULT OF CONTRACTED AND ADHERENT PREPUCE.

By F. W. PARHAM, M. D.

In the September number of the JOURNAL we reported a case of reflex epilepsy from adhesion of the prepuce to glans penis. We desire now to report another case of reflex neurosis. This case, as well as the other, is reported not as anything new to the profession, but simply because we believe the cases are of sufficient interest and importance to be put on record.

P. W., aged 7 years, a native of New Orleans; a pale, delicate child, of a decidedly nervous temperament. The parents had been for a long time uneasy about him, owing to general ill-health and peculiar fainting spells. These spells were frequent and came on without warning, wherever he might be. The parents had failed, despite their careful watching, to discover any provoking cause of the attacks.

The mother said the child would suddenly fall, losing consciousness for a few moments. The loss of consciousness was not associated with spasm.

The condition seemed most correctly characterized as the *petit mal* of the French, for which we have not the exact equivalent in English. I examined the penis and found a condition which demanded circumcision, the prepuce being very long and its orifice very much contracted; there was also some adhesion to the glans penis. The condition of the organ was made known to the parents and operation advised, not only because it might have a curative effect on the functional trouble, but because the condition imperatively called for operative interference.

About March 25th, 1885, the parents having requested me to perform the operation, I operated with the assistance of Dr. Lawrason, who quite agreed with me in my view of the case.

The circumcision was made and the adhesions easily torn up. No accumulations were found in the furrow. The layers of the prepuce were brought together with interrupted sutures and the union was complete in a few days.

During the time of healing of the wound a few of the attacks occurred. The child was put upon a preparation of Maltine which he took for several months. The improvement in general health was progressive and complete. About Aug. 15th, however, he had another attack, the first he had had since the healing of the wound. This attack I cannot account for. His general condition was not made worse by the attack, and he is at the present date (Oct. 15th, 1885), in vigorous health. He has lost nearly all the nervousness which was formerly a marked feature in his case.

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## CORRESPONDENCE.

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A REPLY TO THE LETTER "DR. JOSEPH HOLT AND  
STEAM AS A DISINFECTANT."

NEW ORLEANS, October 5th, 1885.

*Editors N. O. Med. and Surg. Journal:*

GENTLEMEN:—Under the title "Dr. Joseph Holt and steam as a disinfectant," I have just read in the last number of your JOURNAL a letter from Dr. A. N. Bell, Editor of *The Sanitarian*.

The character of the headline and tone of the letter are forcibly suggestive of the fact that a discussion on a purely scientific question has drifted into that unfortunate whirlpool of acrimonious controversy which has invariably made shipwreck of every affair, however worthy, drawn within the range of its fatal influence.

So easily and delightfully seductive is the downward course to this maelstrom of the medical profession and its collateral sciences, that it requires the most decisive and energetic exhibition of a true moral courage to resist the sweet satisfaction to the soul afforded by giving the "last-lick."

Of all other pugnacious creatures, doctors are proverbially



ally the weakest on this point: The temptation, in the first place to get angry, and, in the next place to hit back, sorely presses upon those who are by nature of a peppery disposition.

There are some sinners in this world, and of these I am the chief, who just glory in a row. The excitement of a heated and even offensive controversy is exhilarating; and, unfortunately for the higher interests of our profession and of all science, is too often rushed into and pursued, regardless of mischievous consequences to the cause we profess to honor and support, and contrary to the guidance of a cool and prudent judgment.

I will frankly acknowledge that my remarks, calling forth a reply from Dr. Bell, were stimulated by a feeling of resentment occasioned by his editorial in the June number of *The Sanitarian*, which, by some unfortunate kink in my interpretation, I construed as animadverting with ridicule upon the Editors of this JOURNAL and myself, exposing jeeringly our ignorance in not being possessed of certain information familiar to himself and assumed to be generally known.

While wrong in allowing myself to become irritated, there is some palliation in the universal frailty whereby we all, children and old folks alike, rebel with indignation any instruction or correction of an error offered through the medium of contemptuous ridicule. Nothing so quickly arouses a spirit of resentment, even in the meek and lowly, (neither of which we are) or makes a school master more thoroughly despised. No incentive lends such zest in a fight.

This method of imparting knowledge when adopted by one to whom we have looked up as a high priest in the inner sanctuary of the temple of science; as a specialist whom we know to be erudite in all that appertains to preventive medicine, and from whom we have expected information and guidance bestowed in the tender spirit of a grand philanthropy; by one for whom we have long entertained a feeling of the highest personal regard; this

method, I say, did take me aback with a shock of astonishment reacting in a flush of anger which threw me off my guard and committed me to a harshness of expression, unwarrantable in the light of facts revealed by a recent perusal of the JULY number of *The Sanitarian*.

It matters not what others may think or say, I am determined no trivial pique shall place me in a permanent attitude of hostility towards Dr. Bell, disrupting ties strengthened by years of pleasant acquaintance and several acts of kindly consideration on his part. Moreover, when I wage war I wish to fight my enemies and not those who are engaged in the ranks with myself; above all, I intend to avoid anything that could wound the feelings or enkindle the enmity of one whose life of service in the cause of humanity should command in his age the respect and affection of all true men.

Let us now talk "Maritime Sanitation," a little.

I will lead off by reiterating my conviction that: "*Steam cannot be applied as an effectual disinfecting agent in ships, and steam has not been the method of disinfection in any port since 1848.*"

Let it be remembered we are talking of *Quarantine* and of what is practicable. on the one hand protecting against the introduction of pestilence while, on the other, avoiding obstructions injurious to commerce. It was never my intention to include the idea of what is possible to be accomplished.

It is possible to lift a steamship over the Brooklyn Bridge, but to propose it as a practicable route up East River is to my mind on a par with steam adopted in quarantine for general service on account of its "*easy mode of application for the disinfection of vessels.*" That a ship can be disinfected by steam I have not questioned.

In his letter, Dr. Bell has cited the instances of four steamships in the U. S. Navy, infected with yellow-fever. Two of them in 1848; one in 1862 and one in 1868.

The cases are new to me and highly interesting. Let us examine the accounts critically: They were all *steamships*

in the Navy, hence, carrying no cargo and empty of any thing likely to be injured by steam at a high temperature. After fruitless attempts to get rid of the infection the use of steam, which happened to be ready at hand, was finally suggested as a disinfectant.

In no one of these cases was it resorted to as an adopted method, but in the exigencies of repeated failure was hit upon, almost by chance, as the first step in cleaning up the ship; followed by a careful scraping, scrubbing, painting and whitewashing, together with particular attention to cleansing the bilge. The use of steam, therefore, was only a part in a very elaborate and tedious process of ship sanitation and was used through apparatus improvised haphazard. While I believe the high temperature of the steam did have much to do with ridding these vessels of infection, I am by no means disposed to accord it that entire credit which seems to have omitted the other agents used.

Not only did these four instances of steam used as the agent in disinfecting a ship extend over a period of nineteen years, but occurred in localities a thousand miles apart.

In one of the accounts it is very clearly stated that *paint was blistered and "a few articles of furniture that were glued together had fallen apart."*

This brings us down to the consideration of reasons why I do not think steam can be applied as an effectual disinfecting agent in ships.

If a system of quarantine in ports such as New York, Liverpool or New Orleans, requires as the prerequisite to the application of its adopted disinfecting agent that every vessel from a quarantineable port shall be unloaded, this settles the question. Such a quarantine is a failure because it puts an embargo upon commerce. Not only must it entail an enormous expenditure of money which must be met by an exorbitant, a ruinous tax on tonnage, but the delay would completely block the current of trade. Shipping could not and would not stand it.

But suppose it did? Very well, you have emptied the

ship and have steamed, scraped, scrubbed and painted her, but how about the cargo? That must be treated also, for surely you do not mean to say you intend to disinfect the hold of a vessel and neglect, it may be, thirty thousand packages of freight, every one of them possible fomites! Of course not.

There stands a quarantine warehouse, one compartment full of rice; another of coffee; another of sugar; one is filled with furniture; one with potatoes; another with codfish.

If it were not for the miserable prejudice of our merchants, I can see good sense and economy in steaming these several cargoes.

Our rice and our coffee would come to us already boiled; nicely steamed. In fact, it would save a deal of bother with cooks now-a-days. The only trouble is, some of us like a little change in diet once-in-a-while, and not boiled things all the time.

Cod-fish balls *fried* and *baked* beans forever! We do not always prefer hard-boiled eggs.

Here are dietary prejudices to the steam some cranky people would be almost sure to interpose as an objection.

As for the merchants, do not tell me anything about the bull-headed set!

They are as obstinate in their notions about the "*condition of goods on arrival*," as anybody who is determined not to be convinced; and will continue to sell raw food to the people in spite of any demonstration steam might afford.

A great trouble with the plan is that it is too far in advance of the present spirit of public intelligence and gratitude.

Here comes a 2000 ton sailing vessel loaded to the plimsoll or, perhaps, the plimsoll below the water line, a miscellaneous cargo, and a captain of exceeding profanity.

What is to be done? Are you going to unload that ship and then put her through the tedious process of parboiling, *blistering the paint*, scrubbing her up and reloading, with

that captain standing around expressing himself, and any hope left for your immortal soul?

Man is by nature sinful, and you only add to the enormity of your own moral depravity and corruption of your whole nature, which is commonly called original sin, when you say that you would not answer back and give as good as he sends.

The religious question, therefore, enters into this thing with its awful solemnity and imposes not only an additional liability to all the miseries of this life, to death itself, but a certainty of the pains of hell forever.

Only a few days ago the captain of a British steamship witnessed the process of simply wetting his favorite blue-flannel shirt in our method of treatment. I will present the exact report from the *Times-Democrat* of the 3d inst. :

“It appears on the arrival of an English steamer at the station it was necessary to put her through the course of fumigation and sprinkling of all wearing apparel with the bi-chloride of mercury solution. Accordingly, all the captain’s clothing was brought on deck and the sprinkling nozzle turned on them. The spray permeated even into vest-pockets, and soon each article was well wetted. The captain looked on silently for some time, but when he saw a favorite blue-flannel shirt of fine fabric soused, he could not contain himself, and turning to Dr. Aby, exclaimed: “Ah, doctor, it’s too bad to ruin that! Look at it, now,” and he held up the limp and dripping garment by the sleeves. “It’s ruined, sir, it’s ruined, and I’ll pay you for it. You have outraged the British flag and a British sailor. You’ll get that shirt back, sir, from the mouth of a cannon.”

The doctor explained, but the captain assumed intense anger.

The vessel came to the city, discharged its cargo and loaded with cotton.

The other afternoon Dr. Aby was seated on the wharf at Quarantine with a few friends, enjoying the pleasant breezes that came over the water, when a steamship was noticed approaching from up the river. She was a long, low English craft, heavily laden, and was making good speed. As she neared Quarantine it was remarked that she was steering unusually near the shore. It was not long before she was abreast of the wharf, and Dr. Aby recog-

nized that she was the vessel commanded by his irate captain. Just as he noticed the name on her bow there was a deep boom of a cannon and a puff of smoke shot out from her topgallant fore-castle. The firing of a gun at this point was so unusual the doctor was taken aback by the report, and more so by a black object that came flying toward him through the air. As it rose overhead the breeze inflated it, and it stood out in silhouette against the clear sky—the captain's blue-flannel shirt, with arms outspread and tail flying. He had kept his word."

If simply wetting the captain's wardrobe threatened so seriously to strain the cordial relations existing between Great Britain and the United States, what would have been the result had his shirts been steamed and shrunk about four sizes too small?

There is nothing problematical about it. A personal outrage upon a British subject is an outrage upon his flag, and the inevitable consequences speedily follow. Diplomatic relations broken off and the country unprepared, without a navy, and every sea-port exposed finds itself precipitated into all the horrors of a gigantic war with the first maritime power of the world.

Dr. Bell, a man of intellectual force, full of patriotism and human sympathy, is too astute not to have foreseen these things, and yet in the very moment of a fearful warning; while the appalling roar of the British lion (wet) has hardly ceased its reverberation, here comes the gentleman from New York, crying "STEAM! STEAM!!"

How the gentleman can reconcile this as consistent with his ideas of patriotism and humanity is a conundrum too much for me, and I give it up!

There are some curious people in this world.

As an offset to the dangers of invoking the calamity of war, while warding off that of pestilence, the high tariff under the steam system levied on vessels passing quarantine is the only thing that could save our ports from an invading fleet. While the enemy would smile at our guns they could not stand the quarantine; so the system is not one of unmixed evil after all, but is compensatory in time of war.

In reasserting my convictions of the impracticability of steam as an available disinfectant for general service in quarantine, it is not done with the intention of advocating or defending any other system.

Any plan, it matters not who suggests and puts it into operation, is successful in direct proportion to the reconciliation accomplished between the conservation of the public health on the one hand, and commercial freedom on the other.

The principles of preventive medicine reduced to the terms of a pure science furnish the only possible medium of reconciliation.

A failure to enforce these principles from ignorance or any other cause, must always result in alienation and violent conflict of health and commercial interests, throwing open the gateway to pestilence or barring it against trade by non-intercourse.

We have endeavored to build upon these principles, *de novo*, applying our methods to the direct and speedy accomplishment of the indications without the slightest reference to or assistance from any who may have labored in the same line of thought. We have had no feeling of ambition or other motive than to render the State some service, and to account for our stewardship as trustworthy servants. We claim nothing more than to have done what lay directly before us in the line of duty.

We have chosen sulphurous acid gas to displace the entire atmosphere within a ship and as the disinfectant of cargo because of its justly accredited germicidal power, its innocence as affecting ship and cargo, the speed and absolute thoroughness with which it is applied, and economy.

We have adopted the solution of bichloride of mercury because it stands preëminently above all others as a germicide; is colorless and odorless in solution; is not injurious to textile fabrics by stain or corrosion; can be applied to all surfaces that may be reached with water, bilge, hold, decks, saloons, births, bunks, forecastle; is absolutely free from injurious effect when handled in the solution, one to

one thousand, for months at a time ; and is vastly more economical than any other agent. It must not be allowed to touch brass or ornamental metal.

We are not committed to the use of any particular agents.

When Dr. Bell or any other sanitarian shall come forward with agents demonstrated to be of a higher disinfecting power ; one wherewith to displace mephitic atmosphere and another to apply to surfaces, baggage, etc. ; freer from injurious effect upon ship cargo and textiles ; safer to handle and less expensive, we will discontinue the sulphurous acid gas and bichloride of mercury at once and adopt the new. But all of these qualities must be proven.

And finally, gentlemen, begging your pardon for so trespassing upon your valuable space, if Dr. Holt is such a terror to pestilence and death as to be invoked as a disinfectant, while thanking Dr. Bell for this extraordinary tribute to his medical ability, and accepting the office, he prefers to "*go it alone.*" He has no prejudices but—please shut off the steam !

Yours very truly,

JOSEPH HOLT, M. D.

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NEW ORLEANS, Oct. 9th, 1885.

*To the Editors of the N. O. Med. and Surg. Journal :*

GENTLEMEN :—In response to your request for an expression of opinion concerning methods of Sewerage and Drainage applicable to New Orleans I respectfully submit the following :

1st. Disposal of excrementitious matters. The methods chiefly in use in this country are ; *a*, A system of large underground sewers for carrying off both excrementitious matters and storm water. *b*, The cess-pool system, as used in New Orleans. *c*, The earth closet system. *d*, The flush tank system of underground sewers for excrementitious matters alone.

The first method (*a*) is in use in many American cities. A little consideration will show that it is apt to be more



hurtful than beneficial. As the sewers in this system (*a*) must be sufficiently large to carry off storm water, and as storms are intermittent and brief, it follows that these sewers are filled usually to about one-fourth only of their total capacity, leaving the remaining three-fourths of space to be constantly filled with the gases evolved by decomposing matters. As these sewers incline downward to the outer limits of a city, the gases, being warm tend to flow up the sewers and escape into the heart of the city. Again, experience has shown that of the houses in a city connected with such a system a large percentage are so badly trapped, or the traps so out of order that the gases can pass through these traps and enter the houses; making the houses the receptacles of the very products of decomposition that the system is intended to bear away. Fevers of low type are common where such a system of sewerage exists. Fortunately the topographical disadvantages of New Orleans protect it against the adoption of such a system.

The second system (*b*), or the cess-pool system as it exists in New Orleans, (of which we are trying to rid ourselves), need not be spoken of. Iniquitous as it is, it is probably less hurtful than system (*a*).

The third system (*c*), is not available in cities with a large pauper element. Under the most favorable circumstances it could scarcely be applied in New Orleans, where the obstacles to removal are so great in winter.

The system (*d*), remains and appears to be the only available method for our city. This is well known as the Flush Tank System. In it the sewers (iron-pipes) are made of any desired size, and are flushed at regular intervals by water automatically discharged from tanks situated along their course. The advantage lies in the fact that the sewers are small and *are always filled with water*. Also, the accumulations in them are discharged at regular intervals of time, not remaining in the pipes sufficiently long to decompose. In this system defective house connections, even though not quickly discovered, would be safe against the admission of sewer-gas. Lastly, the system could be

applied in New Orleans in spite of its topographical disadvantages.

The question of storm water remains. I believe it is a growing opinion among sanitary engineers that surface drains for storm water are preferable to underground channels. I believe it is the best and cheapest method applicable here. The peculiar shape of New Orleans, long and narrow, with its fall of twelve feet from the river to the canals in its rear, renders the disposal of storm water a problem that an engineer could easily solve if he were given the money. Open drains of a regular grade along their course, with a gradually increasing capacity from river to swamp would be sufficient to take the water out of the city. The lifting of the water into the outer canals would require simply an increased power in the present method.

Both the flush tank system of sewerage, and the storm water problem would be rendered far simpler by a "circumvallating canal" as advocated by the *Times-Democrat* of this date.

Conscious that others are more qualified to speak concerning these subjects than myself, yet my opinions incline me to favor the following methods:

- 1st. The disposal of sewerage and storm water by separate systems.
- 2d. The disposal of sewerage by the flush tank system.
- 3d. The disposal of storm water along properly graded surface drains to the rear of the city.

I remain very respectfully,

JOHN B. ELLIOTT,

*Prof. Theory and Practice of Medicine, Tulane University.*

TULANE UNIVERSITY OF LOUISIANA, }  
 MEDICAL DEPARTMENT, }  
 NEW ORLEANS, October 14th, 1885. }

*To the Editors of the N. O. Med. and Surg. Journal:*

GENTLEMEN—From 1867 to the present time, I have been incessantly preaching to this people, drainage, drainage, as a *sine qua non* to health, wealth and prosperity.

I am no engineer and have no plan to drain New Orleans. I believe that the very best experts—such as Capt. Eads—should be employed to devise the best plan; such experts as would command public confidence, and such a plan as could be begun at once and pursued year by year as municipal finances might permit until its completion.

As a tax payer, I would be willing to be taxed to one-fourth the value of the whole of my taxable property, or even more, for perfect drainage, but what citizen now has any confidence in any plan proposed, any confidence in the persistent and successful prosecution of any plan even if proved to be good, and any confidence that the money which he would willingly contribute for so great a purpose would be expended economically and wholly for said purpose? Whether justly or unjustly, tax payers have no faith in the politicians who manage such things; they do not believe that their money would be expended wisely, but be wasted or worse,—so that I have become very much disheartened and think it probable that the proper drainage of New Orleans will never be accomplished in time to benefit one, who like myself, has passed life's meridian.

In haste, yours truly,

STANFORD E. CHAILLÉ,

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**LEADING ARTICLES.**

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**THE OPERATIVE PROCEDURE IN INTERNAL  
INTESTINAL STRANGULATION, THREAT-  
ENING GANGRENE.**

At the meeting, held last July, of the British Medical Association, the discussion in the Surgical section on the Operative Treatment of Intestinal Obstruction was opened by Mr. Frederick Treves, whose great experience in this department of Surgery entitles his opinion to great weight. We desire now to refer only to his remarks upon the treatment of those cases where gangrene of the strangulated bowel is imminent or has already commenced.

Laparotomy having been performed, if it be found that the bowel has “lost its elasticity, be of dull surface, or visibly gangrenous, I am of opinion,” says Mr. Treves, “that it should be resected and an artificial anus established.” He thinks “that in these cases the immediate suture of the divided bowel after resection is to be condemned and that all the recorded cases, so far as at present known, are in favor of the establishment of a temporary artificial anus. In the first place, the suturing of the bowel after the excision would greatly prolong the operation, and the condition of the patients upon whom these operations are performed is usually not such as would encourage prolonged narcosis. In the second place, it is the obstruction to the bowel that clamours for relief and not the mere circumstance that a segment of intestine is gangrenous. It

must be remembered that the bowel above the obstruction is greatly distended, and if the intestine be sutured and returned, that distension will remain but imperfectly relieved. The bowel at the suture line will be entirely paralysed and will itself form a cause for an abiding obstruction. In the third place, it is difficult to define precisely the limits of the gangrenous action, and even if those limits be widely trespassed in the resection operation, there is still the circumstance that the state of the bowel above the occlusion is exceedingly unfavourable for the kind of healing process that the operation demands. Lastly, there is the mechanical difficulty of uniting the large and distended tube of bowel above the constriction with the the shrunken and collapsed segment that exists below it."

Mr. Greig Smith, of the Bristol Royal Infirmary, followed Mr. Treves in the discussion. He said: "No operation for intestinal obstruction is completed that leaves the abdominal cavity full of over-distended bowels. In every case where intestinal distension is a feature of obstruction, I believe that the intestines ought to be relieved of their contents; or if this cannot be done with sufficient ease or rapidity, that an artificial anus ought to be made, and closed after the dangerous symptoms have passed."

With regard to the first objection of Mr. Treves to immediate suture of resected intestine, it is scarcely necessary to say anything except, that, there being no other objections to the operation, we ought not to hesitate to prolong it sufficiently to put the patient in the best condition for quick recovery. As to the second objection, it seems to us that it loses somewhat of its force if we consider the fact that when we have found *the gangrenous bowel* we have usually discovered also its *cause*, which we ought generally to be able to remove. In this case, the cause of the gangrene is the cause of the obstruction. It is true that where the obstruction has existed for some time that great distension of the bowel above has resulted and that this in itself, as Mr. Treves justly remarks, taken in connection with the paralysis of the bowel at the line of suture, will

be a cause of obstruction. This objection will, then, coincide with that of Mr. Greig Smith above quoted, namely over-distended bowel. This is the most forcible objection to the immediate suture of the resected bowel, the third and fourth objections of Mr. Treves being really of secondary importance. Mr. Smith has demonstrated on the cadaver that before the abdomen is fully opened a considerable pressure is required to fill the intestines with water through an opening in the duodenum, the abdomen in most cases becoming fully distended before the fluid has passed half way down the ileum; and if the intestines be permitted to extrude many ruptures will take place before the fluid escapes from the anus.

This objection, then, has considerable force, but we should think, has most force in cases where the operation has been too long delayed. If, as Mr. Treves contends we should, we treated these cases as we do a strangulated inguinal hernia and operated so soon we became satisfied of the existence of strangulation, we would probably oftener find the distension of the bowel sufficiently relieved by the resection to permit of immediate suturing. We would, then, feel justified in dividing the cases requiring resection into two classes, those in which the distension cannot be relieved "with sufficient ease or rapidity" and those in which this can be accomplished. In the first class of cases the formation of an artificial anus will be called for, the two ends of resected bowel being fixed to the abdominal opening; in the second case, where the operation is undertaken early, immediate suture will be indicated, as being not only justifiable, but even absolutely safer.

Here, too, we should place those cases of severing of the bowel by knife-wounds. In those cases, too, where an artificial anus has been at first established, it will be necessary at some subsequent period to close the bowel and abdominal opening. Let us, then, consider the subject of

#### SUTURE OF THE INTESTINE.

In the September number of the *Manchester Medical Chronicle*, Mr. E. Stanmore Bishop, surgeon to Ancoats

Hospital, has made an important contribution to the subject of enterorrhaphy. The article is an amplification of a paper read by him before the Surgical Section of the recent meeting of the British Medical Association.

Mr. Bishop has carefully examined numerous accessible surgical records from which he has gathered the "sufficiently formidable array" of thirty-three sutures that have been from time to time proposed.

Accompanying his article are a number of well-executed wood-cuts illustrating every one of the thirty-three described by the writer.

Having formulated the elements of success in three propositions, 1st, that in enterorrhaphy the *serous* coats must be brought into contact; 2d, that all sutures, unless absorbed, tend, when properly applied, to find discharge through the lumen of the gut; and 3d, that, in the intestine, as in an artery, a ligature cuts through the *inner* and *middle* coats and holds by the outer one. Mr. Bishop then proceeds to classify the various operations according to the appreciation of these principles on the part of their proposers. The greater number were devised "before or in spite of the discovery of the main laws laid down," most of them aiming to effect adhesion of two mucous surfaces or of a mucous and a serous; some necessitating the use of a very objectional foreign body in the canal; other sutures, as Lembert's (1825), Czerny's; Dupuytren's (1822), Bauden's (1836), Denan's (1826), Breidenbach's, Gely's (1844), Blatin's, Vesien's, Gussenbauer's, Jobert and Cloquet's, attempt to carry out the principles proposed, but not one is free from objection. Two of those in this list are complicated with foreign bodies (other than the suture-thread); the others may be arranged in two classes, 1st, those that approximate at points, 2d, those where there is a continuous thread. The objections to all sutures proposed may be thus summed up together:

1. The coats of the intestine retract after division; hence, a suture holding at points only will not maintain close contract.

2. A suture is a necessary evil and especially so when the knots are on the peritoneal surface.

3. A suture which traverses the serous layer only will have the greatest difficulty in escaping into the lumen of the gut.

4. A continuous suture is only firm so long as *each part* of it remains so.

5. Internal supports, though they assist in securing the bowel, expose the patient to secondary dangers. In order to obviate, as far as possible, objections which hold for even the sutures of Lembert, Gussenbauer, Czerny and Breidenbach, Mr. Bishop has devised, after considerable thought and experiment, one of his own, which we have taken the liberty of illustrating by wood-cuts from the article in the *Manchester Medical Chronicle* referred to.

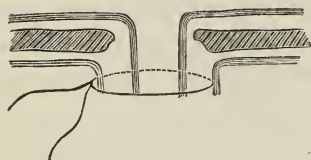


FIG. 1.

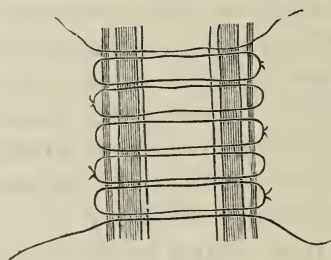


FIG. 2.

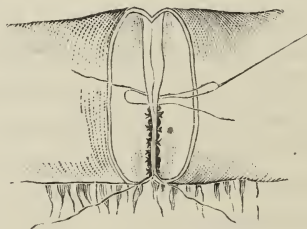


FIG. 3.

THE BISHOP SUTURE. FIG. 1—FIG. 2—FIG. 3.

He takes a small, round, straight needle (Bartlett's No. 12) and threads it with fine chinese silk, which when double should be about 30 inches long. Having cut out with scissors the portion of bowel to be removed, including a triangular piece of the mesentery, and having ligatured



bleeding vessels (on a flat sponge), the parts are cleaned and the mesentery brought together and united with cat-gut. The ends of the bowel are approximated and seized with dressing forceps. The needle being placed exactly at the middle of the thread, it is then carried through the inverted edges of the bowel close to the mesentery. One of the threads is cut off long enough for tying; the other thread is carried by the needle (without crossing the line of contact) about 4-5 in. (20 mm.) and passed through to the side where it started. One thread is cut here and the needle carried on and again passed through. Thus (see Fig. 2) there will result a loop alternating (on each side) with two free ends, which when tied complete one section of the suture. The advantages of this stitch need no pointing out. The only objection is that a number of holes made by the needle are left, but these holes are filled by the threads and the slightest swelling of the membrane subsequently will accurately close them, so that there will be little danger of escape of the intestinal contents in even the smallest quantity. Fig. 3 shows a number of sutures completed and the ends cut short. It will be seen that the knots are all *in* the lumen. Mr. Bishop finishes the floor in this way first; then going back to the starting point, where one free end was left, he ties the thread to this and works on the roof.

It would have been more satisfactory to us if Mr. Bishop had told us how he solved the difficulty of getting the knots of the last few sutures *inside the gut*. We can only understand it by taking it for granted that the sutures are tied inside as long as this can be done and that then (which would be required for the last two or three sutures) a combination of the ordinary Lembert and the Bishop suture would have to be resorted to, the needle being passed through on the peritoneal surface and the thread managed as suggested by Mr. Bishop. The suture would, therefore, be a Bishop suture whether used on the outside or on the inside.

It will be seen that this suture would be equally applicable for sewing the floor of the resected bowel even in a case where it was desired to make an artificial anus.

Having gained some skill by working on the dead intestine, Mr. Bishop then experimented on animals. Owing to vivisection laws he was obliged to leave England and go to Paris, where he was furnished with material and kindly assisted by some French surgeons. A dog, from which six inches of ileum were excised, died of pneumonia on the fifteenth day (due to tracheotomy to obviate spasm of the glottis during curarization).

The specimen was shown and is now in the Ancoats Hospital Museum.

At the site of suture, some of the loops have disappeared and only a plain mucous surface is left, showing no signs of the ridge; in other parts, the loops are just escaping and so on in various stages.

Of course, we may say this was healthy bowel, but the experiments certainly demonstrate accurate contact of the serous surfaces, a *sine qua non* for a satisfactory healing by first intention.

He quotes from Armand Despres to the effect that healing of these intestinal wounds is rapid when the suture does not provoke peritonitis. He does not mean that the suture itself is the cause of the inflammation, it is rather due to the failure of the suture to prevent escape of intestinal contents.

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### THE CONGRESS CONTROVERSY.

No topic of recent years has so engaged the attention of American physicians, and excited among them such conflict of opinion, as the organization of the coming meeting on our soil of the International Medical Congress.

Our readers must be familiar with the issues originally involved in the controversy over the plan of organization. They have been discussed, as by right they should have been, in every medical journal in the land. In such a crisis, we believe it to be the duty of physicians to express their opinions, just as, in the history of republics, we believe there are times when every man should help shape

the destiny of his nation. On all questions that have arisen we have given our views without reserve, and, we believe, in a spirit of fairness.

As on a field of battle, with a change of tactics, the contestants change their position; so, in the course of the Congress controversy, when old issues put on new phases and the old lines of dispute are changed for a purpose, it becomes necessary for us to define anew our position.

Although our views have been set forth clearly, and, as a rule, criticised favorably, some few have misconstrued them and received erroneous impressions. They have classed us among those whose disposition is to tear down and destroy.

Our conservatism in sustaining the report of the original committee on organization, overlooking minor objections in the interest of a successful congress, and our unqualified disapproval of the proceedings by which that report was subverted and even the committee supplanted, are simply cited in refutation of the above charge.

We have been placed on record in companionship with journals hostile to the American Medical Association.

We here distinctly disclaim any feeling whatever of hostility to the welfare of this time-honored organization. We regarded the action of the Association at New Orleans as unwise, if not unwarranted. However, we have excused the mistakes of that session on the ground that the unfortunate measures were adopted only by a very small majority of a very small meeting, where most of those in attendance were new members, who little thought of the whirlwind they would reap of the wind they were sowing. The Association has stood responsible for the action of scarcely one-fourth of its members—an action, we sincerely believe, which would have been disapproved by a majority of the entire membership. The work of the New Orleans meeting has been picked to pieces by more than a hundred angry pens, and the Association has been severely censured. We were among the first to express our disapproval of the measures adopted, but not in anger. If we commented un

favorably, we were simply exercising the privilege of medical journalists, entirely untrammelled in their judgment. We have trusted that these criticisms, instead of impairing the usefulness of the Association, would rather increase the interest and secure the more regular attendance of the older and more sturdy members, whose conservative presence at the last session would probably have averted all our latter day troubles. We stand as loyal friends of the Association to-day as we have ever been. and we emphatically disavow any sympathy whatsoever with those who would destroy the existence, or even impair the usefulness of an organization, around which cluster the memories of thirty-six years, the story of which runs all through the history of American medicine.

Some have of late chosen to misinterpret our broad and liberal views in regard to the organization of the Congress as siding with the new-code men; and even a recent homœopathic journal felicitates itself over the liberality of some of our expressions.

We fail to recall a line we have ever written which justifies such inferences. There are always some people who cannot comprehend the simple meaning of the plainest English words. If we have ever given comfort to the homœopaths, it certainly was administered in infinitesimal crumbs. A very little of anything with these people goes a long way. If any of our expressions of liberal sentiment has ever been susceptible of misconstruction, we wish now to distinctly draw the line at homœopathy.

We have not taken sides with the new-code men, neither with the members of any other ethical code.

There are many good people in the world, people of perfectly correct purposes, who yet have not the discretion to keep out of bad company. We do not feel that such people should be ostracised and abandoned to their promiscuous, ill-chosen associations. We cannot help feeling kindly toward the new-code men, as they are called. While they command our respect as representative American physicians, some of whom are leaders in their special-

ties, we have no sympathy with their ethical doctrines; we cannot countenance their promiscuous affiliations. But when we come to organize an American meeting of the International Congress, for the sake of professional good-breeding, if nothing else, we should put aside, for a time at least, all our domestic disagreements, as very trivial considerations, compared with the vast interests at stake in the meeting at our National Capitol of the most distinguished body of medical and scientific men in existence to-day.

Ever since the invitation from the American Medical Association was extended (whether right or wrong) in the name of the American medical profession, *and so accepted*, we have regarded the local Committee of Arrangements not as the representatives of any association, acting solely in the interests of its members, nor as the leaders of a faction, elected to dispense patronage to their own adherents, but rather as the advance members of the international body, whose mission in medicine is high above any concern whatsoever in a nation's domestic unhappiness. Therefore, all along, we have favored the organization of the American meeting of the Congress upon a broad and liberal policy, recognizing the representatives of American medicine, those so considered abroad as well as at home, regardless of State residence, Association membership, or any honest differences of opinion on questions of medical ethics. These are the views entertained by the very guests we have invited, and surely their wishes and opinions are entitled to respect.

Right here we wish to say that no motives of selfishness have ever actuated us in the expression of any views on the subject. The Louisianians, who have been elected to office in the local committees, are our friends, and we hold their names in highest respect. But the advantages we enjoy of having exceptionally good men chosen to represent medicine in the South, have in no way modified our views upon the plan and policy of organization, heretofore adopted, which we cannot approve.

The unhappy Committee on Organization, like Sisyphus, are still at their work, which falls down as fast as they build it up. No committee has ever labored under such difficulties. It was unfortunate in its origin, and has been unlucky ever since. It inaugurated at Chicago a narrow and illiberal policy, which very soon resulted in disaster. Resignations began to decimate the rank and file of the various sub-committees and sections, and has continued ever since. Many new appointments have been made, but the process of disintegration exceeds the work of repair. The result at this rate is inevitable. The last news told of fourteen new resignations, making a total exceeding one hundred and seventy, including those who have been put out and those who voluntarily severed connection with the Congress. Among the more recent resignations is that of Dr. Robert Battey, Chairman of the Section on Gynæcology and Dr. J. C. Dalton, Chairman of the Section on Physiology.

How long will the committee continue this fruitless work? The fruit drops off prematurely. Something must be *radically* wrong. The truth is, a great big tree has been planted on a very small plot of ground. It lacks the sustenance it would receive if its roots were allowed to spread out more. The committee may find out where the fault lies after awhile.

The deductions from the present state of affairs are very plain. Our foreign brethren hold the key of the situation. Unless their feelings and opinions are respected, and the Congress organized on a basis broad enough to include the names most familiar to them—names of international prominence—they will simply decline to become the guests of such a turbulent household. We cannot have an International Congress without them. The alternatives to which we are forced are very plain. The committee can only successfully accomplish their work by making the satisfactory concessions, which certainly should, and, we believe, would be met in a conciliatory spirit. The dissenting one hundred and seventy should bear in mind that not

alone on the Committee of Arrangements, but on their own shoulders as well, the burden of responsibility will rest, should the American meeting of the Congress fail. They all cannot be officers of the Congress. What more need some of them ask than honorable enfranchisement and a simple hearing when the time comes. Some have carved their names too well in the literature of medicine to need any official honors to enhance their reputation.

We believe that it is impossible for the committee to organize a successful Congress without the friendly cooperation of the dissenters. Indeed, it rests more in the power of the dissenters to accomplish the result desired, but any organization without the official sanction of the committee, would lack the essential of a regularly formed body. Such is the situation.

The Executive Committee of the Committee of Arrangements have recently resolved that "their actions are final, not being subject to revision, amendment or alteration by either the Committee of Arrangements or the American Medical Association." If a similar committee, with executive power, were appointed to represent the men of all codes, who have hitherto been connected with the local organization of the Congress, then the pipe of peace may yet go around and all go well. For such a consummation we devoutly hope.

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#### OUT OF THINE OWN MOUTH.

The *Southern Journal of Homœopathy* which has taken the place of the *Southern Homœopathic Pellet*, lately deceased, has reached our sanctum. It is a typical journal of that belief as evidenced by the articles which it contains. In other words it must prove to the most skeptical the fact that in the minds of most homœopaths disease is synonymous with a symptom, and treatment of disease consists in simply combating the symptom. Etiology is an unnecessary superfluity, nor would the accidental discovery of the cause of a disease make much difference in the treat-

ment of the average homœopath. In what purports to be the most elaborate paper of this number, we have the following as the cause of abortion :

“*Etiology.*—It is with the fruit of the womb as with the fruit of the orchard. The sound apple, with vigorous stem, rests securely in its vibratory home, despite the sudden and oft time severe vicissitudes of full three seasons. at last fully matured, gently to drop into the garner. The pruning shears alone can sever its connection. But the stung blossom and the fragile stem, though just as promising, fall at the first exposure. So, natural abortion can never occur save to an ovum originally unsound, or poisoned with vitiated spermatozoa or nourished by an enfeebled (diseased, deformed) parent, *except* by funicular entanglement. Mechanical force, whether indirectly or directly applied, and nervous excitation of every name, are alike unable to dislodge it without the assistance of at least one of these three antecedent conditions. Unaided by them, the criminal abortionist is balked in his nefarious undertaking until he literally rends asunder the portals of the temple, and with unhallowed hand tears thence its precious fruit, while justifiable abortion obtains solely by the presence of the third.”

And again under the head of treatment, the following :

“Should a displacement of the uterus be discovered, rectify it if possible and arrange that it shall not recur. Are there indications of excessive or impure venery? The thought suggests the remedy to the veriest tyro. Has a bruise been experienced directly or indirectly, severely or lightly? Consider *Arnica Montana*. A strain or a wrench? *Rhus Toxicodendron*. Has the temper been sorely tried? *Colocynthis* is the remedy; if she was angry, *Chamomilla*; if fretful, *Aconitum Napellus*; if timid, *Opium*; if frightened, *Ignatia*; if depressed, *Phosphoricum Acidum*; if exhausted, *Coffea Cruda* or *Nux Vomica* will restore mental equilibrium.”

We do not deny that some men thoroughly acquainted with anatomy, physiology, chemistry, pathology, and materia medica have attempted to practice homœopathy as



their system of therapeutics and differ from us on this point. A conscientious belief of this nature, however wrong it may seem to us, must be respected. But the vast majority of homœopaths so-called, have no anatomy, have no physiology, have no chemistry, have no pathology—they simply have a list of symptoms and a list of pellets, and their practice is simply remembering what pellet goes with any given symptoms. They are quacks, the veriest of quacks, and they know it. Even the minority have no right to such a name, for a consistent homœopath—we are not speaking of the quacks just described—is an impossibility. Read Dr. W. H. Holcomb's article on "Pain in the Side," for a verification of this statement.

See him use quinine, citrate of iron and iron; see him prescribe salicylic acid and salicylate of soda for rheumatism, and hear him say: "But you must not hesitate to avail yourself, if necessary, of active counter-irritation, dry-cupping, painting with iodine, frictions with croton oil. *I am now speaking for the welfare of the patient and not for the conservatism of theoretic homœopathy.*" What a confession!

We will add by the way that Dr. Holcombe's article is the only contribution that bears on its face any acquaintance with disease and its cause.

Of course we find on every page the terms "allopath" and "old school" applied to the regular profession. And we read, as in all homœopathic journals, of wonderful cures of cases that had resisted every form of treatment by the most eminent "allopaths" in the country, among them a case of pulmonary abscess following pneumonia cured by "Ferrum. Phos." in the "third trituration in water every two, three, four and five hours and thrice daily."

And finally we get this praise for our stand on the International Congress question:

"The New Orleans *Medical and Surgical Journal* is our most recent old school exchange. We have not had a lengthy acquaintance with it, but are pleased with the high

stand it takes upon the question now disturbing the peace of antiquated physic—the split in the American Medical Association over the International Medical Congress. The August issue is a good one; if the other eleven are equally interesting and practical, it is certainly a good all-the-year-round old school journal.”

This is premature. If the editor of the *Southern Journal of Homœopathy* imagines that our stand on the International Congress question indicates any leaning towards “new-codism” or homœopathy on our part, he is, indeed, the victim of a vain imagining. We refer him to our leading article on the subject.

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## EDITORIAL COMMENTS.

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### PERFORATING WOUNDS OF THE ABDOMINAL CAVITY.

The very interesting case of penetrating incised wound of the abdomen and colon, reported in our present number by Dr. Compton, of Rapides, should incite to calm reflection every surgeon in the State. They should reflect that cases of this sort may any day fall to their lot, and they be called upon to answer for themselves the serious question: In the present state of knowledge, am I in duty bound to enlarge this wound, and suture the wounded bowel; or can I with a clear conscience put my patient quietly to bed, fill him with opium, and trusting to the interposition of Divine Providence go my ways saying, I am innocent of his blood. The same imperative question must be met to-day, when we are brought face to face with an obstinate case of obstruction or strangulation.

Dr. Compton's case shows how much may be done with the simplest means under the most unfavourable circumstances. Had he temporized, there can be no doubt what would have been this man's end. Not so many years are gone since we lived in the Charity Hospital, and yet in those

days we saw more than one poor fellow meet his death at the hands of *laissez faire* and opium.

But the times are changed, and the strong beat of their tide is beginning to be felt and heeded, even upon our conservative coasts.

We cannot pick up a journal without seeing the report of a successful case of laparotomy. Lawson Tait has just published the histories of one hundred and twelve cases without a death; Dr. Jno. B. Hamilton, of the Navy, tells of a case where a penetrating wound of the abdomen, complicated with thirteen wounds of the gut, was successfully met by laparotomy and suture; a leading article in the present number gives the views of two prominent English surgeons on the subject.

To our minds the question is answered.

Laparotomy has been removed from the shadowy realm of the frightfully dangerous, to the well known land of the moderately successful; the indications for it have been clearly mapped out, and these indications presenting, the surgeon of to-day who turns from its bold hope to the cowardly fatalism of a narcotic euthanasia, is guilty of no less than criminal neglect.

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#### WHERE WE ARE.

The letter by Dr. Joseph Holt, President of the Louisiana Board of Health, replying to the communication received by Consul Allain Eustis from Dom Salvador Mendonca, Consul-General of Brazil, published in our daily papers of the 20th inst., although pertaining to matters mercantile, deserves mention. After alluding to the pleasure he experiences in knowing that the government and people of Brazil are watching with interest the endeavour to raise the summer blockade of this port by the substitution of maritime sanitation for the forty days' plan, Dr. Holt proceeds to show that New Orleans at the mouth of the Mississippi, the great natural highway of trade for the Valley and the Mexican Gulf States, of right ought to

to be, the centre of exchange for this vast and prosperous Territory, and the States of Mexico, Central and South America. The traffic between these countries temporarily interrupted by the Civil War would have returned to this, the shortest and easiest channel, had not the great railroad monopolies centring in Eastern cities by raising against us the appalling cry, yellow fever! succeeded in sealing this port during all the long months of summer, and thus destroying a trade which should by this time have reached huge proportions. Taking as an example the coffee trade, Dr. Holt tells us that this summer since the establishment of maritime sanitation, June. 10th, 13,293,187 pounds of coffee, against almost nothing during a corresponding period for several years previous, have been imported into New Orleans.

This undoubtedly gives glorious promise of the large and lucrative trade that may yet be built up between New Orleans and her Southern neighbours if it prove that we have indeed found in maritime sanitation an effective means of keeping out yellow fever.

The proof remains to time alone.

In the days of its early youth we spoke of Dr. Holt's experiment as a justifiable and commendable one. Such, in our opinion, it still remains; but for the present it has passed successfully, beneficently through its first hard summer.

Should continued success prove its power and worth, the profession of the South may well feel proud that here at our gates was made the first attempt to solve this commercial crux by applying the principles of scientific medicine.

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### TOWN AND COUNTRY.

We have been much gratified of late to receive several contributions from friends living outside of the larger towns in this and the neighbouring States. We do not desire, we have never desired, to make this Journal the medical organ of the city of New Orleans merely. On the contrary

since the Journal first came into our hands, we have endeavoured by every means in our power to convince our friends in smaller towns and in the country, that we are anxious to hear from them.

Dwellers among the fields are apt to have sharper powers of observation than city bred folks, and men living outside of the constant pressure of other people's ideas are usually possessed of greater originality of thought and expression than those who ground in the social mills rub each other's angles down.

Townsmen on the other hand must of necessity, even in this day of journals, catch the first rays of any dawning light—though some of us we fear are not early risers—and the great city hospitals are the best and safest prisms for sifting the early beams from any source of medical illumination.

Through the medium of the Journal the profession of the town and that of the country should act and react upon one another with mutual benefit.

This is the end we have at present in view. We admit that the future holds a larger ambition; for as our resources increase we hope to make the JOURNAL not only the medical organ of the State, but as befits its home in the largest and most cosmopolitan city of the section, of the whole South.

This ambition we confessed in the first editorial we ever wrote; we keep it constantly and clearly in mind.

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#### TO TWO OF OUR FRIENDS.

In our July number of the present year we published two very excellent papers which were read before the Louisiana State Medical Society at its last annual meeting: The Long Continued Fevers of Louisiana that Resist Quinine, by Rudolf Matas, M. D.; and The Relationship of the Teeth to the General System, by Andrew G. Friedrichs, M. D. These papers were extensively copied by our exchanges, both American and foreign, and redounded greatly

to the credit of their authors, and we were not a little proud of having presented to the world two such notable specimens of Southern medical thought. Judge then our annoyance on seeing in the September number of our excellent exchange the *The North Carolina Medical Journal*, a capital abstract of Dr. Matas' paper, with an editorial reference to the same, but with no reference whatever to the source whence the paper was obtained. Dr. Friedrich's article appears in the September number of the *Cincinnati Medical News*, under the same pleasing circumstances.

It is true that Drs. Matas' and Friedrichs' articles both appeared some time after we had published them, in the Transactions of the Louisiana State Medical Society, and Dr. Friedrichs' paper was reprinted and distributed, but our friends make no mention of having found and taken their good from these publications.

Of course, we understand perfectly that these were cases of oversight merely, but should not a fellow (editorial) feeling make all of us punctiliously careful to avoid such annoying little mistakes?

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## ABSTRACTS    EXTRACTS    AND    ANNOTATIONS.

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### MEDICINE.

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#### THE FRENCH ACADEMY OF MEDICINE ON CHOLERA.

The Academy of Medicine, at Paris, lately made a call on the French physicians generally to endeavor to elucidate the manner of entrance of cholera into a new area. A large number of the faculty responded to the call; and the Academy's committee, to whom was entrusted the examination of this voluminous correspondence, have just made their report, at an open meeting of the Academy, on this important question.

Direct importation of the disease into the locality affected has been clearly established in the majority of cases. When it was not possible to positively affirm this, its proba-

bility remained: because the territory or locality the last attacked is near one where the epidemic already exists; because it is located upon a water-course coming from the infected area; because it has frequent communication with that area either by a highway or by a railroad.

On the other hand, no positive case has been found of spontaneous production of the malady in a country that was thoroughly isolated.

Importation is often caused by a person coming from the infected region. In other cases, it is attributed to the clothing of cholera patients; to poultry coops; to river water.

It has been found almost impossible to trace the affiliation of different cases of cholera located in the same focus. Direct contagion is not demonstrated. It is given as probable in ninety-three cases out of 3710. But it is remarkable that in these cases claimed to be due to contagion, the number of deaths was double, which would indicate an extreme contagious power, whilst the proportion of ninety-three to 3710 indicates, on the contrary, very weak contagion. We would, therefore, have to recognize two forms of cholera; one very contagious; the other not.

Hygienic conditions play an indisputable *role*. Fecal matters are very often the cause of the propagation of the disease; they contaminate potable waters; and these can carry to a distance, by means of rivers, the choleraic principle. Thus, valleys and the neighborhood of water-courses are more especially visited by cholera. The epidemic is seen to move on as the river moves; evident proof that it is carried forward by the river.

Uncleanliness produces a local focus. On the other hand, well taken measures of disinfection have succeeded in stopping an epidemic at its first stage. Therefore, there must not be the slightest neglect in disinfecting a cholera patient's outer garments, under-clothing, and house, and, above all, the alvine evacuations.

Storms and rains have almost always occasioned an increase of the scourge. Why? The Committee suppose that the rain carries with it the morbid elements, discharges them in larger numbers into the rivers, which are thus more contaminated than before the storm, and produce a larger number of cases of the malady. In fact, storms have produced no such effect in localities where the drinking water was from pure springs, or from deep wells not subject to the influence of rain.

Many individuals who washed the clothing or other garments stained by cholera patients, have been attacked by the disease. It is absolutely necessary, therefore, that all such garments should first be disinfected; they can then be washed without danger.

Nothing can be more variable than the proportion of the sick to those who are well in the different localities attacked; it varies from five hundredths to five hundred per cent. It is remarkable that the most sparsely settled localities are the most severely attacked. In a little village of twenty inhabitants ten of them are stricken with cholera, on the other hand, in large cities, the proportion of those attacked is very small. It is wrong, therefore to flee from the city to the country.

The incubative period of cholera has not been established with certainty; nevertheless, there are examples that permit us to believe in a very brief period of incubation. Thus: a woman, residing in a locality hitherto free from the disease, washed the clothing of a cholera patient who had arrived the day before from Marseilles. Sixteen hours after she was seized with cholera.

The progress of cholera epidemics resembles that of the typhoid fever. The number of the sick, in the first half of the epidemic period, exceeds that of the second half.

Preliminary diarrhœa, which must not be mistaken for the first symptoms of the disease, was absent in the majority of cases recorded. Especially was this noted in very serious cases. It appears that with several individuals a special predisposition to be attacked by this malady was noted: four cases very serious and of great rapidity from the first symptom, are reported.

Certain (feeble) conditions of health also predispose the individual to be attacked by cholera. As for example, early infancy, alcoholism and physiological debility.

It is remarkable that in a total of 2300 cholera patients, nine cases of a second attack are reported. It might be concluded from this that a first attack of cholera does not secure the benefit of even a relative immunity.—*Courrier des Etats Unis*, Oct. 3d, 1885.

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THE MAGNESIUM—NITRIC TEST FOR ALBUMEN IN THE URINE.

In the *Manchester Medical Chronicle* for September, Dr. Thomas Harris, of the Manchester Royal Infirmary, gives the result of his experience with a test for albumen in the



urine, first suggested by Dr. William Roberts, in October, 1884, as an improvement on the nitric acid test.

It is prepared by adding one volume of strong nitric acid to five volumes of saturated solution of sulphate of magnesium. The result is a much denser fluid than nitric acid. This test Dr. Harris calls the magnesium-nitric test.

The special advantages claimed are: The mixture is as clear as water, does not fume, does not stain or burn what it touches and is heavy enough to sink through a column of urine like ordinary nitric acid.

Dr. Harris has had quite an extended experience with the test at the Radcliffe Infirmary, Oxford, and the Manchester Royal Infirmary. He has compared it with nitric acid, with picric acid and with boiling.

The advantage of picric acid is that it will in most urines detect a very minute quantity of albumen. Some objections to its use are: it occasionally gives no indication of the presence of albumen, when a small amount is undoubtedly present as shown by other tests; and it frequently gives a reaction indistinguishable from that produced by a trace of albumen, and yet which is not albumen.

Such a reaction heating shows is not due to urates and Dr. Harris thinks it is mucin.

It has been denied that picric acid will precipitate mucin, but careful experiment has demonstrated to him that, while in some urine mucin in even considerable quantity will not be thrown down by picric acid, in other specimens, mucin is precipitated. While he cannot explain the different behavior with picric acid, he has satisfied himself of the fact stated.

[The doctor omits mention of the precipitation by picric acid of alkaloidal substances in urine of persons taking them.—*Eds.*]

The *boiling test* he believes the most delicate of all tests, but there are fallacies attending its use. The urine must be properly acidulated, neither too much acid nor too little.

Not effecting the correct acidity is the most frequent cause of failure with heat. Acetic acid is the acid preferred by the doctor and he has found, that where the urine is already acid better results are obtained by adding the acid cautiously *after* instead of *before*, as suggested by Dr. Roberts.

Of the nitric acid test, Senator has said "when no precipitate ensues" the urine contains no albumen of any kind.

(It is important always to let the urine *stand* awhile after adding the acid.) Senator is in error, for other tests will give evidence of the presence of albumen in some specimens where nitric acid has failed to show it. Further, the urine of patients taking preparations of iodine may develop with the nitric acid a color which interferes with the detection of a small amount of albumen.

The magnesium-nitric test has proved with Dr. Harris a most satisfactory test. He puts into a tube about one drachm of the test-solution and then carefully pours in the urine to be examined. The tube should be held as horizontal as possible. The advantages, clinically, of the test are, that it will detect albumen where nitric acid and even heat may fail, and that the reaction develops rapidly. The physical and chemical advantages have been referred to

The objection to the test is that it may deposit mucin and albumen both in the same urine. The objection is, however, done away with by the observation that the mucin-layer and the albumen-layer are at different levels in the tube and present different appearances, the latter being denser, narrower and better defined than the former.

The test is worth a trial.

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From R. N. GIRLING, Esq:

#### MERCURIAL SOAP.

Mr. Yvon, a well known French pharmacist, has published in the *Scalpel*, a process for the manufacture of the above highly useful preparation, in which he uses black soap prepared from the dregs of colza and other oils. This latter has the disadvantage of communicating to the product an odor which is so disagreeable as to render its use anything but pleasant to the patient. I have substituted for the black soap recommended to be used by Mr. Yvon, an olive oil soft soap prepared in conformity with the British pharmacopœia, and have found that the resulting product leaves nothing to be desired as to odor, consistency, etc.

The formula is as follows:

Mercury.....	100	parts
Olive oil soft soap..	99	“
Peruvian balsam...	I	“

Mix with constant trituration until globules of mercury are no longer visible.

Mercurial soap, thus prepared, possesses advantages

over ordinary mercurial ointment, inasmuch as it is cleanly to use, and can, when desired, be washed from the skin by means of water alone. It never becomes rancid and preserves the same consistency winter and summer. In the treatment of syphilis by inunction it will readily recommend itself to the profession as a substitute for the ill-smelling and disagreeable mercurial ointment.

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BELLADONNA IN CHOLERA INFANTUM.

Dr. W. B. Ryan read before the last meeting of the Indiana State Medical Society a paper on cholera infantum in which he extolls belladonna as almost a specific. He says he has found the following prescription absolutely infallible in controlling the vomiting and diarrhœa, though he does not always use this particular form :

℞ Ext. belladonnæ fl. . . . . ℥i.  
 Tinct. opii camph. . . . . ℥ss.  
 Sodii sulphitis (vel bicarb.) . . . . . ℥iiss.  
 Syr. limonis q. s. *ad*. . . . . ℥iij.

M. S. Teaspoonful (for a child of one year) every two or three hours, or more frequently if required to control vomiting and diarrhœa. This he follows up with a tonic, say quinine and arsenic, or the like.

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TINCTURA ANTIPERIODICA.

℞ Chinoidin . . . . . ℥i  
 Fowler's arsenical solution . . . . . ℥ss  
 Tincture of Rhubarb . . . . . ℥iv.  
 Tincture of cinchona compound to make . . . . . ℥xvi.

M. An excellent antiperiodic, replacing advantageously a much advertised nostrum. Each fluid drachm contains about two minims of Fowler's solution.—R. N. G.

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A NEW METHOD OF ADMINISTERING THE PHOSPHATES.

According to *El Dictamen*, Dr. Cano Quintanilla has successfully resorted to the method of Dr. Bourgade, that of administering the phosphates through the ruminants, whose milk can retain large quantities of these salts in perfect solution. Dr. B. generally gives to a cow sixty grammes (926 grains) of phosphate of lime mixed, ground, with the fodder, or twenty grammes (308 grains) to a goat. The milk of these animals acquires a greater density and is found upon analysis to contain a large quantity of phosphates. When this milk is administered to patients they

build up rapidly. Under its influence the sweats of the phthisical disappear, the appetite returns and the nutrition improve.s

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ANOTHER USE FOR COCAINE.

The latest announcement of the application of cocaine for the relief of pain, is, according to Dr. F. L. James, in the *National Druggist*, a form of "sirop de dentition" or "teething syrup," of which the formula is subjoined.

℞ Cocaine hydrochloride. .gr. iiij,  
Simple syrup . . . . .ʒv.  
Tincture of saffron. . . . .gttxx

M. S. To be applied frequently to the gums with gentle friction.—R. N. G.

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SURGERY.

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HOW TO REMOVE A PLASTER BANDAGE.

The following plan, found originally in a communication from Dr. G. Krosz to the *Deutsche Medicinische Zeitung*, has been suggested for the removal of a plaster-of-Paris dressing. Let a groove be first scraped with a knife; then drop along this groove a solution of caustic soda. In a few minutes the plaster becomes pulpy and the bandage can be easily cut through. By cutting two grooves a lid may be taken off, thus permitting the lifting and examination of the leg without breaking the bandage. The lid may be replaced and bound on with a roller-bandage.

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NEW METHOD FOR REMOVAL OF SWALLOWED ARTIFICIAL TEETH.

A girl in Germany swallowed a rubber-plate with six artificial teeth. The dentist called in, finding that he could not extract the plate, pushed it down into the stomach. Fearing that the sharp points (teeth, etc.) of the plate might seriously injure the intestine on its way out, he caused the patient to swallow a quantity of cotton thread, cut up into small pieces and incorporated with the beaten-up white of an egg. Four days later the plate was passed completely overspun by the cotton threads.

The *Columbus Medical Journal*, from which we abstract this note, makes the following comment: "The above procedure, though ingenious, is not new, as many of our exchanges have seemed to think. In the *Edinburg Medical*

*Journal* for 1876, p. 839, is reported a similar case, in which the physician had his patient swallow oakum, with figs and raisins. The plate passed *per anum* in about a week, well covered by the oakum and figs."

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## OTOLOGY.

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In his report on the Progress of Otology in the *Philadelphia Medical Times*, Oct. 3d, Dr. C. H. Burnett after stating that he has found cocaine hydrochlorate of uncertain value as an anæsthetic in aural cases where the membrane is not perforated, says that a 5 per cent. solution of brucine to which hydrochloric acid has been added in the proportion of five drops to the gramme, has always given in his hands prompt and complete relief to pain. The applications are made by means of cotton soaked in the brucine solution.

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### A LINIMENT FOR EARACHE.

(Therapeutic Gazette.)

Pavesi recommends a liniment composed of camphorated chloral  $2\frac{1}{2}$  parts, pure glycerin  $16\frac{1}{2}$  parts, and oil of sweet almonds 10 parts. This is to be well mixed and preserved in an hermetically-closed bottle. A pledget of very soft cotton is to be soaked in the liniment and then introduced into the affected ear as far as possible, two applications being made daily. Frictions may also be made each day with the preparation behind the ear. It is claimed that the pain is almost immediately relieved, and even in many cases the inflammation is subdued.—*Canada Medical Record.*

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## OPHTHALMOLOGY.

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### ENUCLEATION WITH REPLACEMENT OF THE HUMAN GLOBE WITH THAT OF A RABBIT.

At the Massachusetts Eye and Ear Infirmary, in August last, an eye was removed from a seaman and replaced by the freshly enucleated eye of a rabbit, conjunctiva being stitched to conjunctiva, muscles to muscles, and optic nerve to optic nerve.

The lids were closed, iodoform dusted over them, a pad of absorbent cotton and a flannel bandage applied, and for seven days the parts left undisturbed. There was no fever;

nor was there at any time an unpleasant odor. Eighteen days after the operation the conformation and tension of the eye were good; cornea hazy at centre but clear enough at the periphery for the iris to be distinctly seen; no chemosis, though still some injection of the conjunctiva; ocular movements in all directions good. The operation was in this case especially indicated, and its successful accomplishment particularly happy, because the man was a seaman, and the nature of his calling would have rendered an artificial eye of glass liable to constant breakage.—*Boston Medical and Surgical Journal*.

This is the second case of the kind recorded. In the July number of this JOURNAL, p. 87, we quoted from *La France Medicale*, an account of the first operation which was performed by Dr. Chibret, of Cleremonte Ferrand. A later report than this of Dr. Chibret's operation, quoted in the *Therapeutic Gazette* from *Progres Medical*, of June 6th, 1885, says that although the operation was entirely successful, subsequently the cornea became perforated, and the crystalline lens escaped, without loss, however, of the vitreous body.

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#### OPHTHALMIA NEONATORUM.

Apropos of our leading article on this subject in the last number of the JOURNAL we call attention to a case recorded in an editorial in the *Medical Age* of September 25th.

A patient had gonorrhœa, being laid up with epididymitis at the time of the birth of his child, although the mother complained of none of the symptoms of vaginitis. Credé's method was practised upon the infant, but on the third day it was attacked by ophthalmia, and one of the eyes was lost although a competent oculist was called in consultation.

We believe that infection took place in this case in spite of the prophylactic measure. Under the circumstances we would have continued for a week after the birth of the child to wash out the eyes one or more times a day with a saturated solution of boracic acid or a solution of mercuric bichloride 1 to 1,000.

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#### OBSTETRICS, GYNÆCOLOGY AND PÆDIATRICS.

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PESSARY RETAINED SIX YEARS—Dr. Weidenthal, before the Cuyahoga County (O.) Medical Society, July 2, 1885 (see *Columbus Medical Journal* Sept., 1885), showed a

soft rubber pessary, recently removed by him from the vagina of a Hungarian woman, where it had been placed six years before by a Hungarian doctor and never afterwards touched. There was considerable difficulty in dislodging it.

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## REVIEWS AND BOOK-NOTICES.

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*Acne, its Etiology, Pathology and Treatment.* A practical treatise based on the study of one thousand five hundred cases of sebaceous disease. By L. Duncan Bulkley, A. M., M. D., Physician to New York Skin and Cancer Hospital; Attending Physician for Skin and Venereal Diseases at the New York Hospital, outpatient Department, etc., pp. 285. N. Y. and London, G. P. Putnam's Sons. [N. O., Armand Hawkins, 196½ Canal street.] (Price \$2.)

Dr. Bulkley's work on Eczema we have always classed among the most interesting monographs on skin diseases we have read; we have for a long time followed his suggestions in treating this disease and have never had cause to repent of our course. His work on Acne, which we have before us and which we have just read through rather hurriedly it is true, is certainly the most extensive and practical treatise ever written on this subject; it is full of most valuable directions which help in making an accurate diagnosis and in treating this affection, second to none of the skin diseases in frequency and importance, unless it be eczema.

The first chapter of the book is devoted to the anatomy and physiology of the sebaceous glands. The author recognizes three varieties of sebaceous glands: 1st, those, extremely numerous, which empty their contents into the cavity of a hair follicle; 2nd, those, also numerous, which open directly upon the surface of the skin and with which are associated rudimentary hairs, the hair appearing rather as an appendage to the gland; 3rd, those, much less common, which open directly upon the surface of the skin, but which are not associated with any hair.

The second chapter is devoted to the nosology of the disease; the names applied to the disease by authors both

ancient and modern are given in a concise list, which is made as near complete as possible. The varieties of acne are next discussed, the author preferring to divide the disease into six varieties, three of which are non-inflammatory and due to faulty secretion or excretion of sebaceous matter; the other three are due to congestion and inflammation of the sebaceous glands with the surrounding tissue. The functional varieties are acne sebacea, acne punctata and acne molluscum; the inflammatory varieties are acne simplex, acne indurata, and acne rosacea. Any of the six varieties may occur at the same time in the same patient, the disease being then called by the most prominent form.

The third chapter is devoted to the consideration of the frequency of the disease, statistics of 1500 cases, occurring both in hospital and private practice, being collected. The number of latter cases greatly predominating. There are statistical tables which show, in the two sexes separately, the frequency of the disease and of each of its inflammatory varieties at different ages; the duration of the eruption in acne simplex and rosacea at the time of first observation; the age of the patients in those two varieties at the beginning of the eruption, and the other skin diseases complicating acne.

The next chapter is devoted to the etiology of the disease; this is based on the analysis of cases. The causes of acne are considered under three heads: first, general causes, pertaining to classes of cases; second, special constitutional or systemic causes, relating to individual cases; third, local causes. Here again valuable statistical tables are found.

The two next chapters contain the description, clinical history, pathology, etiology, diagnosis, prognosis, treatment, general and local, of each of the six varieties of acne. In this, the most practical and interesting part of the book a number of illustrative cases are reported, thus greatly facilitating the proper understanding of the subject.

Of the two remaining chapters one is devoted to the diet and hygiene of acne, and the other to a formulary for the treatment of this disease. An excellent bibliography and an index are appended.

Serving to illustrate the text and adding not a little to the value of the work are a number of excellent original microscopical plates drawn by our friend and former associate, Dr. George T. Elliot; we heartily congratulate the author



on having chosen for the execution of this difficult portion of the work one so proficient as Dr. Elliot.

It would, almost, be superfluous for us to say that we most cordially recommend this precious book to all practitioners and students alike. No one can pretend to treat acne with success unless he makes himself thoroughly conversant with Dr. Buckley's work on the subject.—P. E. A.

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*Insomnia, and other Disorders of Sleep.* By Henry M. Lyman, A. M., M. D., Professor of Physiology and of diseases of the Nervous System in Rush Medical College; Professor of Theory and Practice of Medicine in the the Woman's Medical College, etc.; pp. 239; W. T. Keener, publisher, Chicago, Ills.

After defining sleep, its invasion, the condition of the special senses as they are slowly invaded, the author divides sleep into four stages: that of hypnogogic hallucinations, the dreaming stage, the third stage, and finally the stage of profound sleep. In awakening; the process is reversed and the different stages being gone through more or less rapidly. He nexts treats of the effects of sleep upon the processes of respiration, circulation, calorification, secretion and nutrition, and upon the special senses and central nervous organs. The causes of insomnia are next investigated; they are either external disturbances of the general system and of the special senses, or painful sensations from within, diseases, or certain substances introduced into the blood.

The remedies for insomnia the author divides into cerebral stimulants and sedatives or nervines. Under this head all the means that have been or can be applied to induce sleep, are mentioned, and brief notices of their indications in particular conditions of the system are given. The treatment of insomnia in each particular disease, in which it does or may occur, is also thoroughly reviewed.

Separate chapters are devoted to dreams, somnambulism and hypnotism, the causes, means of production and state of the intellectual faculties in each of these conditions are thoroughly treated of.

This book which we highly recommend will greatly benefit all who read it, and ought to find a prominent place in every physicians library, for of all the symptoms met with in different pathological conditions none give the

friends and relatives of the patient more anxiety and the attending physician more trouble than the oft-recurring insomnia.—P. E. A.

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*Inebriism.* A Pathological and Psychological Study, by F. L. Wright, M. D., Member of the American Association for the cure of Inebriates. For sale by the author; address Bellefontaine, Ohio (pp. 222. Price \$1.25.)

We have read this book with mingled sentiments of curiosity and interest; with interest, because it has long been our opinion that inebriism is more of a disease than a vice, and any book treating of the subject from this point of view has always possessed peculiar attractions for us; our curiosity has been, to know, how the author would prove his point and what legislation he would advise for the stoppage or diminution of inebriism.

Dr. Wright, we must say, treats of this subject in a masterly manner; he first gives a truthful picture of both acute and chronic intoxication; shows that this craving for stimulants is due to a peculiar neurotic temperament characterized by an unstable nervous system. This temperament is, in the majority of cases, inherited, but it may be brought on by injuries or diseases of the brain or by excesses. As it is inherited it may be transmitted, and in those cases it may be interchangeable into any form of neurosis. The effects of alcohol on perception, reason, will, motive and the moral sense are treated of at length and lucidly. In chronic alcoholism the subjects act by impulse without motive.

The author recognizes three classes of inebriates: the habitual drunkard, the spasmodic drunkard, and the habitual drinker not generally called drunkard. All these points are treated of thoroughly and at great length, and we regret very much that space will not allow us to go more deeply into the subject. We advise, however, everyone interested in the subject, be he a professional man or not, to give this work a thorough consideration and he will be greatly repaid for the time spent.—P. E. A.

## PUBLICATIONS RECEIVED.

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*The External Therapeutics of Pulmonary Consumption*—Third Paper—  
By Thos. J. Mays, M. D., Philadelphia. Reprinted from the *Medical News*, August 22, 1885.

*The Therapeutics of High Temperatures in Young Children*: By Wm. Perry Watson, A. M., M. D. Reprinted from the *Archives of Pediatrics*, September, 1884.

*The Respiratory Function of the Human Larynx*: By Franklin H. Hooper, M. D., Boston. Reprinted from the *New York Medical Journal* July 4th, 1885.

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PERSONAL.

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Our colleague, DR. A. B. MILES, House Surgeon of the Charity Hospital, has returned. The Doctor thoroughly enjoyed his trip and looks invigorated thereby.

DR. W. G. AUSTIN has received the appointment of Examiner of Drugs for this port.

The appointment is a good one, and gives satisfaction to the profession of the State and city.

Dr. Jno. L. ANCRUM, of Charleston, S. C., whose health for some time past has been somewhat impaired, returned to his old home during the latter part of September, greatly improved, after a sojourn of several months in Virginia. While at the Springs, Dr. A. had the pleasure of meeting several professional gentlemen from New Orleans and Louisiana, whose acquaintance heightened the pleasure of his stay in the Old Dominion. Dr. Ancrum looks upon the mountain regions of Virginia, during the summer, as a sort of Paradise. How can his friends wonder at the doctor's enthusiasm when they see the marked improvement the climate has made in his health!

DR. HENRY WILE, late Clinical Assistant in Dermatology in the University of Pennsylvania, has removed to Atlanta, Ga.

## MARRIAGES.

DR. LUCIEN F. SALOMON, a former editor of this JOURNAL, was married on Thursday, Oct. 1, at Pass Christian, Miss., to Mrs. M. Charlotte Stone, of this city. We beg leave to offer the doctor our hearty congratulations and good wishes.

DR. E. T. COOK, of Willis, Texas, was married on the 7th of October to Miss Minnie Thompson, daughter of J. S. Thompson, Sr., Esq., of the same city.

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## Deaths.

DR. F. A. STANFORD, of Columbus, Ga., member of the Medical Association of Georgia since the organization in 1849, died in Marietta Sept. 15th.

DR. ROBERT CAMPBELL, a prominent physician living near Augusta, Ga., a member of the Medical Association of Georgia, a brother of Dr. Henry F. Campbell, died Sept. 22d, of heart disease.

DR. JOHN LIGHT ATLEE, died at his home in Lancaster, Penn., on Oct. 1st, aged 86 years. By some strange mistake a rumour of Dr. Atlee's death prevailed some months ago, and an obituary notice was published in this (Sept.), and in several other medical journals.

DR. WM. HARVEY COGGESHALL, died of tetanus, at his home in Richmond, Va., on Sept. 7th, aged 34 years. Dr. Coggeshall had been for nearly two years associated with Dr. Landon B. Edwards in the conduct of that excellent Southern medical periodical the *Virginia Medical Monthly*, and was, we understand, a man of excellent parts and promise.

DR. RICHARD McSHERRY, of Baltimore, died at his home in that city on Oct. 7th, at the age of 69 years.

DR. E. R. DUVAL, died at Fort Smith, Ark., on the 8th of October. Dr. Duval was President of the School Board and a prominent man in his town and State. He was formerly a United States Army Surgeon, and later served the Confederacy in the same capacity.

Mrs. ELLEN PENNISTON, wife of the late Dr. A. A. Penniston, died at her home in this city Oct. 14th, 1885.

## NOTICES TO OCULISTS.

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Having taken charge of reporting for the *Revue General d'Ophthalmologie*, edited by Dr. E. Meyer, of Paris and Dr. Dor, of Lyons, on the progress of Ophthalmology in our country, I beg leave to request all authors and publishers of ophthalmic works and papers to send me copies or reprints of their respective publications in order to enable me to give the most complete review of the current ophthalmic literature of our country in a periodical of the largest circulation among our profession.

Medical papers please copy.

DR. M. LANDESBURG.

40 W. 34th street, New York City.

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Dr. Arthur König, Docent in the University of Berlin, having, at the request of the author, undertaken to prepare the bibliography for the second edition of Prof. V. Helmholtz's *Physiological Optics*, requests all writers on this subject to forward to him copies of their works. He especially requests copies of theses or dissertations which have never appeared in print. Address, Neue Wilhelmstrasse, 16.; Berlin.

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## MEDICAL NEWS AND MISCELLANY.

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The President has refused to accept the resignation of Dr. J. B. Hamilton, who therefore remains at the head of the Marine Hospital Service.

We are inclined to think that the President has acted with his usual wisdom in this matter.

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We learn from a circular sent to us from the office of the Supervising Surgeon-General of the U. S. Marine Hospital Service, that the Service will co-operate actively with the health authorities of the border States to prevent the introduction of small-pox from Canada into the United States.

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Assistant Surgeon K. P. Battle, of the Marine Hospital Service, stationed at New Orleans, has tendered his resignation, to take effect November 25th.

At the regular meeting of the Board of administrators of the Charity Hospital, on the first Monday in October, the following visiting staff was elected for the winter term :

Visiting Surgeons—Drs. T. G. Richardson, E. Souchon, G. B. Underhill.

Visiting Physicians—Drs. S. E. Chaillè, J. B. Elliott, Joseph Jones, E. S. Lewis, J. F. Y. Paine, A. McShane, Howard Olliphant, L. F. Salomon, P. E. Archinard, A. Nolte, John Callan.

Oculists and Aurists—Drs. S. D. Kennedy, H. D. Bruns, E. W. Jones.

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The *Centralblatt für Praktische Augenheilkunde* says :  
The success of the International Medical Congress has been seriously jeopardized. The American Medical Association has dismissed the original Executive Committee and appointed a new one. We hope that this domestic quarrel of the American physicians will soon be peacefully settled, for European ophthalmologists will hardly feel inclined to take part in the sessions of a section from which Knapp and Agnew have been—put out.

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The Medical Department of the University of Florida opens on the 20th of October, 1885.

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A new medical publication, the *Florida Medical and Surgical Journal*, will be issued at Jacksonville, Florida, on Nov. 1st. It is to be a monthly journal of sixty pages, edited by T. O. Summers, M. D., C. H. Mallet, M. D., and Neal Mitchell, M. D. We wish the new journal all success and will be glad to place its name upon our exchange list.

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In obedience to an executive order, Dr. E. O. Shakespeare, of Philadelphia, has sailed to Spain. Under the direction of the Secretary of State, he, as the representative of the United States, will make a searching investigation into the recent cholera epidemic in Europe, and make a full report to Congress during the next session. The appointment of Dr. Shakespeare is universally approved by the profession of the country.

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THE NEXT ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION will be held at Washington, D. C.,

during the second week in December. Dr. Smith Townsend, the health officer of the District, is chairman of the committee of arrangements, and has already appointed his subordinate committees.

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Physicians, to our shame be it said, are not as a rule remarkable for the classical clearness of their English style, but the following extract surpasses any bit of medical English we have ever met with:

Neither indifference as to which of how many possibilities may best explain, nor yet at a loss to comprehend, surgeons have, and that so many, quite without discredit, could have exhibited scarcely any interest in what, as a local anæsthetic, had been supposed, if not declared, by most so very sure to prove, especially to them, attractive, still I do not think that this circumstance, or some sense of obligation to rescue fragmentary reputation for surgeons rather than the belief that an opportunity existed for assisting others to an appreciable extent, induced me, several months ago, to write on the subject in hand the greater part of a somewhat comprehensive paper, which poor health disinclined me to complete(!)

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*The Popular Science News*, published in Boston, Mass., is one of our most valued lay exchanges. It is a capital family scientific monthly and is fully worth the modest subscription price of one dollar. We say this disinterestedly because we believe our contemporary deserves it, and that our readers may know where to get a bright, cheap, scientific paper.

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At the last session of the North Carolina Board of Medical Examiners, in Raleigh, August 24th, and Asheville, August 26-27, there was a total of 53 applicants, of whom 35 were granted license, 11 were refused, and 7 were allowed to withdraw.

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With the issue of the Sept. number Drs. Browning, Drake and Adams withdraw from the editorial staff of the *Kansas City Medical Index*, and the management of the journal passes into the hands of Drs. Elston and Dickman, of the old staff, and Dr. Emory S Lanphear. The *Index* is one of our best exchanges and we heartily wish the new staff continued success.

Four laparotomy operations were performed in Kansas City during the last week in August, three for ovariectomy and one Battey-Tait operation for hystero-epilepsy.

There has been some confusion of ideas as to the source of our cocaine, which has now such a world-wide reputation.

There are three varieties of trees, whose names are similar in spelling and in sound.

1. The chocolate-producing tree, or *Theobroma cacao*.
1. The common cocoa-nut tree, or the *coca nucifera*, which grows 70 to 80 feet high.
3. The *erythroxyton coca*, the leaf of a small shrub found in South America.

From the last the alkaloid, cocaine, is obtained.

Charles Phillippi Robbin, physician, scientist and member of the senate of France, died in Paris, October 6th, at the age of sixty-four.

The Harverian lectures will be delivered this year by Dr. Buzzard, on the subject: "Some Forms of Paralysis Dependent upon Peripheral Neuritis."

Cholera in Europe is rapidly on the decrease, and the prospects are that in a few days more it will have gone into winter quarters. We fear, however, that it will again appear at the return of warm weather next Spring. We can hardly hope that such a system of disinfection and sanitation will be practiced in every locality attacked the past summer, as to prevent a repetition of the scenes of the last eight months.

In Spain, there have been 279,315 cases with 105,108 deaths. In Palermo, up to October 20th, there had been 5,360 cases and 2457 deaths. In Marseilles, where the disease has, as it were, become domesticated, there had occurred up to October 1st, 1,230 deaths—a severe commentary upon the civilization of the nineteenth century. It is to be hoped that we will not be lulled into any belief in freedom from danger, and be thereby led to relax our endeavors to keep the scourge away from our shores. We hear that our own Board will keep up its quarantine this winter.

As predicted in these pages, small-pox is spreading in Canada, and we expect will continue to increase unless the



bigotted populace of that country cease their opposition to vaccination, and assist the authorities in a more thorough performance of this sanitary precaution than has hitherto been possible. The anti-vaccination riots up there were disgraceful.

Of course, it was absolutely certain that small-pox would be imported into the States, and so it has been. Peoria, Illinois, suffered especially. The United States Marine Hospital Service has instituted a quarantine of inspection wherever the local boards have so requested. It is reported as being of much value. No one not thoroughly protected by vaccination is admitted across the border. This cannot, however, prevent the introduction of the disease through fomites. A system of disinfection will perhaps be added.

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Dr. Jno. P. Davidson reports quite a number of cases of Dengue, but of a very mild type. Some other physicians have reported cases, and a few have occurred at the Charity Hospital. Texas, especially in the neighborhood of Dallas, has been experiencing a very severe form of this miserable affection.

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Mr. C. L. Keppler received from Prof. Finkler, a sample of papaine, the alkaloid of the fruit of the Papaya tree. It is a digestant, somewhat similar to pepsin, and has been used to soften the membrane of diphtheria. Should any one wish to see or use it, it may be found at the JOURNAL office.

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The Nestor of physicians of this country is probably Dr. Neyron, Professor of Anatomy in Notre Dame University, Indiana. He is ninety-four years of age, and was a surgeon in Napoleon's army during the Russian campaign, and was present at Waterloo. After the restoration he became a Catholic priest, and was an early missionary in the Northwest. Few men of seventy are so strong and active, and he is still able to conduct his classes.—*Medical News.*

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The need of a preliminary education. In reporting a case of typho-malarial fever, a contributor to a medical journal refers to "pyers" (sic) glands, "sordees" and

“timpany.” *The Polyclinic*. We have recently received from a doctor, graduated nearly two years, a letter in which he refers to his alma mater as the medical “coledge.” It is needless to say this gentleman (who by the way was studying medicine for longer than the required three years) received his diploma from an institution where no preliminary education is required, and where the graduation-thesis is not read.

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Mrs. Eugene Crawdus, of Dallas, Texas, was taken with dengue fever and was suffering greatly. She was attended by her father-in-law, Dr. Crawdus, who took three grains of morphine into her room, administering one-quarter of a grain and leaving the balance with instructions that unless the first dose gave relief to administer another. Some time afterwards the lady requested another and the nurse gave her the whole amount. In an hour the mistake was discovered, and, although four or five physicians did their best to save her, she died.

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Two children of Mr. Valsin Simoneaud, living near Jeannerette, were sick last week and the doctor prescribed different remedies. The druggist put up the prescriptions properly, but the father accidentally changed the remedies, resulting in the death of both children.

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In the south of France Dr. Estachy tried to dispose of his rival, Dr. Tournatoile, by sending him some game dosed with belladonna. When discovered he said it was only a little practical joke, but the judge did not view the matter in a humorous light, and locked the doctor up on a charge of attempted murder. The wife and a servant of his intended victim nearly died from the effects of the poison.

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We would like to call our readers attention to the fact that in this number of the JOURNAL, which is undoubtedly an especially good one, there are eight pages of interesting matter over and above the regular number—eighty.

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## MORTUARY REPORT OF NEW ORLEANS

FOR SEPTEMBER, 1885.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total
Fever, Yellow.....							
“ Malarial.....	13	8	13	8	14	7	21
“ Congestive.....	13	7	16	4	12	8	20
“ Continued.....		1	1		1		1
“ Intermittent.....							
“ Remittent.....	1	2	2	1	3		3
“ Catarrhal.....							
“ Typhoid.....	3	2	3	2	4	1	5
“ Puerperal.....	3			3	3		3
“ Typhus.....							
“ Enteric.....							
Scarlatina.....	1			1		1	1
Small-pox.....	1		1		1		1
Measles.....							
Diphtheria.....	6		1	5		6	6
Whooping Cough.....	2	2	3	1		4	4
Meningitis.....	3	2	2	3	1	4	5
Pneumonia.....	7	6	6	7	5	8	13
Bronchitis.....	7	1	5	3	4	4	8
Consumption.....	38	33	36	35	70	1	71
Congestion of Brain.....	6	1	4	3	5	2	7
Diarrhœa.....	6	4	6	4	8	2	10
Cholera Infantum.....	7	2	6	3		9	9
Dysentery.....	5	1	4	2	3	3	6
Debility, General.....	3		2	1	3		3
“ Senile.....	8	11	11	8	19		19
“ Infantile.....	3	2	5			5	5
All other Causes.....	183	63	140	106	149	97	246
TOTAL,	319	148	267	200	305	162	467

Still Born Children—White, 28; Colored 27; Total 55.  
 Population of City.—White, 171,000  
 “ “ Colored, 63,000

Total, 234,000  
 Death rate per 1000 per annum for month.—White, 22.38.  
 “ “ “ “ “ Colored, 28.19.  
 “ “ “ “ “ Total, 23.91.

W. H. WATKINS, M. D.,

Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—SEPTEMBER.

STATION—NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Temp't'e.	Daily Max. Temp'at'e	Daily Min. Temp't'e.	Daily Rain fall, inches.	GENERAL ITEMS.
1	29.974	76.9	91.0	70.8	1.00	Highest Barometer, 30.067. 18th.
2	30.020	77.3	85.9	71.4	.18	Lowest Barometer, 29.687. 26th.
3	29.996	74.5	79.0	73.3	.30	Monthly Range of Barometer, 00.380.
4	29.957	74.3	80.4	71.0	.22	Highest Temperature, 92.0. 13th.
5	29.954	77.2	87.0	72.7	1.02	Lowest Temperature, 65.8. 24th.
6	29.994	78.9	87.0	71.7	.66	Greatest daily range of Tempert'e, 20.8.
7	29.965	79.4	90.2	73.8	....	Least daily range of Temperature, 5.4.
8	29.966	82.1	90.6	75.8	....	Mean daily range of Temperature, 13.1.
9	29.973	79.1	88.8	76.8	.18	Mean Daily Dew-point, 72.3.
10	29.949	80.4	90.0	73.3	....	Mean Daily Relative Humidity, 86.4.
11	29.960	79.1	86.6	73.4	.82	Prevailing Direction of Wind, N. E.
12	29.973	80.1	89.8	73.6	.35	Total Movement of Wind, 4,605 miles.
13	29.978	80.4	92.0	74.8	.32	Highest Velocity of wind and direction, 28—N.
14	29.995	81.9	89.8	74.4	....	No. of Foggy Days, 0.
15	29.977	81.0	90.7	75.8	....	No. of clear days, 4.
16	29.941	79.7	88.3	73.3	....	No. of fair days, 16.
17	30.007	81.4	89.8	74.8	....	No. of cloudy days, 10.
18	29.981	78.5	84.4	77.4	.56	No. of days on which rain fell, 17.
19	29.927	77.0	84.5	74.8	1.19	Date of solar halos, 0.
20	29.885	74.3	82.0	73.7	2.78	Dates of lunar halos, 15th.
21	29.855	74.6	80.2	71.4	.28	Dates of frosts, 0.
22	29.849	75.4	82.5	66.8	....	COMPARATIVE MEAN TEMPERATURE.
23	29.881	78.6	88.5	71.8	....	1873.....78.8   1880.....76.8
24	29.898	74.4	86.6	65.8	....	1874.....78.9   1881.....80.1
25	29.862	74.8	85.5	72.0	.38	1875.....76.6   1882.....77.6
26	29.713	76.2	74.0	68.6	3.23	1876.....79.1   1883.....79.4
27	29.731	73.0	76.0	68.5	.08	1877.....78.4   1884.....80.9
28	29.800	72.3	76.6	67.4	....	1878.....78.7   1885.....77.1
29	29.859	71.3	77.4	67.3	....	1879.....78.2
30	29.819	74.1	81.8	66.6	....	COMPARATIVE PRECIPITATIONS.
31	.....	.....	.....	.....	....	(Inches and Hundredths.)
Sums	.....	.....	.....	.....	1355	1873..... 3.19   1880..... 7.48
Means	29.921	77.1	85.2	72.1	....	1874..... 4.21   1881..... 4.47
						1875..... 7.89   1882..... 1.29
						1876..... 0.26   1883..... 0.25
						1877..... 13.21   1884..... 3.12
						1878..... 2.64   1885..... 13.55
						1879..... 3.12

M. HERMAN, *Sergeant, Signal Corps, U. S. A.*

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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DECEMBER, 1885.

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ORIGINAL LECTURES.

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## **How to Learn and How to Remember Anatomy.**

*A Lecture delivered before the Students of the medical class of the Tulane University of Louisiana, by EDMOND SOUCHON, M. D., Professor of Anatomy and of Clinical Surgery, Tulane University of Louisiana.*

None but a phenomenal mind could commit to memory all the facts concerning each and every one of the organs of the body. Ordinary minds must be aided by some means to relieve the memory. They would fail utterly, if they had not a series of landmarks, or guiding posts, which enable them to always know where they are and where they should go, to be in the right way. I have elaborated a guide to assist me. Before beginning the description of the numerous and more or less complicated organs of the human body, I propose to explain to you how I remember all the facts connected with the organs of the body and the course I pursue in describing them to you, so that you can do likewise, and remember more easily. This course is most inexorably systematic, and is always the same for each and every one of the organs, and applies as well to the liver, which is the largest organ in the body, as to the lenticular bone or ossicle of the ear, which is the smallest organ visible with the naked eye. Of course this guide for describing an organ, should be followed more or less closely according to the importance of the organ or of the facts connected with it. If some facts connected with one par-

ticular organ are of no importance, they should be skipped and stress should be laid upon those facts only which present a practical bearing or a scientific interest. It is essential to follow the guide systematically, as one fact is intimately connected with the following, and the place where to say it cannot very well be altered without disturbing the harmony of the whole; there is a place for everything, and everything should be in its place. We must say at the beginning what belongs there, and not say it in the middle of the description; again, we must say in the middle of it what belongs there, and not say it at the end. It seems difficult and complicated at first, but after you have committed the guide thoroughly to memory so as to know it at your tongue's end, without hesitating to think, you will see how smoothly it works and how much it will assist you. It is impossible to forget or skip anything as every few words almost in the guide, calls for an answer at its proper place, which answer is easily found and given by one who has studied the organ two or three times with this severe system and training.

In describing an organ, we must 1st give the DEFINITION of the organ, its *Synonymy* and *Etymology*; 2d, DIVIDE THE ORGAN INTO SEPARATE parts, if necessary; 3d, state the NUMBER; 4th, the DIMENSIONS; 5th, the SITUATION; 6th, the DIRECTION; 7th, the MEANS OF FIXITY; 8th, the IMMOBILITY; 9th, the SHAPE; 10th, the SURFACES, BORDERS, ANGLES or EXTREMITIES or BASE and APEX; 11th, the STRUCTURE.

The DEFINITION should be based upon the function of the organ to avoid repetition. It is important if the organ is a complex one such as are the sphenoid and temporal bones, to divide into several parts describing each part as a separate organ.

In connection with the NUMBER, we should say whether the organ under description is *single or double*, and whether it does not sometimes present *supernumerary organs*, such as the spleen, which in some instances presents one, two, or three supernumerary spleens; also whether, in

cases of double organs, they are known to *unite sometimes to form but one*, such as is the case occasionally with the two kidneys, which unite by their extremities to form the so-called horse shoe kidney. We must say also if the organ is ever known to *be absent altogether*.

You must give the DIMENSIONS of the organs, either by comparing the organ to some familiarly known object, or to some other organ of the human body, this is the *relative dimension*; or, by actual measurement in inches or fractions, these are the *absolute dimensions* of the organ.

When the organ is a hollow tube or a channel, you should give the dimensions of its calibre or bore.

The SITUATION must be first stated in a *general way*, or in regard to the region it occupies, then give its *relative position*, that is, the position it occupies in regard to the surrounding organs; thus for the spleen, we say it is situated in the left hypochondrium, below the diaphragm, above the kidney, behind the stomach, etc.

The DIRECTION of an organ should be stated first as *compared with the axis of the body*, and then, as compared with *its own axis*; thus, the fibula is vertically directed, compared to the axis of the body and is twisted as regards its own axis.

The MEANS OF FIXITY of organs are either connections by vessels, or adhesions through more or less loose or tough connective tissue or ligaments formed of folds of the membranes enclosing them, or they are supported by the organs situated beneath; thus, the liver has ligaments formed by the peritoneum; its upper border is closely adherent to the diaphragm by rather tough connective tissue; it is partially held in position by the hepatic veins passing from its substance to the Ascending Cava and it is supported as on a soft cushion by the stomach and intestines.

The MOBILITY of an organ affects the whole organ or a part of it only; thus, the head and part of body of the pancreas are firmly bound down, whereas the tail is more or less movable. The organ may be *movable by itself*, as

are the intestines, or its motion is *communicated by another* organ, such as the motion communicated from the diaphragm to the liver and the kidneys. Finally, we should state whether at times the mobility does not become excessive without interfering with the functions; thus, we know that the kidney will sometimes escape from its bed of areolar and adipose tissue and float about in the abdomen without impairing its usefulness and therefore not constituting really a pathological condition, as it is only in some cases that the floating kidney requires interference.

The SHAPE of the organ comes in now. It is very important to define it accurately either by comparing it to a *geometrical figure*, or by comparing it to the shape of a familiarly known thing.

According to its shape, an organ presents SURFACES, BORDERS, ANGLES, or EXTREMITIES, or a BASE AND AN APEX.

In describing each *surface* you should mention the other names under which it is known, also its *extent*, whether it is large or small, also its *direction*, whether it is directed forwards or backwards, above or below, or in an intermediate direction; also the *form* or *shape* of that surface, whether it is plane or concave or convex, either in the vertical or the horizontal direction and if it is or is not the same all over the surface; also its *peculiarities* which are represented either by *projections* (folds, processes, tubercles, protuberances, ridges or crests), or by *depressions* (orifices, blind foramina, grooves, canals).

When enumerating numerous peculiarities, you should begin on the median line and then on the sides, proceeding from before backwards and from above downwards and within outwards. When describing a groove, say if it leads or not to a canal, its depth and the organs contained therein, artery, nerve, or a membranous process or a special organ. In mentioning an orifice describe its size, shape, boundaries, structure and contents. Finally, you should give the relations of the surface which may be with skin



(i. e. what part of the surface of the body it corresponds to); or with bones, joints, muscles, viscera, vessels, nerves.

The same course is to be followed in describing a *border*: First give *other names*, then its *extent*, then its *shape*; say if it is blunt or sharp, or bevelled at the expense of one surface or the other. All *thick borders* are divided into two edges or lips and an intermediate interstice, giving peculiarities and relations of each. Then its *relative direction*, whether vertical, horizontal, oblique, forwards or backwards, or above and below, or inwards or outwards; afterwards its *absolute direction*, rectilinear or sinuous, concave or convex. Next, mention its *peculiarities* and its *relations*, following the same course as for a surface.

The same course applies to the description of the *angles of the organ*, or to its *extremities*, or the *base and apex*, if it should have any.

It is now the time to describe the STRUCTURE of the organ.

It should always be preceded by its *color* and its *consistency*, as these properties are a consequence of the structure. In speaking of the consistency we must say whether the organ is soft or hard, friable or not, elastic, dilatable or retractile.

As regards the *structure*, all organs are provided with *envelopes*; a great many organs, most viscera, are provided with a *serous coat*, reduced to its epithelial layer. Next comes a *fibrous coat*, bearing or not a special name or several names, varying in thickness and resistance, more or less elastic, presenting an external surface more or less closely connected with the surrounding tissues and organs, an internal surface more or less intimately connected with the proper tissue or substance of the organ and sending into this proper tissue, filaments or processes which divide the interior of the organ into a large number of alveoles, in which are deposited the proper or characteristic anatomical elements of the organ. Almost always, the fibrous coat is reflected at the point called the *hilus*, into the inte-

rior of the organ, and then divides off into smaller and smaller processes, which join those given off from the inner surface and assist them in forming the alveoles. The whole of these processes and alveoles which they form, constitute what is called the *stroma or fibrous skeleton* of the organ which supports the more delicate elements of the proper substance. This stroma is more or less apparent, according to the organs; it is, like the fibrous coat, formed of more or less dense connective tissue to which is often added elastic fibres and smooth muscular fibres, in greater or less quantity.

The *proper or characteristic elements* of an organ are either *cells or tubes, fibres or prisms*, arranged in a peculiar manner according to the organ, to which are added *capillary arteries, veins and lymphatics* and *nervous filaments*, which in many organs, present a characteristic and most interesting arrangement.

If the organ described, is a *gland with an excretory duct*, that duct should be described as a separate organ. If the organ is a hollow organ like the stomach, we should describe the *lining mucous membrane* with care, mentioning its consistency, thickness, elasticity, degree of adhesion of its *deep surface*, and in regard to its *free surface*, its color and the nature of its epithelium and the kind of glands which it contains.

Some organs present a peculiarly interesting CHEMICAL COMPOSITION which should be mentioned. Usually the point of interest lies in the relative amounts of the high organic and the less organic elements.

To be thorough, the mode of DEVELOPMENT OF THE ORGAN should now be given and the *changes* which it undergoes from its *embryonic formation* to the very *oldest age*.

Finally, in a last paragraph, we should mention the PECULIARITIES AND VARIETIES of the organ, due to the sex, to habits, trades, constitutions and individualities, nationalities and races.

All the above points and details are summarized in the following table :

## GUIDE TO DESCRIBE AN ORGAN.

1. DEFINITION—Synonymy, Etymology, History.
2. DIVISION OF THE ORGAN into separate portions.
3. NUMBER. Single or Double—Supernumerary organs. Absence of the organ.
4. DIMENSIONS—1st. *Relative Size*, or size compared to other organs or to familiar objects. 2nd. *Absolute Size*: Diameters; transverse, vertical, antero-posterior. Calibre.
5. SITUATION—1st. *General Situation* or region it occupies. 2nd. *Relative Situation* or compared to the surrounding organs.
6. DIRECTION—1st. Compared with *axis of the body*. 2nd. Compared with *its own axis*.
7. MEANS OF FIXITY—Vascular Connections.—Adhesions.—Ligaments.—Supported by other organs.
8. IMMOBILITY of the whole organ—of a part of it—*Intrinsic* immobility. *Extrinsic* Immobility or Communicated by other organs—Extent of Immobility—Exceptional Immobility.
9. SHAPE—1st. Compared to a geometrical figure. 2nd. Compared to the shape of a familiarly known object.
10. SURFACES :
  - Synonymy :
  - Direction : forwards or backwards.—Above or below.—Intermediate direction.
  - Shape : Plane. Concave or Convex in the vertical or transverse direction.
  - Peculiarities : Projections (folds, processes, ridges or crests, tubercles, protuberances). Depressions, orifices (size, shape, boundaries, structure, contents), blind foramina—grooves and canals (depth extent, contents, vessels or nerves or organs).

When enumerating peculiarities, begin on the median line and then on the sides; proceed from before backwards or from within outwards; or from above downwards.

—Relations: With skin (*i. e.* to what part of the surface it corresponds) or with bones, joints, muscles, viscera, vessels and nerves.

II. BORDERS:

—Synonymy.

—Dimensions.

—Direction: 1st. *Relative Direction*, vertical, horizontal, oblique, forwards or backwards—or above or below—or inwards or outwards. 2nd. *Absolute direction*: straight, sinuous, concave, convex.

—Shape: Blunt or Sharp, or Bevelled at the expense of one surface or the other.

—Peculiarities, }  
—Relations, } as for surfaces.

All Thick Borders ought to be subdivided into *two edges* or lips and an *interstice*. Give for each: peculiarities, insertions and relations.

12. ANGLES OR EXTREMITIES: same as borders.

Base and apex: same also.

13. STRUCTURE:

—Color.

—Consistency: Density, Friability, Elasticity, Retractility.

—Envelopes or Coats: Thickness, Resistance, Elasticity.

External Surface (relations, adhesions). Internal Surface (relations, adhesions, processes from internal surface). Reflection into the interior of the organ.

—Stroma: Is delicate or apparent; is composed of connective tissue, or elastic, smooth muscular fibres.

—Proper or Characteristic Elements: Cells, Tubes, Fibres, Prisms.

—Capillary Arteries: Veins, Lymphatics, Nerves.

—Excretory Duct of Glands (as a separate organ).

—Lining Membrane of a Hollow Organ: Thickness, Consistency, Elasticity, Adhesive Surface, (degree of adhesion); Free Surface; color, peculiarities, epithelium, glands.

14. CHEMICAL COMPOSITION: Organic, Inorganic Elements.
15. DEVELOPMENT OF THE AGES.
16. PECULIARITIES OR VARIETIES, or anomalies due to Sex, Habits, Trades, Constitutions, Individualities, Nationalities, Races.

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## ORIGINAL ARTICLES.

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

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### **The Sanitary Relief of New Orleans.\***

BY JOSEPH HOLT, M. D., New Orleans.

This paper was prepared by request of the editors of the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*, who desire an expression of my views concerning an efficient system of drainage and general sanitary relief for the city of New Orleans.

It is the intention of these gentlemen to elicit several papers on this subject with the avowed purpose of uniting in and vigorously supporting the popular agitation of a measure conceded to be of more vital importance to the interests of this community, present and prospective, than any other with which it can possibly have to deal.

The necessities of the situation are imperative.

The Board of Health, Auxiliary Sanitary Association and daily press are awakening with determined energy to the necessity of a concentrated effort in the direction of permanent reform.

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\*Read before the New Orleans Medical and Surgical Association, Saturday, October 31st, 1885.

It behooves this association, gentlemen, in order to maintain the integrity of a record as a faithful worker in the field of professional and public utility, to throw the whole weight of its intellectual force, together with its time and zeal into an earnest participation in a cause which contemplates the redemption of New Orleans from the bondage of misfortune; from a subtle a malignant influence as persistent as the penalty of violated law; a redemption of this city from the insalubrity of its own soil, which is the fostering parent of all our woes.

To remove this menace, this constant source of mischief, and to furnish in its stead an assurance of a reasonable preservation of the public health is to liberate this city, socially, industrially and commercially. Not to do so means to consign it hopelessly to degradation and decay.

If there are claims upon our patriotism, the motives of life, the love of family and self, higher than this demand, we have yet to know of them!

The magnitude and urgency of the question fully warrant an ample discussion of it, which can only be done by beginning at the source and following the line of sequence until we reach an explanation of our present state of utter lack of efficient sanitary methods.

At this late period in the development of New Orleans, when its population numbers nearly a quarter of a million, and its compact squares already cover several thousand acres of low, swamp land, scarcely redeemed from its primitive condition—more than cutting off the timber, clearing the ground, filling pools, laying out streets indicated by superficial side ditches, and building upon the squares enclosed by them—we now propose to “*agitate the question*” of beginning a work of municipal sanitation which should have been planned half a century ago, and should have progressed as the essential frame work of the general growth.

Here is the first cause! the very beginning of all the inconvenience, the special discomfort, the oft-recurring calamities and direful distress endured these many years in the wretched condition of our streets, the accumulations

of sewage matter, extensive inundations of inhabited districts, a high mortality sustained by an undrained swamp-soil, the impossibility of efficient sanitation under existing conditions, and the sweep of pestilential infections, which find in these conditions the elements of propagation as responsive as gunpowder to a spark.

Could we formulate a problem in simple addition, noting in its columns all the annoyance, the wretchedness, the disease, death, commercial loss, depression of property values, money realized here and invested in real estate elsewhere, retarded growth by such depletion and the deflection of immigration, depression of enterprise and public spirit, the enforced idleness, growth of thriftlessness, what an appalling sum total would be shown on the debit side of no drainage! no sewage!

Can there exist such a spendthrift account against this people, and yet no one to blame? Have these things just so happened, and no personal responsibility for their occurrence?

It is fashionable, we know, to make a boisterous out-cry about foul gutters and dirty and unpaved streets, the outrageous condition of drainage canals, and to pass a sweeping condemnation upon the city authorities in general, and the heads of certain departments, notably that of public improvements in particular.

In making this remark, I do not refer to the exposure of official negligence and the stern enforcement of responsibility by a public spirited body of citizens, but to those sensational displays begotten of inordinate conceit and a love of notoriety, which work no good, but inflict harm only.

An implacable enemy of official negligence and dishonesty, when proven, I am equally the advocate of justice. There are no terms too strong in which to condemn the popular hue-and-cry sometimes, or rather, periodically, instigated against these officials for not performing the herculean task of cleansing this Augean stable, and holding them to the extremest exaction of accountability for the condition of streets, gutters and drainage; at all times bad enough, sometimes abominable.

Allow neither excuse nor condoning of the faults of officials, but exact of them the full measure of work. Demand all that can fairly be required, but let justice square with reason.

The authorities can no more accomplish the proper sanitation of this city as it is, than they can reverse the revolution of the planet in its orbit.

The case is a serious one and needs treatment, but harsh criticism and vehement anathema are not the remedies to meet the conditions complained of. They excite public clamor and outbursts of indignation which serve to entertain the attention for a few days and then subside like wavelets upon a pool. To say the least, they have been long and vigorously tried, but with results so poor, as to necessitate a change.

The authorities are simply the exponents of the people, who are themselves finally responsible, and are as much to blame as the authorities! The sins of commission and of omission are about even all around, and for this reason let us dismiss crimination and recrimination as remedial agents.

In the philosophy of our municipal history we shall find the causes of the present situation and the remedy will suggest itself.

The misfortunes at home and the knowledge of them abroad, magnified by the unscrupulous into wildest exaggerations and grossest calumnies, the procrastinations of the past, laid as an accumulated task upon the present, are legacies singularly like the iniquities of the fathers visited upon the children even unto the third and fourth generations.

Long before the war, during a period of many decades, this city reveled in wealth, and could well have afforded to lay the sure foundation of a complete system of sanitation. It could easily have established such a beginning as would have compelled succeeding generations to go on with its completion.

Thomas Jefferson understood the main features of our



sanitary necessities and suggested the proper method of building the city.

With the exception of Benjamin Morgan, Samuel J. Peters, James H. Caldwell, and some two or three other broad minded, far-seeing men of their time, there was not enough public spirit, not enough genuine love of the city itself, to provide a substantial heritage for the future, or even to care particularly about the present beyond the gratification of self.

We are the heirs direct of retributive justice; of all the fruits of political shouldering; the unworthy bestowal of public trusts; of all the dishonesty; official negligence; the general apathy of professional and business men in municipal affairs; of all the civic transgressions of our predecessors.

These spent their days of activity in the all-absorbing effort of getting rich, in order to go somewhere else to spend their wealth and to educate their children.

A prevailing sense of temporary abode; the actual absenteeism of many large property-holders, all gave direction to municipal indifference and a disposition to relegate to political aspirants the annoyance of questions involving, not only the healthy growth, the maintenance of supremacy, but the destiny of New Orleans.

*“Let the future take care of itself!”* was the motto, cruel! selfish! false! Aye! and we in the living present are assembled here to-night for the purpose of self-protection, by caring for the results of improvidence, with the odds against us!

The men of this day rise up in judgment against that generation; for they were false in the obligations which are binding upon all men to make them responsible to the future, and have betrayed that future to the calamities which have befallen it.

Now comes the question which brings the matter home, and fixes a responsibility upon ourselves! Shall we continue in the selfish negligencies and the iniquities of our predecessors and transmit this record of improvidence, and thus compel the repetition of our own sad experiences?

If every business man, lawyer, editor and doctor could only carry with him the conviction of responsibility to the future of his family and of his own interests—could work and eat and sleep with it as an ever-present reflection, New Orleans would be the best drained and the cleanest city in America inside of ten years.

*There is no beginning to the solid advancement of New Orleans, except the beginning of assured health established upon the efficient drainage and sewerage of the city.*

To accomplish these, the work must be scientific; not the disjointed and puerile attempts such as exhibit the vestiges of their creation in that marvellous reticulation of big ditches running through the mud in opposite and most unexpected directions; beginning nowhere in particular, and ending anywhere generally; those huge accumulations of seething, bubbling putrescence in sluggish flow, revolting to the sight, polluting the air, and an abiding menace to the public health; called in a spirit of grim joke, "The Drainage System," just as people call a boil a pet.

A system of drainage! inscrutable in purpose (since it drowns out at times whole neighborhoods); in construction, monumental to the energy, the public enterprise, the faithfulness and intelligence of a people. Let us bury our monuments! Let us cease this wasteful expenditure upon a miserly system, and by a liberal economy show substantial improvements for the money and time spent, and not these hulks of draining machines and cess-pools.

Within the last thirty-four years, from 1852 to 1885, inclusive, there has been expended by the municipal authorities, under the account of "*Streets*," and "*Drainage*," the enormous sum of \$13,565,984. What is there to show for it?

The taxation represented by these figures is truly a drainage, but how long shall we suffer this hopeless depletion of property, for no other end than a mere show and pitiful pretense in the matters of streets and drainage improvement?

As we are, a hundred millions may eventually be wrung

from the people by taxation, and the money expended with nothing but unpaved and dirty streets, and cess-pools to show for it!

In making a movement, the first, and by far the most serious obstacle opposed will be the declared lack of money, the plea of poverty. We must surely expect to be confronted with this standing apology for inaction, embodied in these replies :

“But property has depreciated and cannot stand the expense ; we are too poor to begin ! The argument is strictly business in its pretension.”

What is the cause of the depreciation ?

Is property ever too poor to stand an increase of fifty, one hundred, two hundred per cent in value ?

What would be the difference between property values in New Orleans, undrained, sometimes partially inundated, no efficient sewage disposal and a high death-rate, and New Orleans thoroughly drained, its sewage disposed of promptly and mortuary statistics permanently reduced ?

The conclusions inevitably drawn from these inquiries are all on the side of permanent sanitary improvement.

The inducements to live here are widely known and fully appreciated.

With so many conditions favorable to the possibilities and comforts of living ; presenting an unlimited field for manufacturing and commercial enterprise, why are there not a million inhabitants ?

Simply because our record is open before the world. Just turn to your Worcester dictionary, unabridged, for the word sanitary and you will find an instance of its definition cited thus :—“ *The sanitary condition of New Orleans as illustrated by its mortuary statistics.*” We all know the import of that explanation.

The world demands of us a reasonable guaranty for the protection of life and health.

No prudent and truthful man can declare his confidence in the safety of New Orleans from the invasions of pestilence, until these conditions which invite, yea, seem indeed sufficient to create disease, are radically destroyed.

*Quarantine as we may! declare non-intercourse with the world! build around ourselves a wall without gates, if we will! until this city is provided with a superficial and sub-soil drainage, and its sewage disposed of through some efficient system, we live in jeopardy, yea, in the certainty of disaster.*

As Cato, in speaking on any subject, invariably concluded with an urgent appeal for the salvation of Rome: "*But it is my opinion carthage must be destroyed!*" so must we on all occasions urge our opinion: "**NEW ORLEANS, TO BE SAVED, MUST BE DRAINED AND CLEANED!**"

Municipal sanitation, (a modern term which implies drainage of soil and removal of refuse), together with a watchful *and rational* precaution against the introduction of pestilential infections, constitute the entire measure of human effort against yellow fever, cholera and, including vaccination, small-pox.

To rely upon municipal sanitation or upon quarantine alone is a wilful abandonment of one-half the resources of defense. We may escape for a while, but are taking desperate chances on the future. "**NEW ORLEANS, TO BE SAVED, MUST BE DRAINED AND CLEANED!**"

When we so change local conditions as to make them unfavorable to the spread of pestilential infections and at the same time use *rational measures* against their introduction, then may we boldly talk of guarantees and refer to our achievements with pride; but until then a modest reticence and a devout thankfulness for deliverance are far more becoming than, the presumptuous "**I DID IT!**" the boastful attitude of a fool.

To begin the great work of municipal sanitary improvement, the course which presents itself to my mind as the wisest to pursue is this: Begin with the determination to establish a fixed plan that shall serve for all future work.

There can be no permanency and hence no good results unless the disturbance incident to frequent changes in local and State governments are carefully provided against; which can be done in one way only: create a supervising authority, free from all political influence and entanglement.

Until the people and their representatives are ready to concede this much for the redemption of all, it is useless to begin.

Call this supervising head The Board of Public Works, as suggested by Dr. C. B. White. Let it consist, primarily, of seven citizens, chosen (four by the city and three by the State), for their known integrity, clear judgment, their zeal and efficiency as public-spirited men.

Let the term of office be for seven years; one term to expire annually and the vacancies to be filled either by the Board directly or upon its recommendation, thus making the body self-perpetuating.

It is unnecessary to consider here the functions of this Board further than to state that it shall immediately employ the highest order of talent and experience in municipal engineering, with a view of perfecting surveys, formulating plans and commencing work.

Such legislation, city and State, as may be required to create this Board, prescribe its duties, raise money and otherwise assist, should be secured at the earliest practicable moment.

As to the best plan of draining this city, there are nearly as many contrary opinions as there are persons to express them.

While this question must be left to the Board and its associate engineers for the selection and final adoption of a plan, it is well, in the meantime, to agitate the subject in every possible way in order to elicit the fullest expression of opinion from all who are willing to give the subject consideration.

These discussions excite public interest and develop a vast amount of useful investigation and valuable suggestion.

In the absence of a Board and its advisory body of accomplished experts, it is not presumptuous in any one to speak his mind freely and to write what he chooses on the subject of drainage plans.

It is not in bold expressions of opinion that danger lies, but in timid reticence and fatal apathy. The whole case

with us is simply one in which we are the victims of indifference.

For myself, I entertain very positive ideas in regard to the best method of superficial, storm-water and sub-soil drainage of this city, and am heartily in accord with our good friend, "*The Daily City Item*," in its general view of the question.

It is my belief that a plan of sanitation can be commenced at moderate cost; that every dollar expended in its development would be for present relief in the direction of a permanent system; and that in a few years, without the necessity of increased financial embarrassment, New Orleans may enjoy the comfort at home and reputation abroad, so long withheld, which she so rightfully demands, but her citizens alone can confer.

Let us bring forward, now, the facts bearing on the drainage problem which seem to indicate the methods of its solution.

The statement is made as a suggestion to and a reason for a Board of Public Works, with associate experts, which should be created without delay with full power to survey the field of their labor and put into execution a plan of permanent relief. A plan that will admit of indefinite extension without being changed; one that shall meet the necessities of the present, and provide, as in duty bound, for a population of a million of inhabitants.

New Orleans like Chicago, is built upon a surface, almost flat, and so near the surrounding water-levels (in our case sometimes below), that its drainage and sewage must be wholly artificial.

In both cities drainage and sewage must ultimately pass through the same channels of discharge however separate the arrangement at their source.

Any system that violates the laws of sanitation contradicts and condemns itself.

Chicago is now warring against the drainage and sewage contamination of her lake front.

New Orleans must not permit such discharge upon her

river front, and under no conditions allow the outflow of sewage into Lake Pontchartrain.

The discharge of sewage into slack-water, except at a great distance, is an offensive and dangerous procedure. It constitutes the main difficulty opposed to the sanitation of Chicago, the cities of Holland, Marseilles, Toulon, Naples, Havana, in fact, nearly all the lake and sea-coast cities.

The shore of Lake Pontchartrain is a delightful pleasure resort at our doors, and should be beautified and made more inviting.

Together with these considerations, every step in the present ought to be taken with a view to the ultimate extension of the city laterally to the lake.

To permit this shallow slack-water, heated during many months under a tropical sun, to be contaminated by the in-pouring of a mass of putrid sewage to be spread out and exposed upon extensive mud flats along shore, made bare by daily wind-tides, would be the perpetuation of an already intolerable nuisance, and the imposition upon our successors of an abomination for greater than any we have yet endured.

In what direction shall the course of drainage be?

It is physically impossible to drain the city coastwise, upward; we *must not* drain it into the river front or into Pontchartrain; we are therefore compelled to drain it directly downward from the upper to the lower limits of the city, through a "cloaca maxima," or central viaduct, of particular construction, laid along the line of lowest depression, in the valley between the levee on the river front and Metairie Ridge.

The water-shed or area of drainage to be relieved by this system is bounded above by the Upper Line Protection Levee, below by the Lower Protection Levee, in front by the levee along the river bank, and in rear by the Metairie Ridge.

The protection of this basin against inundation from without is the first piece of work to be accomplished by the completion of protection levees.

The next step is to establish a central drain, as stated, through the length of the city, to serve as the trunk, in relation to which the entire system of out-branching street gutters, smaller canals, sub-soil-tile drains and sewage pipes shall be constructed.

It is impossible to include in this discussion, certainly at present, the question of a system of excremental sewage. This can well be deferred for a later development.

The central drain is truly a grand cloaca or main gut, for its contents are necessarily not only drainage water but any and every kind of refuse matter washed or cast into it.

Work upon it would have to commence at the lowest end of the city and progress upward.

Claiborne street, including the Claiborne canal, offers the most advantageous line.

To illustrate its construction, its source should be at the point of junction of the Upper Line with the river, where a small flushing engine should be stationed. It should begin with a depth of three feet by five in width. These dimensions should gradually increase in conformity with the natural law which regulates the capacity of the bed of a stream to suit the accessions to it in its course. The rate of increase in dimensions should be such as to attain a depth of thirty feet at its outfall.

I am simply illustrating an idea, gentlemen, and not pretending to prescribe exact data!

The advantages of this sharply increasing depth are a rapidity of current and the allowance for deep sub-soil drainage, besides providing a temporary reservoir ample to accommodate a sudden and heavy rainfall.

With a proper sub-soil drainage, the construction of such a canal would be equivalent to raising the entire city eight or ten feet. Canal street, for example, is twelve feet higher at the base of the levee than it is at a point a little beyond Claiborne street. The depth of the canal at the point of crossing added to this natural decline gives a fall of twenty-five or twenty-eight feet available for the drainage of Canal street and its tributary squares.



Whenever street gutters should require too deep a cut in order to acquire sufficient fall in their course towards the canal, the trouble could be overcome by final emptying through underground pipes.

The central drain should be so constructed as to insure the greatest scouring effect of current, and therefore approximating a V shaped bottom to prevent accumulation of deposit. It should be faced throughout with heavy creosoted planking securely placed.

It should subtend the two navigation canals through groups of six foot iron tubes, and a special engine placed at these points to facilitate flow, if necessary.

Although, in after years, it might be concluded to make this drain subterranean it should be commenced as an open one, against which no valid objection can be urged, inasmuch as it would occasion no offense whatever, as will now be explained.

The present system of flushing, inaugurated with such excellent results by the Auxilliary Sanitary Association, would be extended the entire river front, so that every latitudinal street gutter would be flushed in addition to the flushing engine at the head of the canal, and thus a head of cold river water would be maintained in the canal, with a current of at least two miles an hour.

It matters not what kind of matter might enter the canal, it would instantly be diluted in a flood of pure cold water and start on a run that would throw it entirely out of the city from the most remote point in the course of four or five hours, at most.

At the lower end or outfall of the central drain the final disposal of the ordinary daily discharge should be accomplished by a powerful lifting pump or engine, of enormous capacity, driving it through pipes well out into the river where it would be diluted in an infinite volume of water in rapid flow, and would also undergo speedy destruction by oxidation.

New Orleans has as much right to sewer into the Mississippi as all the other cities on its banks and tributaries, in-

cluding Chicago which is at this moment bending its energies to cut a sewage canal and drain into the Illinois and save her precious lake front.

To meet the exigencies of a heavy rush of storm water the canal should bifurcate at a point close to the discharging engine just mentioned. This prong should lead by the straightest line into Bayou Bienvenue which should be dredged through to Lake Borgne. A supplementary engine should be placed at the cut through the protection levee for the purpose of urging the outflow of the flood, and in times of high water outside the levee, of lifting it over the levee in its final discharge.

By this arrangement Bayou Bienvenue would become a safety valve in emergencies, but not to be used as the ordinary channel of discharge, because sewage passing into it would quickly precipitate, choking the channel and perpetuating the noisome odors and disgusting spectacle so conspicuously a feature of the present drainage system.

To afford still greater security against excessive rainfall, the central drainage canal should be tapped at a point about midway of its course by a relief canal which should afford lateral discharge into Pontchartrain, along the line, if possible, of some existing canal. This additional safety-valve should also be provided with a draining machine.

I will close this paper with an earnest appeal couched in the language of the committee of the Citizen's Association, in their report on the Main Drainage and Water Supply of Chicago:

“Your committee would urge with all possible force the necessity of an expert commission to make the fullest investigation.

The commission should be constituted for an ample period, and be sufficient in number to give competent expert consideration to all phases of the problem and to eliminate purely personal views. To suppose that those charged with executive duties in a great city will find the leisure to adequately consider the matter would be to ignore our past history.

A general plan can be carried out, step by step, to the

gradual improvement of the sanitary condition, and without creating a debt or requiring an extraordinary tax levy.

A comprehensive plan, any portion of which may be carried into execution whenever the conditions make it necessary, and which will still dovetail into the general system, demands for its conception and elaboration the creation of an expert commission, to which the whole subject of main drainage should be at once committed for exhaustive study and report."

Thanking you, gentlemen, for the patience you have bestowed upon me, I will conclude with the sincere hope that the subject of this paper will receive the consideration it deserves.

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### **A Recent Case of Idiopathic Lymphangio-Phlebitis in the Lower Extremities.**

BY C. J. BICKHAM, M. D., New Orleans.

On the third of September last I was called to see Mr. D., aged about 45 years, a man of unusually good habits, and of unexceptionable good health all his life. I found that he had not been well for several weeks, and for 24 hours before I saw him he had had chilly sensations, succeeded by flashes of heat, with thirst and erratic pains. These feelings grew more marked, and at my first visit I found him with a temperature of 104° F., accompanied with headache and general pains, but more particularly in the legs; increased thirst; dry skin; scanty, high colored urine; furred tongue, and constipated bowels; with nausea, icterous skin, and unusual depression. He was ordered a mercurial purge, to be followed next morning by a good dose of citrate of magnesia, and this to be followed by anti-periodic doses of sulphate of quinine. The next day his condition was much the same, notwithstanding the remedies had acted satisfactorily, but the pain in the legs was more pronounced, characterized by soreness, particularly on the insides of the limbs, together with a pricking, smarting, burning sensation. These symptoms not corresponding with the ordinary aching experienced in pure

malaria, led to an inspection of the legs, and there were observed, beginning at the ankles and running up the insides of the limbs, very similarly on both, several well marked, superficial, red and inflamed lines, following just in the course of the lymphatics. These distinct but quite small, somewhat knotted cords could be well traced up to the knees, and there were considerable redness and swelling all along up the insides of the thighs to near the groins. There was also some of the same condition on the outside of the left ankle.

These red and corded lines were very superficial, just beneath the skin, and there being some half dozen or more of them, and soon coalescing somewhat, formed a kind of superficial longitudinal, rather hard band. On examining the ganglia of the groin they were found fuller and tenser than usual, and tender, but not perceptibly reddened.

The constitutional symptoms continued much the same, the fever being more marked in the evening, and after about a week these superficial cords, redness and swelling having somewhat subsided, I could distinctly see the internal saphenous vein, and its larger branches enlarged and firmer than usual, and quite sensitive on pressure. These were deeper and much larger than the vessels just described. It was then evident to my mind that there was phlebitis as well; the lymphangitis having taken the lead, and measurably run its course of activity before the inflammation of the veins manifested itself. In the course of several days more there was but little trace of the lymphangitis, but the cords of the saphenous veins became more marked, hard and sensitive, accompanied with renewed and greater swelling.

Now, whatever constitutional ailment existed in this case, aside from the constitutional sympathy with the inflammation of these two classes of vessels of the lower extremities, there was no doubt as to the diagnosis of the diseased action in the legs. Let us look at it by the method of exclusion. It was not erythema, for we have no corded lines in that affection, either superficial or deep, and we had not the dif

fused, smooth blush of that affection, limiting itself to the skin, and shading off insensibly into the surrounding skin, without borders.

It was not erysipelas proper, for we have no lines or cords in this, nor was there that peculiar involvement of the skin, causing it to be decidedly inflamed, roughened, thickened and vessicated, as it generally is in that affection, and terminating always, more or less, in a distinct border.

Nor was there any discernible phlebitis at first. The red, more or less knotted, and corded lines, forming ultimately into a superficial band, running just beneath the skin in the course of the lymphatics, were not veins, because there are no veins that take that course and terminate in the contiguous lymphatic ganglia, producing enlargement and tenderness of the same. But, secondarily, and after the lymphangitis had essentially run its active course, phlebitis was observed to be lighting up, and this ran its slow and painful course as phlebitis usually does, the lymphangitis and enlarged and sensitive ganglia subsiding, as the phlebitis arose and advanced. True, in lymphangitis or phlebitis, we may have such involvement of the integument and areolar tissue, and swelling, after the incipency of the attack, as to mask the real affection, and make it appear to be erysipelas, when it is not, but when seen early, as was this case in this instance, there need be no mistaking it. I am thus somewhat explicit in defining and diagnosing the local morbid action in this case, for, to have idiopathic inflammation of either class of these vessels is not very common, and to have both together in an idiopathic form, or in such quick succession, is quite uncommon, and more especially in a good constitution, and in one of such remarkably good habits, and good general health as this patient had had.

Not much is certainly known of acute idiopathic lymphangitis and phlebitis. We know that they occasionally exist; but how? or why do they? It has been supposed that erysipelas consists essentially, primarily, of inflammation of the absorbents, and it would seem to some extent plausible, but this was not a case of erysipelas. It was,

primarily, a distinct and well marked case of inflammation of the lymphatics, merging into, or immediately followed by, equally as distinct phlebitis. There was no abrasion or sign of wound or pimple on either limb or body any where. Lymphangitis is common from wounds or external injury, as is particularly observed following punctured or poisoned wounds, and when arising thus from an abrasion, or the prick of a needle in making post-mortem examinations, or sewing up a dead body, the affected vessels are easily traced if seen early, beneath the skin, in the manner just described, and terminating in the nearest ganglia; but in some of the worst and most rapid forms, the nearest ganglia manifest the infection, before the lymphatics entering them appear to be affected. This is the case in dissecting wounds.

This case was under daily observation from the third to the last of September, when he was able to be about the house, but advised to exercise very cautiously, as the corded and sensitive veins could still be distinctly felt, and he was quite weak and reduced.

The cause of the inflamed vessels in this case is obscure and interesting, but my opinion is, that it was due essentially to the state of the blood, from depraved general health, thus altering its constituents and impairing its integrity. This was the prime cause, but added to this change of the blood, the vocation of the gentleman, under the circumstances, was a secondary factor. He was a merchant, took but little exercise and stood most of the time at his desk and about his apartments, and much of the time on damp flag stones and floors, as we had a great deal of rain at the time. As before remarked, his health had been uniformly good, but in the latter half of August and first of September, he did not feel well, having likely some lurking, latent malaria; became tawny in color, with unusual palor; had poor appetite, constipated bowels, and complained of an engorged, sore and painful feeling in the hepatic region; his skin was unusually dry; his urine scanty, and in fact all his excretory organs seemed to be

torpid. He was a typical case of what would be called a *bilious* person, which means, I take it, that the balance between secretion and excretion was interfered with, and the consequence was, effete materials were retained in the blood, and in this manner the integrity of that fluid was lost, and it became acrid, so to speak, and was well calculated to irritate and inflame the vessels that contained it, especially those of the lower extremities, which were constantly distended from standing so habitually. The venous and lymphatic circulation of the lower limbs are quite sluggish in persons who constantly stand, and especially if they stand on a cold or damp place, chilling the feet and limbs, hence, we can understand that the superincumbent weight of the immense lymphatic and venous columns almost in a state of stasis pressing upon the delicate vessels at or near their origin would be well calculated to set up first irritation and then inflammation. Now, add to this mechanical condition the additional cause of vitiated and poisoned blood from deranged and sluggish emunctories and it would seem we have quite a sufficient cause in this case for the inflammation of these vessels. But, why is it that there was no inflammation in any of the other vessels of this patient, except in the lower limbs? The force-pump action of the heart carries the arterial blood throughout the body without difficulty, but the lymphatics and veins *here* commence in the extremities, and ascend, against the law of gravity, without the aid of any impulse. Muscular motion is to the circulation of the lymphatics and veins, especially in the lower limbs, almost what the heart's impulse is to the arteries, hence, in the absence of this, as was measurably the case with our patient, owing to his confined life in a standing posture, we have great columns extending from Poupart's ligament to the soles of the feet, almost in a state of stagnation, distending the vessels to their utmost, and even without vitiated blood, we cannot wonder if we should have irritation and inflammation of these vessels. True, we have other aids to the venous return which must not be lost sight of. To say nothing of

the obscure affinity the venous blood is supposed to have for the oxygen taken into the lungs and the increased pace with which it rushes to the heart at each inspiration, the rythmical discharges of the right ventricle create a constant suction upon the venous currents, and this is greatly aided by the valve-rests in the veins, and especially in the lower extremities.

Immediately succeeding the systole of the right ventricle there is a sort of recoil, or backward motion of the blood in these vessels, which is anticipated by tension of the valves. The valves act as stop-cocks to prevent back-flow, and thus aid greatly the suction produced by the rythmical discharges of the right ventricle

The combined causes then of the venous circulation are first, muscular motion, meaning ordinary exercise, and the tonicity of the muscular and elastic walls of these vessels; secondly, inhausion by the emptying of the right ventricle; and thirdly, the valve-rests, which latter maintain the current at what it has gained by anticipating the effects of the ventricular recoil. Of these three essential causes of the on-flow of the blood in these vessels by far the most important in the upright posture, is muscular motion, and by standing still almost constantly, we lose the effect of the large muscles pressing upon the vessels and acting as a bandage, and besides this, the involuntary muscular fibres in the walls of the vessels become paralyzed, as it were, by long continued over-distension.

These facts seem forcible and go far towards the explanation of the much greater frequency of idiopathic phlebitis in the lower limbs than in any other parts of the body. I have often observed enlarged, tortuous and knotted veins in the legs in a chronic state of inflammation, as no doubt most of you gentlemen have, from this blood pressure. Varicocele is from the same cause. Many instances of enlarged and painful lymphatic ganglia of the groin have been observed resulting from this partial stasis and engorgement of the glands. "Lymphatic bubo" is very common, when there is no sign of abrasion, wound, or venereal taint, and



it is from the same cause—engorgement from weak and sluggish circulation. Hydrostatic pressure in various other localities, and under peculiar and like circumstances has been observed to excite inflammation of a subacute kind, as in the posterior parts of the lungs after long lying on the back in typhoid; in the production of epididymitis from persistent unaided varicocele, and bed sores on the posterior parts from stasis and pressure. Now, as already observed, if added to these great columns of blood, that blood is out of order and irritating, as is quite reasonable to suppose in our present case, we have quite sufficient reason to conclude, that the predisposing cause was the deranged state of the general health and secretions vitiating the circulating fluids, combined with the mechanical difficulties of the circulation there; and that the direct and exciting cause was the resting of this contaminated blood in the vessels an unusually long time, otherwise other vessels of the body would have been affected similarly, in all probability. Phlegmasia dolens is somewhat parallel and serves, in a manner, to illustrate the same thing. It is generally believed to be caused by absorption into the blood of the debris of the womb after confinement, and it does not occur usually until the patient has arisen from the bed from the tenth to the thirteenth day generally after giving birth, when her whole system as well as the blood vessels are weak.

True, phlegmasia is not limited to women after childbirth, but it is rare except in them. As a rule, they have gotten out of bed and been more or less on their feet when it appears; sufficiently long, for the great columns of vitiated venous blood in their legs to have produced irritation and inflammation in the coats of the vessels. Acute inflammation of these vessels, the veins especially, is always accompanied with danger, and it is often fatal. This is true of both the traumatic and idiopathic forms; also, of that of the deep and superficial vessels. It may give rise to pyæmia, multiple abscess, and embolism, all of which are grave in their consequences. Phlebitis is much more common than

arteritis, and is very liable to terminate in suppuration, but rarely so in arteritis, the latter furnishing plastic matter instead. A great danger and peculiarity of phlebitis is to extend along the vessels towards the heart, and not unfrequently when the patient seems to be convalescing and doing fairly well an embolus is washed on in the course of the circulation, or purulent matter from the broken down coagula, and lodges in the lungs or elsewhere, producing obstruction, inflammation and abscess, especially if the patient is permitted to get up and exercise too soon.

The treatment in these cases, of course, must be constitutional and local.

Generally, soon after the initiation, especially if severe, the constitutional symptoms tend to assume an adynamic or typhoid character, and there is great weakness and depression, requiring sustaining means, but in less severe cases and in robust constitutions depletive measures may be used early with good effect, such as leeches applied on or near the local affection, and purgatives. In the case under consideration, the excretions were encouraged rather actively by several good purgatives, diaphoretics and diuretics, and to anticipate and eradicate any latent malarial influence, quinine was given in liberal doses for some days, and after the activity of the local inflammation had abated and the fever had subsided, he was put upon a tonic containing iron, nux vomica and ergot. Locally, at first, warm fomentations of equal parts of hops and flaxseed meal were applied to relieve pains and soreness, afterwards warm lead and opiate lotions, then painting with tincture of iodine, and after that bandages snugly applied from the toes to near the groins, gradually a little slacker as the limb was ascended with the bandage, this, preceded each time by a good rubbing with a hartshorn and opiate liniment.

After the force of the inflammation subsided, the patient was encouraged to nourish as he was quite weak and pale and had little disposition to eat. After a time I stopped the tonic before mentioned, and put him upon iodide of potas-

sium as a defibrinator and solvent of the coagula in the veins, but severe iodism immediately supervening, it was stopped, and he was placed upon an elixir of bark, iron and strychnia, alternating with the muriate of ammonia, the first as a general tonic, and the latter with a view to its solvent and alterative effect upon the vessels and their coagula. The patient gradually improved, but his color and strength very slowly returned.

About the first of October he began carefully to ride down to his place of business, but after a few days he had to stop at home again for some days on account of a partial aggravation and weariness of the left leg; and again about the 15th of this month he was seized with severe pain in his right side and it proved to be pneumo-pleuritis, but fortunately it was circumscribed and not extensive. It gave however serious apprehension as it was thought to be connected with and produced by the diseased state of the legs. Now, however, the legs are well, and he is quite satisfactorily recovering from the attack of the right lung and pleura. In these inflammations we cannot be too careful in keeping the patient in, until all signs of the inflammatory products are removed, for fear of metastatic inflammation, abscess, or general pyæmia.

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Read before the Orleans Parish Medical Society.

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## HOSPITAL REPORTS AND CLINICAL NOTES.

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We are anxious to make Clinical Reports a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

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### MALARIA, QUININE AND PREGNANCY—THREE CASES IN POINT.

By J. H. WIENDAHL, M. D., New Orleans

The *Digest* of the 15th October refers to the various opinions, entertained by physicians, with regard to malaria during gestation. Some maintain that it seldom occurs in that condition; others, that occurring, it disturbs that process—prolongs and induces hemorrhage, and produces

premature labour; again, it is held by some that labour arrests the affection, and that gestation protects from the poison; and that quinine being an ecbolic, should not be given in pregnancy.

Having had a series of cases of late I herein report them:

*First Case*—On the 27th of September, I was called to Mrs. M., a white lady; native born; a primipara; living in the 2d District of the city. She had had premonitory symptoms of fever for several days (I mean had felt, hebetude, aching pains in limbs and general uneasiness and warmth of body). Found her at 12, M., flushed in feature, with throbbing pulse and fever heat. Had been frightened and greatly agitated at night, by the sudden alarming illness of a near relative. Ordered s. quinine; took 10 grains but premonitory symptoms of labour existed before she took the quinine; was delivered by a midwife at 9, P. M., of two children—one a dead fœtus of three months, and a living healthy child of a month's premature birth. The death of the three month's fœtus must have taken place at the three months gestation, when I attended her for a threatened abortion. She had a happy delivery; child was well formed, but not large; was called to her bed-side a few hours after labour, for a most agonizing pain of hip and leg, which was controlled by two hypodermatic injections of s. morphine. She took no quinine, had no more fever, and suffered only from above mentioned neuralgic symptoms and made a happy and speedy recovery.

*Second Case*—On the 4th of October, 11 A. M., saw Mrs. K., white, a native of the city—a primipara—residing in the outskirts of the 2d District. She had had a tertian type of fever for a week, and was then in a severe paroxysm of fever; she was in her eighth month of pregnancy; had taken no quinine; ordered thirty grains. Premising, however, that there was probability of its inducing labour, she being then greatly jaundiced and anemic. Labour set in before the administering of the quinine, and she was happily delivered in 12 hours by a midwife, of a dead male fœtus. It

presented a well developed appearance, but with a blistered and denuded epidermis of almost the whole surface of the body, death having in all probability occurred several days previously. The fever returned in several regular paroxysms. She was severely ill, and took about 90 grains of s. of quinine before it was controlled. Recuperation was slow on account of her broken condition.

*Third Case*—Mrs. C., Italian lady, living near the levee in the 2nd District; multipara, pregnant 8 months. Was called in October 13th, 7, P. M. Had had several paroxysms of fever during the week; had taken no quinine. Found her with a severe paroxysm of fever, with general intense neuralgic pains. Gave an hypodermatic injection of morphine, through apprehension that the intensity of fever and pain might bring on premature labour. She was delivered, by midwife, of a female child at 2, A. M. Called at 11, A. M. Was seriously ill with fever and general aching of body. Ordered large and frequent doses of quinine, etc. The fever followed a remittent course, which was finally complicated with congestions of liver and inferior lobe of right lung, which finally yielded to blisters and tonics.

Child when seen at 11, A. M., was *in articulo mortis* and cyanosed. Made artificial respiration; laid it on its right side; stimulated with brandy; made warm applications, etc., but it died at 2, P. M., before my evening visit. Otherwise, child was well formed and of good size.

In over thirty years of practice both in country parishes and New Orleans, I have not found that pregnant women were not susceptible to malaria, nor have I seen it protract the course of labour, or conduce to hemorrhage, save from prior debilitation and general breaking down of system, as would be likely to follow in the wake of other debilitating diseases. That it induces premature labor, I believe, but not in the first 6 or 7 months of gestation. As regards quinine, I do not think that it produces abortion if given during the first months of pregnancy, but at 8 months, I believe it does. I recollect an instance which

took place in the year 1860, whilst practising in the country, and the first that occurred to me. I was called to two plantations on the same afternoon, to see two negro women ill with fever, in their last months of pregnancy. I ordered 30 grains of quinine to each. The quinine was administered, and at my visit in the morning, the two had been confined during the night of their children, and their respective masters, as well as I, were convinced that the premature births were due to the ecbolic effect of the quinine. Another effect of quinine is, that when given in large doses, as is sometimes necessary in the last months of pregnancy, it will arrest the development of the child, and that though it may brought forth viable, yet, it will be emaciated and atrophied.

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#### BILIARY CALCULI.

By T. S. DABNEY, M. D., New Orleans.

The following is an abstract of the histories of three cases of biliary calculi, with remarks, that were read before the New Orleans Medical and Surgical Association.

Mrs. B., age 34 years, a seamstress, a widow, and the mother of ten children, began complaining of pain in the right side, the top of the head and the eyes. For four years she was subjected to every imaginable form of treatment, but with no relief. Finally, she began to suffer every seven days with a chill, followed by fever and pain in the right hypochondrium. Still the diagnosis was not correctly made until one evening she was suddenly taken with every symptom of an attack of hepatic colic, which was fully established by further observation.

The second case was that of an Irish washerwoman, sixty years of age. Her attacks, which were frequent and severe, were ushered in by a chill followed by high fever, and were attended by a choking sensation and pain over the region of the heart. Finally, a consulting physician during a particularly violent attack made a diagnosis of gall stones, which was later verified by the finding of the calculi.

The third case was a policeman, thirty-two years of age. He gave a history of headaches, dull pain over the liver, lack of relish for meats, especially fat meat, constipation, and occasional shooting pains through and over the entire abdomen. A diagnosis of biliary calculi was made, and under the use of olive oil abundant stones were passed.

The pathology, the supposed causes, and the diagnosis of biliary calculi were passed in review. While stating the several symptoms which are commonly relied upon for a diagnosis, special stress was laid upon the aversion to fats on the part of sufferers from the affection. This symptom was marked in all of the above cases. The only author that alludes to this symptom is Trousseau, and he does so only slightly.

In the matter of treatment, morphine was recommended to ease pain. Large doses should be administered; nothing less than one-half grain hypodermatically, and repeated in fifteen minutes if necessary. Atropia, in the fashionable combination of atropia 1-120 gr. and morphia  $\frac{1}{8}$  gr., was especially discountenanced, on the grounds of being unscientific and preventing frequent administration of the opiate. After pain is relieved olive oil in pint doses should be used to expel stones. The use of chloroform, ether, turpentine, phosphate soda, etc., are in the opinion of the writer utterly useless. To prevent a recurrence of the stones, the waters of Carlsbad and Vichy are of much service; to the same end a vegetable diet and open air exercise are recommended.

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#### A CASE OF CEREBRO-SPINAL FEVER; TREATMENT; RECOVERY.

By L. SEXTON, M. D. Wesson, Miss.

In our climate where every disease is more or less masked with malaria, and alternate good and bad days is the rule, the subject of differential diagnosis in any given malady is more or less difficult. A case has recently come under my observation with such prominent symptoms of cerebro-spinal fever, that the "ear marks" were too plain

for even the least credulous to doubt. The following is the clinical history which speaks for itself:

S. P., æt. 6 months, surrounded by malarial influences from which other members of his family suffered, was taken with a chill October 4th. Congestion soon followed in which the brain seemed to be most affected; marked convulsions of clonic character followed one after another till chloroform was freely administered. When reaction set in the temperature ran up as high as  $106^{\circ}$  Fh.; deep coma followed stupor, and the first twenty-four hours after the attack 'twas a hard battle between life and death. As he recovered from the comatose condition, we discovered partial hemiplegia, also a marked tendency toward the return of spasms, restlessness, tossing, disturbance from light and noises, rigidity and spasms of the muscles of the neck and spine, producing an opisthotonus condition. The pulse ran very high, up to 160 per minute; the fever intermitted without any degree of regularity. The eyes became injected and sank deep back into the head; all his features became pinched, with bowels and kidneys very slow to act. Had none of the reflex vomiting so common in the complaint; was only nauseated once or twice. Hyperæsthesia was very marked, sensitiveness to light and noises increased, the hand was clinched and fore arm kept flexed on the arm. This case after a protracted convalescence commencing on the fourth day, finally recovered, though his life was despaired of on two occasions. In the other cases which I saw in consultation with Dr. Rea, one week after the first case was discharged, the same line of symptoms were present, and in addition great nausea and constant vomiting with a well defined rash, roseolous in its appearance.

A number of lumbricoid worms was vomited by one of these children. These two cases terminated fatally on the third day. I have protracted the history of these cases somewhat to verify my diagnosis, as I felt some trepidation about sporadic cases of this fever. A number of cases were reported by our confrères, at Brookhaven, nine miles



south of this place, so that some fears are entertained that we may have an epidemic. The hygienic condition of all these cases was bad. The first case, son of a very intelligent mill man and farmer, was surrounded by the following influences, which we thought might have something to do with the case.

A large pile of decaying sawdust and a small pond lay just north of the house. A large lot of decaying vegetable matter had been hauled and scattered around the yard to enrich it. The water supply was from a well which was not very good, and which upon our recommendation was closed up. As other members of the family had suffered with malaria, I thought that the resisting powers of the child not being so great as the older members of the family, that, whereas, only chills and fever was the result with them, that the same poison might have lead to congestion and inflammation of the membranes of the brain. Malaria or bad air is a grand word to cover our ignorance, but as nearly all other diseases have been traced to its influence, I present this as a conjecture only, thinking it probably as correct as the long sought-for germ. I will now outline the course of treatment in the successful case, which will probably be of more interest than vague theories. After controlling the convulsion in the first stage with chloroform, I followed this with a brisk cathartic of soda, calomel and podophyllum, and throughout the attack I occasionally repeated this dose so as to keep the emunctories acting well. I controlled the temperature, which ran exceedingly high,  $106\frac{1}{2}^{\circ}$  Fh., by graduated cold baths, aconite, gelsemium and acid solution of quinine applied externally; cold cloths were kept constantly applied to the head. The nervous element of the attack was controlled by the ordinary bromidion mixture. Dover's powders at night was the only form of opiate used, but I was very much pleased with its action, though some contend that any form of opium is contra-indicated in the disease. I blistered the temples and back of the neck, but think the trouble of healing the blisters and small risings which followed, more than

counteracted their good effect. I found very beneficial action from quinine by enema. Now, whether this patient got well in spite of the remedies, or from their physiological effect I am not able to say, but considering the severity of the attack they certainly merit some consideration.

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#### A CASE OF OPIUM POISONING.

Reported by B. D. WATKINS, Resident Student, Charity Hospital.

E. P., æt. 34; native of New Orleans. Occupation that of a blacksmith.

About 10 o'clock, A. M., September 14th, with suicidal intent, he took an ounce and a-half of laudanum. The Charity Hospital ambulance was telephoned for at 3 o'clock, P. M. The attending students found him in a profoundly comatose state, all reflex sensibility lost, respirations two to the minute and gasping, pupils contracted to mere dots. 1-60 gr. of atropia sulphate, followed immediately by 1-20 gr. of apomorphia, administered hypodermatically. On the way to the Hospital, artificial respiration was practised. At 3:30 he was placed in the reception room; respirations now numbered four, pulse small and 148 to the minute, skin moderately warm. Another 1-60th gr. of atropia sulphate administered as before. Battery sent for and faradic current applied; one pole over the cervical vertebræ and the other at different points over the thorax, but more particularly over the course of the phrenic nerve. It seemed to have but little effect upon respiration, but under its use the pulse varied from 126 to 145 per minute.

At 4:15 artificial respiration was again commenced, and under its combination with the faradic current some improvement was noted, but this was far greater when flagellation was used in conjunction with the two former methods. Respirations gradually increased to sixteen per minute and were not of such a gasping character; pulse numbered 120.

At five o'clock were first noticed signs of returning activity; after a sharp stroke on the arm or leg, they would be

feebly flexed, and shortly after, on slapping his face, a few unintelligible words would be uttered. Nothing seemed to make him exert himself more than tickling him, and his attempts to free himself were ludicrous in the extreme.

He was raised from the bed at 5:30 and made to support himself upon his feet as much as possible; was very drowsy, but would return a rational answer to some questions. Was walked about in the yard for some ten or fifteen minutes, supported on either side; at this time was made to drink a cup of coffee, which he swallowed without much difficulty.

He soon became exhausted by the exertion, and as he made not the slightest effort to support himself, was taken to bed again, where the same procedures which had been used before were renewed. 1-60th gr. of atropia, administered as before, and another cup of coffee given; he was then made to get up and was walked about for nearly the same length of time, after which he was put to bed, and allowed to rest for awhile, except that from time to time he was made to swallow a few spoonfuls of coffee, which he did without the slightest difficulty.

About this time he first called for water and seemed to be suffering from an intolerable dryness of the throat; for the demands from that time were continuous. Temperature taken at 7 o'clock marked 102° F. Respirations 14.

At 7:30, was made to walk about again; he was evidently getting much better, for his steps became stronger and he could walk a few paces without support. Was allowed to rest every few minutes, but by conversation was kept completely awake; he became nauseated at 8 o'clock, and vomited about a half pint of coffee and water; was given iced milk as much as desired; this was retained.

Taken to Ward 28, at 8:50, feeling much better and strong enough to undress himself and get into bed. Did not seem very sleepy and would answer rationally all questions asked. Respirations 14. Pupils still much contracted. Night watchman directed to wake him frequently through the night.

15th. Pupils still somewhat contracted; temperature

and respirations normal; pulse 120. Complains of pain in epigastrium and dryness of throat and fauces; calls for water continually to allay his thirst. Considerable nausea and vomiting; unable to retain anything more than a few minutes; chipped ice and iced milk directed to be given him frequently throughout the day.

16th. Nausea still continues; pulse numbers 58; respirations 18. Pupils normally dilated and respond to light. The epigastric pain and dryness of throat still continue. Was very wakeful through last night. Complains of constipation for which was ordered an ounce of magnesia sulphate, to be taken at once. For the nausea he was given the following:

R. Sodii bicarb. . . . . ʒij.  
 Syr. morphiæ. . . . . ʒss.  
 Aq. lauro cerasi. . . . . ʒi.  
 Aq. menth. pip. ad. . . . . ʒvi. M. Sig.

Tablespoonful every three hours. Beef tea and milk by enema.

17th. The only troubles now complained of, are the sore condition of his throat and extreme weakness.

His bowels still continue constipated, and an additional ounce of magnesia sulphate was ordered to be given at once.

18th. This morning shows marked improvement. Nausea and vomiting have ceased and bowels have moved several times.

21st. Expresses himself as feeling perfectly well and asks to be discharged, which was done.

#### SUMMARY.

Time elapsing from taking the laudanum until medical assistance arrived, 5 hours.

Time elapsing after assistance arrived until reflex sensibility was first perceived, 2 hours.

Time elapsing after reflex sensibility was noted until he could walk without support, 2½ hours.

Time elapsing after he could support himself until taken to the ward, 1½ hours.

During the time from the arrival of assistance until he was placed in the ward, a period of 5 hours and 50 minutes, there was given him in all one-twentieth grain of atropia, 1-20 grain of apomorphia and about six cups of coffee, and in addition to this, the almost continuous application of electricity, artificial respiration and flagelation.

Discharged cured one week from the time he took the drug.

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## CORRESPONDENCE.

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### THE APPLICATION OF ELECTRICITY TO THE UTERUS AFTER CONFINEMENT—FREEZING WITH METHYL CHLORIDE SPRAY FOR NEURALGIA.

A letter from our Paris Correspondent, E. LAPLACE, M. D.

The following is a new application of electricity after confinement as practiced by Dr. Apostoli, Professor of Electricity at the Pract. School of the Faculty of Medicine.

The very successful system to be here described may be thus formulated:

Being given a woman just confined at or before full term, a faradic or induced current is immediately applied to her uterus, and the intensity of the current gradually increased. This operation is to be renewed from eight to ten times during the six days following a full term delivery; from fifteen to twenty times during twelve to fifteen days following a miscarriage or difficult labor. The object in view is to help, hasten and complete the involution of the uterus, in order to shorten the stage of convalescence and avoid all complications resulting from its interruption.

Nothing has been done to this day to hasten the return to its normal state of an organ whose physiological function has just ceased. Hence it has been well said that menstruation and parturition afford the key note to almost all the inflammatory diseases of the uterus. Clinical observation

demonstrates the infinite number of uterine affections which, small or great, find their origin through an indefinite chain in parturition.

Histology explains the reason: the process of involution has not been completely effected; fatty degeneration of the muscular fibres and absorption by the return circulation have not undergone their full evolution; there is a vascular overloading; the uterus remains large and gorged with blood. This is the starting point of various affections having their origin in obstructed circulation, and giving rise later on to trophic lesions.

So general has the predisposition to such disorders become, as a result of progress and civilization, that a means directly warding off their cause must be of social interest and a great benefit.

*Operative procedure*—Prof. Apostoli uses a Volta-faradic apparatus constructed by Gaiffe, the volume and form of which might be varied without inconvenience; the chief object is to have a movable coil which allows an optional control of the current from zero to the maximum point. The uterus in fact, cannot endure shocks and could not suddenly support an induced current of a certain intensity; it must be prepared by beginning at the minimum and gradually increasing. Any battery will work this apparatus.

A metallic sound free at the extremity, but covered in all its length with a layer of isolating tissue, is introduced to a depth of two or three centimetres within the uterus itself; the negative pole is then adapted to it; this being done, the woman is placed in a normal position on her back, the operator holding the sound steadily with one hand in a horizontal position. The positive pole is represented by two large tampons of pulverized coal covered with chamois and well moistened, which are applied in the hypogastric region inclining towards the iliac fossæ. The reason for the large surface of this pole is to spread the entrance of the current and to lessen the resistance which the skin offers to its passage, to assure a larger extent of action and lessen the pain.

This process of faradization has been found after a very large experience to be superior to all others, viz. : over the sacrum or within the rectum, etc. The only modification would be the placing of the sound in the posterior cul-de-sac applied next to the uterus.

*First Stage*—Warn the patient of what is about to be done so as to avoid any surprise, and to aid her in bearing the operation. All the pain must be felt in the abdomen. It is first felt beneath the tampons, then it radiates to the linea alba and simulates that of the expulsion of the fœtus. This pain is the attribute of uterine contraction.

The point where the sound is applied should be absolutely free from pain; this is so important that the patient should warn the operator when such is not the case. If the pain radiates down the thighs, it is an indication that the sound presses too much to either side of the uterine cavity, or that its position favors the diffusion of the current in the sacral plexus.

In these cases we ought by slightly moving the end of the sound to endeavor to concentrate the pain beneath the tampons so as to ensure uterine contractions. Should this be unsuccessful, the sound is to be totally withdrawn and placed anew within the uterus.

*Second Stage*—The patient being prepared, the apparatus is started, and the coil is gradually advanced without jars or shocks; at least half a minute should elapse before the maximum is reached. The first days this might be easily supported owing to the laxity of the uterine walls, whereas, two-thirds or one-half the amount might afterwards cause pain and be sufficient for all practical purposes. The immediate object to be attained is to provoke uterine contraction which is slow in coming on in proportion as the uterus has been strained; this contraction is evidenced by the patient crying as in confinement and by her affirmative answer to the question whether she feels a bar across her abdomen.

In case of doubt, and to assure one's self as to the nature of the patient's cry, the following plan is effective; draw

back the coil suddenly two or three centimetres; if she says all the pain has disappeared, and that no current is felt, though there is a certain current but diminished in intensity, it demonstrates that the contraction was manifest.

These operations should last about three minutes, beginning from the moment when the maximum intensity has been reached. This time may be abridged when the uterus reacts easily and should be lengthened when there is atony.

*Third Stage*—To end the operation the coil must be gradually brought back to zero, the current stopped and the poles withdrawn. All pain has disappeared and the patient expresses herself as greatly relieved and feeling much lighter.

The mode of relief is very evident. An induced current causes a contraction in the muscles intervening between the points of application of the current; this contraction though varying in form and intensity is applied equally to striated and unstriated muscular fibres, and hence, the blood vessels ensheathed within the uterine wall, and themselves containing unstriated muscular fibres, all are subjected to this contraction.

After parturition the uterus has a vascular and muscular excess of which it must get rid; in order to facilitate this an auxilliary activity is necessary to the unstriated muscular fibre of the uterine tissue and muscular walls; according as the change will be active or slow, a normal or pathological condition of the organ will exist in the future.

Hence, faradization counteracts inertia when it exists, and prevents it in other cases; in a word it produces the circulatory drainage of the uterus, and does not allow a stoppage or halt in its involution.

Such being the theory, the following are some of the facts which Prof. Apostoli brings to confirm and strengthen it. From a synthetical analysis of seventy cases of labor, fifty of which were dystociæ, the following conclusions are reached:

1st—Faradization of the uterus is always absolutely



harmless. Contrary to the opinion of many that electricity is a convulsive and phlogistic agent, Dr. Apostoli, who has applied it over one thousand times in the gravid uterus, has never met with a single accident.

2d—Faradization is a constant sedative, patients experiencing a constant relief from nervousness after each administration.

3d—Faradization greatly shortens convalescence by accelerating the involution of the uterus, which, after the 7th day, is no more to be felt above the pubis. Thus Dr. Apostoli dismisses his patients without risk on the 6th or 7th day after confinement.

4th—Faradization accelerates the return and regular action of all the organs. Patients pass their urine without difficulty from the very first day, and are soon allowed to satisfy their appetites.

5th—Faradization protects against uterine complications which are the result of confinement. None of the cases having had the least trouble following their treatment by this method.

6th—Faradization is the true preventive treatment for displacements of the uterus as a result of labor, such as retroflexions and retroversions. These often follow an incomplete involution of the uterus which is congested and softened, the patient keeping a prolonged dorsal decubitus. Hence, by the immediate and powerful contraction due to electricity, the uterus is soon restored to its normal place and direction.

7th—Faradization seems to diminish the lochial discharges, owing to the rapid retreat of the uterus; the rapid diminution of the traumatic surface and depletion of the vascular condition of the parts.

8th—The action of faradization, compared with that of ergot, is manifestly more prompt and energetic. Under the influence of the current the uterus always contracts in an average of from thirty seconds to one minute, and this contraction increases with the intensity of the current and disappears only a variable time afterwards.

9th—Being given the same amount of faradization, the uterine contractility is quite variable and exists in inverse ratio to its inertia. Hence, the amount of faradization must be proportioned to the degree of inertia clinically discovered.

Finally, this method, when well applied, deserves a place in obstetrical therapeutics and ought to rank beside the forceps, and version, for it is simple in its application, rapid and energetic in its action, and can be renewed and interrupted at will.

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Another very important innovation in therapeutics is the treatment of neuralgia by freezing, as originated by Dr. Debove, *agrégé* of the faculty.

This new method has given immediate and very evident results, and has cured obstinate cases of sciatica and other neuralgiæ which had resisted all the ordinary therapeutic measures.

Counter-irritants seem to act by exciting the periphery of the affected nerve; but the number of nervous filaments thus excited is always limited; in a case of sciatica for instance, a blister could not be spread from the hip-joint to the heel, nor would general cauterization of the limb be practicable. This extended counter-irritation may be obtained by freezing, for the skin resumes its functional integrity immediately afterwards. The only accident resulting might be an eschar, whilst the actual cautery has long since become classical in spite of eschars.

The system and mode of procedure is as follows: A strong copper flask to which a tube with a very small orifice and stop-cock have been adapted, is densely filled with chloride of methyl. When liberated, this highly volatile agent produces as low a temperature as 40° centigrade. It escapes from the flask as a dense spray which is directed upon the skin throughout the whole extent of the pain from the sacrum to the maleolus; the skin is immediately frozen, becomes white and hard as stone. The patient

feels as if burnt, but the pain is not to be compared to that of the actual cautery. The parts thaw very rapidly, a slight erythema remains, sometimes slight vesication, but no eschar.

From this moment the patient is improved and can walk; if there be any painful spots which persist, a new application might be made over the place. Sometimes patients are totally cured at the first sitting, but it often occurs that the pain returns a week or two afterwards, but always with diminished intensity: a new application of the chloride of methyl spray sets them well again, till after the fourth or fifth application a complete cure is effected. The system is likewise applicable to facial neuralgia—to several rapid cures of which I have been an eye witness through the courtesy of Dr. Debove, who kindly placed his wards in the Hospital des Tournelles, at my disposition, to follow out the many cases now under treatment. The account given me of their cases, and the success of the treatment, is a flattering tribute paid to this system by many of the patients now nearly well, in the above hospital.

This treatment is already widely used throughout France, but as there is but *one* manufactory of chloride of methyl, all the flasks are loaded here; the production of this chemical agent being difficult, its supply is not as abundant as its use would demand. The originator thinks this at present proves a drawback to the great popularity which it deserves as a highly efficient mode of applying counter-irritation.

PARIS, October 24th.

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THE COMMITTEE ON ESSAYS OF THE STATE SOCIETY.

*To the Editors of the N. O. Med. and Surg. Journal:*

GENTLEMEN:—Not long since I received a letter from one of your staff relative to the work of the Committee on Reports and Essays of the Louisiana State Medical Society.

In this, after referring to my late communication which

appeared in the September number of the JOURNAL, he adds: "It might help to keep alive the interest on the subject, if you, as chairman of this committee, would send us another communication by the 15th inst., informing us of any replies you have received from members of the committee and of any encouragement through this source, etc. \* \* \* \*"

In accordance, therefore, with this suggestion, I will with pleasure report the result of my efforts thus far.

I have written one or more letters to each member of the committee, except Dr. Allen, of this city, with whom I have conferred in person, and received replies from every one except Drs. Lewis and Bemiss, of New Orleans. From the past history of these two gentlemen, as members of the Society, we feel assured that their "silence" can admit of no other than the usually accepted construction, viz: that of "consent" to do their full part. Moreover, we have before us a communication from the President, Dr. Logan, in which he states that "he had received the consent of Prof. Lewis to furnish a paper on a gynæcological or obstetric subject to be read before the Society at its next meeting." Dr. Bemiss is of your own "fold," than which we infer, nothing further need be said, concerning his attitude in the premises.

From the Sub-Committee on Gynæcology, etc., Dr. C. D. Owens, of Eola, after descanting somewhat upon the disadvantages under which he is placed, through the absence of local medical societies, and other aids in his immediate vicinity, says: "I shall, to the utmost in my power endeavor both to solicit from the best men of the profession in my parish reports or essays, and will myself prepare either one or the other, in order to contribute to the general good result of presenting a larger range of subjects before the State Medical Society at our next meeting."

Dr. J. C. Brown, of Arcadia, from same sub-committee promises to go to work and perform his duties to the best of his ability and opportunities, \* \* \* "and shall labor all he can for the success of our next meeting."

Dr. I. G. Newton, of Bastrop, chairman of the sub-committee on Surgery, encourages us by the declaration that the plan of organization announced by the chairman of the Committee on Reports and Essays is in his opinion the *very best* under the circumstances that is practicable. He accepts most cheerfully the place and duties assigned him and "sincerely hopes that our society can be brought up to the standard its various presidents have so zealously worked for \* \* \*," and has already proven his faith by works, in issuing to the societies of this parish an appeal on behalf of his sub-committee, for papers, etc., as proposed in the plan of organization. We presume other societies of the State have also been applied to, with the same object in view.

Dr. A. S. Gates, of Franklin, from same sub-committee accepts his position, with the announcement that "he will be glad to contribute his quota to the advancement of the society, etc."

Dr. T. S. Dabney, of New Orleans, writes "I will do my utmost to secure some able papers from our surgeons and myself prepare a paper on some subject of a surgical nature," and adds that, "Dr. A. G. Friedrichs has promised to read a paper on "Nutrition of Teeth, as influenced by food, water, family, nationality, etc."

Dr. T. J. Allen, the chairman of the sub-committee on Medicine, etc., gives assurance of his unabated interest in the success of the Society, and has ere this, we presume, communicated with the members of his committee on the business before us. We know Dr. Allen to be one of the most interested and efficient members of our State Society.

Dr. Thos. Hebert, of New Iberia, in accepting his place on the same Sub-committee expresses, the opinion "that every member of the State Society should be willing to accept and cheerfully perform any duty which the Society imposed upon him, etc., \* \* \*"

From these data then it will appear that our progress thus far is favorable, and calculated to stimulate continued effort to accomplish the work before us. I do not suppose

that the various gentlemen above quoted had any thought of seeing their answers to me reproduced in this paper and in such connection, nor did I write to them with any purpose or expectation to commit them further. The conclusion to do so was the offspring of your editorial suggestion. I feel sure however that the liberty will be pardoned, in view of the benefits we hope to derive from their encouraging words.

Yours truly

A. A. LYON, M. D.,

*Chairman of Committee on Reports and Essays.*

SHREVEPORT, LA., Oct., 15, 1885

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DRS. HOLT AND BELL ON QUARANTINE.

OFFICE OF THE SANITARIAN, }  
113 Fulton Street, New York, Nov. 5, 1885. }

*Messrs. Editors N. O. Med. and Surg. Journal:*

GENTLEMEN:—Please permit me, by the publication of this note, to publicly assure Dr. Holt and all who have read the criticisms which have passed between him and myself on a subject in which we both take great interest, that I have read his latest communication to your JOURNAL, November number, with great pleasure; that I fully reciprocate his friendly feelings, and that however much we may differ in our preferences as to the mode of disinfection in exceptional cases, such as he cites—of rice, codfish and potatoes—whether we would prefer them simply cooked with steam, or sprinkled with a solution of corrosive sublimate and saturated with sulphur vapor, are matters about which we are not likely to fall out.

As long ago as 1860, when chairman of a committee of the National Quarantine and Sanitary Convention which last met in Boston, I formulated the following article, among other sanitary measures in detail, for vessels and merchandise on arrival.

“46. If in the judgment of the sanitary authority the vessel requires it, he may order the following hygienic measures: Baths and other bodily care for the *personnel*,

washing or disinfecting means for clothing; displacement of merchandise on board, or a complete breaking out; subjection to high steam, incineration, or submersion at a distance, in the sea, of infected articles; the destruction of tainted or spoiled food, or beverages; the complete ejection of water; thorough cleansing of the hold, and the disinfection of the *well*; in short the complete airing and ventilation of the vessel in all her parts, by the use of force-pumps, steam, fumigation, washing, rubbing, or scraping, and finally sending to an isolated anchorage ground. Whenever these divers operations are deemed necessary, they shall be executed in the more or less complete isolation of the vessel, according to circumstances, but always before admission to *pratique*.”\*

Three years later, I incorporated the same in the quarantine law of New York, where it still obtains, among other obligations, at the discretion of the quarantine authorities. And all that I have learned since, strengthens my conviction, that disinfection means *business*; that such measures should not be placed upon the option, but *required* of the sanitary authorities, as would be efficient in their execution, and consequently reliable for the protection of the public health.

Truly yours,

A. N. BELL.

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THE DRAINAGE OF NEW ORLEANS:

*To the Editors of the N. O. Med. and Surg. Journal:*

DEAR SIRS:—In answer to your complimentary request to write something for your valuable JOURNAL, on the question of the “sewage and drainage of New Orleans,” I beg to assure you that my time is so continually occupied, that, for the present, at least, it must be declined.

I note your inquiry as to what my opinion is, of the different drainage systems proposed.

An answer to this question, to possess any value whatever, would necessarily involve an examination and study

\*Fourth National Sanitary Convention, Boston, 1860.

of the whole subject, and this, I have not made, and have not the time to make.

You also ask my opinion upon this question, viz: "Is it necessary that a re-survey of the city should be made, before any outline of a drainage system could be sketched by a competent engineer?" An outline of a drainage system could undoubtedly be made by a competent engineer, without such re-survey, but any estimate of its cost would be misleading, or at least, unreliable, if it were not based upon an accurate knowledge of the various levels of the streets. Unless based upon such exact knowledge, any plan submitted, could, I think, only be accepted as a preliminary study of the subject.

With great respect, I remain, very truly, yours,

JAS. B. EADS.

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## LEADING ARTICLES.

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### REPORT OF THE BUILDING AND SEWERAGE FUND OF THE CHARITY HOSPITAL.

Through the courtesy of Mr. Edwin Marks, Secretary and Treasurer, we have received a copy of the Report of the Building and Sewerage Fund, and of the Ambulance Service of the Charity Hospital. This is a special report, authorized by the Board of Administrators, in which they give full account of their stewardship. The correspondence is cited, which led to the collection of the Building and Sewerage Fund; the name of each donor is given, with the amount of his subscription and a detailed statement of all receipts and expenditures; and an account of the Ambulance Service is officially reported. This Service has already been favorably noticed in a recent number of the JOURNAL; so we shall confine the present writing to an account of the Building and Sewerage Fund, and a running



sketch of the works accomplished through its agency. The report before us certainly reflects credit upon the administration of the Hospital, and deserves, at our hands, something more than casual notice.

On the 22nd of June, 1882, the Hospital passed under the management of a Board of Administrators appointed by His Excellency Governor S. D. McEnery. The members of that Board were well and wisely chosen—gentlemen of high character, practical in the affairs of life, zealous in the discharge of duty, and actuated solely by motives of pure philanthropy. Dr. Thomas Layton was elected Vice-President. No honor was ever more worthily bestowed. The Board at once entered upon a vigorous and progressive administration.

The Hospital stood in need of various repairs and changes in every department of its service. It was sadly wanting in many of those appointments, observed in the best American hospitals, which contribute so much to the successful treatment of the sick and wounded, to their comfort as well, and to the convenience of those in attendance. Other necessities of greater magnitude were urgent. Among the more important, we may mention better drainage of the premises; an improved system of sewerage; ventilation of the main building; safe and more economical means of heating the house than by open fires; a passenger elevator for patients; new stairways for the convenience of the domestic service and for freer escape in the event of fire; a new dead house, pathological laboratory and museum of pathology; an operating room for the eye and ear department; renovation of the amphitheatre, with improved facilities for the practice of surgery; and, finally, the extension of the female department, providing more wards for women, to relieve their overcrowded apartments and allow the proper classification of their diseases, and establishing a separate department for the treatment of children.

In the exigency, without the means to meet all these necessities, Mr. Will Steven—then Secretary and Treasu-

rer, since deceased—in the name of the Board of Administrators, addressed a letter to Governor S. D. McEnery, setting forth the requirements of the Hospital and asking the suggestion of some means of relief. The Governor of the State is, by virtue of his office, Ex-Officio President of the Board of Administrators. The Hospital never had a firmer friend, nor the cause of charity a more devoted patron, than the present Executive. His influence has been felt at every important step in the administration, and it has always been kindly and encouraging. Read the following extracts from his reply to the letter just mentioned :

“ Though the necessity is great for more room, how are the means for building to be obtained? The General Assembly will not meet until May, 1884, and there are so many calls to be met by the State funds that it is doubtful whether the Legislature could, under the strict limitations fixed by the Constitution, appropriate the necessary money. This great charity, in its pressing exigencies, appeals strongly to the feelings of every one. Every enlightened citizen in this State feels a pride in this magnificent institution, coupled with a moral obligation to assist it. The present railroad enterprises in Louisiana, the increasing commerce of New Orleans, and other demands for labor increasing the number employed, are constantly throwing an increased number of sick and suffering upon the public. Every individual and all corporations are directly interested in the improvements and enlargement of the Hospital, and if appealed to, I have no doubt, will contribute cheerfully toward the cost of the work.

“ Permit me, then, to suggest, through you, to the Board of Administrators of the Charity Hospital, that they inaugurate means to appeal to the public sympathy, and that in the city of New Orleans and every city and village of the State, subscription lists be duly circulated, and that the interest in railroads, factories and corporations be appealed to. The result will, I think, be a liberal response.”

The Board of Administrators at once adopted the sugges-

tions; a Committee of Citizens was called and organized with Mr. A. H. May, as Chairman; and an appeal for aid went out to the people of Louisiana. His Excellency was not mistaken in the sentiment of the people of his State. There was indeed a generous response, and contributions, varying in amount from one dollar to five hundred, came in from all the parishes. The donations very soon reached the sum of \$33,574.39. By judicious and economical management, there was a saving of \$37,494.23 from the annual revenues of the Hospital, with interest of \$474.90, which added to the donations received, made a grand total to the credit of the Building and Sewerage Fund of \$71,543.52.

Now began the work of a complete renovation of the Hospital. It is the purpose of this review to notice only the more important works of improvement, touching topics of medical interest.

The Sewer System may be described briefly as follows: All the privies of the premises are connected with eight-inch underground pipes, which surround the Hospital Square. These pipes are flushed by water tanks and empty into a central reservoir, with a capacity of 32,000 gallons. There are two pipes leading from this reservoir; one through which the sewer gases escape, to be destroyed in the furnace of the engine room; the other, a six-inch underground pipe, leading to the Mississippi river, through which the contents of the reservoir are pumped twice a day. The steam pump acts under an average pressure of thirty-five pounds to the square inch and empties the reservoir of its usual contents in about forty-five minutes. The Sewer System cost \$21,810.34; was inaugurated on the 6th of May, 1884; and, up to date, has worked satisfactorily. Its success, both in its construction and in its operation, is due mainly to the efficiency of the engineer of the Hospital, Mr. John Ponder.

The Main Building, erected in 1832, has been repaired in places from the ground to the attic; steam radiators have been introduced; large ventilators have been placed

on the roof and the old chimneys changed into ventilating shafts; fire extinguishers have been placed throughout the house and new stairways built for the emergency; and, at the Howard street end of the building, near the ambulance entrance, a Reception Room has been fitted up—something long needed—where patients admitted in a dying condition rest for the while, away from the sight of others, and where those admitted at night are allowed to remain until morning, so as not to disturb the sleep of the ward inmates.

The New Dead-House is a two-story brick structure—dimensions 30 x 50 feet—located in the most secluded part of the grounds and well adapted to its purposes. The ground floor is paved and wainscoted with slate stone, for cleanliness, and comprises a morgue, where the unclaimed dead are laid out, an autopsy room, and a suite of private rooms, from which the dead, claimed by relatives and friends, are suitably buried. The second floor is taken up by two spacious, well-lighted rooms, one used as a Pathological Laboratory, the other as a Museum of Pathology. We regard the permanent establishment of this department, in rooms so well designed and furnished for their purposes, as an event of great importance in the history of the Hospital. Under the guidance of our distinguished friend and collaborator, Dr. H. D. Schmidt, the Pathologist, the resident students of the Hospital now enjoy advantages but little known to their predecessors a few years ago.

The New Eye and Ear Operating Room is an extension of the Old Female Eye Ward. It is substantially built of brick, well-lighted through large windows of French plate glass and fitted up with most of the conveniences required in the practice of this special surgery.

The improvements in the Amphitheatre are quite striking. The students benches have been nicely grained and varnished, even if they do remain as hard as of yore; the operating pit has been enlarged, prettily tiled and effectually picketed; an abundant supply of clear hot and

cold water has been introduced; the lights for night work have been improved by new reflectors; the surgical armamentarium, largely increased; and quite a number of conveniences have been added, which facilitate very much the practice of surgery.

The House for Women and Children, so strongly urged in the first report of the present House Surgeon, and originally designed on plans submitted by him, is an addition to the Hospital of incalculable value. Since its erection, the beds in the Female Department have been properly spaced, so as to give more breathing room; the wards for women have been increased, so as to allow a proper classification of their diseases; and a separate department has been established for the treatment of children. The new extension is a two-story and attic brick structure, well lighted and ventilated, containing seventy-seven beds for women, and twenty-four cribs for children, each with a cubic capacity of more than one thousand feet. The new female wards were appointed to meet the necessities of the medical service—two surgical, two medical, one devoted exclusively to gynæcology, one for nervous diseases and two wards for children. The necessity of a separate department for children had existed for half a century and more, since 1832. This Annex to the Female Department, moreover, beautifies the premises very much, and adds symmetry to the group of buildings. It runs parallel with the main building and completes the hollow square. This open court now makes a very pretty flower garden, traversed with paved and shelled walks for the recreation of patients.

Altogether, the old Charity looks entirely new, and stands very creditably among the best hospitals in America. At the risk of wearying those of our readers, who keep up the old Hospital acquaintance, some of them by daily visits, we have written many of these lines more for the benefit of those who are unfamiliar with the affairs of the present management. We feel sure that the Alumni of the University of Louisiana more particularly, will be glad to hear

many things we have written, for in their affection, as in ours, this grand old institution and their Alma Mater, must ever stand right close together.

The policy of the administration has been liberal; a proper appreciation has been placed upon medical work; and a disposition shown, which we highly commend, to move along with the progress of the times.

We have observed that the recent improvements in the Charity Hospital, have awakened a new interest in the study of medicine in our city, and we believe that an impetus has been given to the progress of medical work, which surely will go on increasing with the years. The profession of New Orleans owe a debt of gratitude to the Administrators of the Hospital, and, in all sincerity, if we may be privileged to speak, we tender our congratulations upon the completion of so many good works that will live long after those who accomplished them are gone. The Board at present is composed as follows: His Excellency, Gov. S. D. McEnery, ex-officio President; Dr. Thomas Layton, Vice-President; Richard Sinnott, Dr. C. J. Bickham, Charles Lafitte, H. W. Fairchild, John T. Gibbons, Samuel Boyd, Joseph M. Rice.

In justice let us mention one other name, now retired from the Board, the name of an honest, earnest worker, deserving full meed of praise—Mr. M. D. Lagan.

Finally, in closing a review of the report before us, we are at a loss which more to admire, the benevolence of the people of Louisiana, through whose munificent donations the works above mentioned were made possible, or the high purposes of an administration, through whose zealous and unselfish efforts the results were accomplished.

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#### ELEVATED TEMPERATURE—ITS CAUSE.

The number of the *British Medical Journal* for October 24, contains a report of the address delivered by W. M. Ord, M. D., F. R. C. P., the President of the Society, before the Medical Society of London, October 19th. The

speaker chose as the subject of his address, *The Heat of Fever*. He expresses his dissatisfaction with the theory which endeavours to account for the increased heat of fever by declaring it to be the result merely of increased oxidation—burning; basing his objections mainly upon a paper contributed by Dr. Burdon Sanderson to the Reports of the Medical Officer of the Privy Council, for the year 1875. In this paper Dr. Sanderson, after considering all the best observations made up to that time upon heat-production in the body during fever, says: The general conclusion to which the preceding calculation leads us is a very important one, namely, that, although as compared with the heat-production of an individual on fever-diet, the heat-production of a fevered person is excessive, it is not by any means greater than the heat-production of health.

Having, we say, expressed his dissatisfaction for such reasons with the excessive oxidation theory, Dr. Ord proceeds to outline what may be called the correlation theory, so clearly and forcibly stated by Prof. Jno. B. Elliott, in a paper with the title placed over these lines, in the last issue of this *JOURNAL*.

It is not to the speculations of Dr. Ord, however, that we wish to call attention, but to certain physical experiments recently made by him, which he offers in confirmation. If, Dr. Ord argues, the heat of fever be due not to an increase of oxidation, but to the appearance as heat of an amount of energy, which under conditions of health and proper regulation by the nervous system should have been utilized in tissue building, the most rapidly growing portions of healthy organisms should possess temperatures not only lower than any other portions of the same bodies, but lower even than the media by which they are surrounded.

Growing and ripening fruits were chosen as the living bodies upon which the truth of this conclusion could be most readily tested, and young cucumbers were for many reasons, but chiefly as being of vigorous and rapid growth, the fruits selected.

Cucumbers, it appears, begin to grow at the base or

stalk-end, and further growth is at the tip or flower end. Hence if difference of temperature between the fruit and air were found, it might be ascribed to evaporation, although the experiments were made in a hot-house the air of which was saturated with moisture, if the difference were the same at all points in the length of the fruit, but if the difference varied at the several points tested, such variation would point emphatically to the consumption of force (heat) in tissue-building.

Observations were made on May 23d, June 7th, and June 14th, and in every case the temperature of young and growing cucumbers was lower than that of the surrounding atmosphere or that of adjacent vessels of water, while in ripe cucumbers on the stalk the temperature was almost invariably as high or higher, and in one of the fruit cut the preceding day it was a full degree higher. The readings also showed that the temperature varied at the several points tested in the length of the growing fruits. In one case for instance, the temperature of the air being  $86.1^{\circ}$  F., that of the cucumber was, at the stalk,  $84^{\circ}$ ; two inches along,  $85^{\circ}$ ; middle,  $85^{\circ}$ ; two inches from tip,  $84.6^{\circ}$ ; tip,  $83.9^{\circ}$ .

From the tenour of Dr. Ord's remarks we are led to conclude that the "correlation theory," as a matter of pure speculation, has been further developed with us than with our British bretheren, and has become more familiar to the American than to the English medical mind, but these obserations are, so far as we know, the first endeavour to apply the test of experiment to the theory.

The experiments are of the utmost importance, and we heartily echo the wish of the distinguished speaker, that he, or others equally acute and consciencious, may soon be able to repeat and extend them.

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#### A REPLY.

We have received two letters, one from Dr. W. H. Holcombe, and the other from Dr. R. A. Bailey, both homœopathic physicians of this city, referring to an editorial in



our November issue, entitled, "Out of thine own mouth."

Both gentlemen were frank and courteous in their remarks, but it seems to us that the discussion of this matter in our columns from their point of view, would serve no good purpose. Neither does it appear to us that we are in any manner violating editorial etiquette in declining the letters, for they contain only the usual arguments and claims of homœopathy, and as such they are best suited to publications devoted to the advancement of that belief. If our statements were in opposition to the opinions held by the majority of regular physicians, or if it were at all possible that they could be disproved or altered by argument, we would gladly give room to the communications. If we thought that we had done injury to any individual by our remarks, we should most certainly afford him space in which to protest. But such charges have been made too often to have any individual or personal bearing and the opening of our pages to these letters would be tantamount to opening a discussion on the merits and demerits of homœopathy and regular medicine.

This we cannot do. For how can we as scientific men discuss with those who speak to us of the dynamic action of drugs? who tell us that a molecule of a harmless drug mixed with a thousand million times its bulk of water by being shaken a certain number of times in one meridian, and a certain other number of times in a second, and a third meridians acquires thereby a certain potency of force, which completely alters its former therapeutical properties, makes this *dynamitized* drug so potent that the smallest quantity over the prescribed dose would be injurious.

Again, how can a man lay any claim to being scientific, and at the same time have the face to ascribe therapeutical effects to the one ten-thousandth part of a dose that actual experiment has shown to have any physiological effect upon the human system.

If these practices are denied or denounced, then the repudiators are no longer homœopaths, but eclectics, eclectics too, that are rapidly drifting into regular medicine.

Eclectic regulars who are irregular only in that they violate the ethics of regular medicine by retaining a title, that more readily distinguishes them in a community, which might otherwise overlook them.

We think then that we can with justice return the Ms.

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## EDITORIAL COMMENTS.

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### MALARIA, PREGNANCY AND QUININE, AGAIN.

We welcome to this number a contribution from Dr. Wiendahl on this subject. In our October number in commenting upon Dr. Chassaignac's article, *The Use of the Cinchona Alkaloids during Pregnancy*, we expressed the hope that the physicians of this and neighbouring States where malaria is rife and quinine largely used, would contribute all the facts within their knowledge tending to clear up the question: does quinine produce abortion? The three cases of Dr. Wiendahl seem to indicate that malaria does produce abortion in the latter months of pregnancy, and that quinine even, in large doses, may fail to avert the danger if administered after the fever has continued for several days. We do not think that they adduce any clear evidence that quinine itself may bring about the catastrophe.

In a letter recently received from our collaborator, Dr. C. B. Lanneau, of Charleston, S. C., he says:

"The article on cinchona alkaloids, and their use during pregnancy, interested me especially, inasmuch as I had used quinine in my last labor case, the patient being a large phlethoric woman, who, in a former labor, had a sudden cessation of pains just as her child was born. Ergot sickened her so much that I determined to try quinine this time, with a very happy effect. And I have used the same thing before under similar conditions, and it served me equally well.

During pregnancy the cinchona alkaloids have been frequently given by myself, guarded by opiates, and I have never had trouble from it. True, there was no great impregnation from malaria as might obtain in New Orleans, and just there, in my humble opinion, rests the gist of the trouble. I think that quinine, in full and repeated doses, say ten grains every hour until two doses are taken, accelerates labor very much, while I do not think that the same agent wakes up the uterine fibres to the same degree during the earlier months of pregnancy. To put it tersely, a vessel is about to be launched, and the alkaloids in question perform the part of the man who knocks away the chocks, so that the vessel may glide over the ways.”

We repeat the invitation to our confrères in this section to let us hear more from them on this interesting question.

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The first number of the *Florida Medical and Surgical Journal* has reached our office. We congratulate the editors upon the excellent table of contents and the publishers upon the handsome paper which they have executed. If the Journal does not fall from its present high character, the profession of Florida and the South, generally, will have every reason to be proud of the enterprise.

The original department is made up of very practical as well as interesting matter, and the selections and abstracts are well made. We suppose the abstracts will cover a larger field as the exchange list of the Journal enlarges; the present issue bears rather largely upon the Journal of the American Medical Association. We dare say the editorials will hereafter be of more general interest than those of the present number.

We gladly place the Journal upon our list of exchanges.

ABSTRACTS    EXTRACTS    AND    ANNOTATIONS.

MEDICINE.

TWO CASES OF GASTRITIS PHLEGMONOSA.

(GLASER, *in Berl. Klin Wochen.*)

Glaser has had the good fortune to observe two cases of this rare disease. The first was a man aged 70 years, whose pathological antecedents were unknown. After having had several attacks of vomiting, he entered the hospital for fever and pain in the epigastrium. The abdomen was soft, and painful only in the epigastrium. He died in coma six days after admission. At the autopsy, the intestines, especially the colon, were found distended; and fibrinous shreds bound the intestines together. A small quantity of sero-pus was found in the pelvis. The stomach, which was likewise covered with small masses of fibrin, presented an unusual degree of resistance and thickness. An incision along the greater curvature showed that the wall in the whole of its extent from the pylorus to the cardia, and throughout its whole thickness from the peritoneum to the mucosa, was infiltrated with a semi-solid purulent mass, which rendered the different layers unrecognizable; and here and there raised the mucosa into small eminences a little larger than a pea. Above, in the lesser curvature, about two centimetres from the cardia, was found a non-ulcerated, cancerous swelling as large in circumference as a five-franc piece, very distinct from the neighboring purulent infiltration of the walls of the stomach. The liver was normal but there was bilateral purulent pleuritis.

The second case was a woman aged 21 years. She had been treated in 1878 and '79, in the hospital, for severe gastralgia, which was accompanied, during the first year, by vomiting. In the following two years her gastric pains were insignificant, but a few days before entering the hospital they became more frequent. Upon admission she had no pains, the epigastrium was not tender; the menses appeared shortly after. Eight days after admission a chill took her just as she stood up; she had a temperature of 40° C., and violent pain under the *curvatura costarum*. No vomiting. The succeeding days, the temperature remained

high, the abdomen became distended, and the face became hippocratic; incontinence of urine, constipation and coldness of the extremities appeared. She died eight days after the beginning of the acute attack. The autopsy revealed general purulent peritonitis. The stomach was contracted into an hour-glass form in the middle, where along the lesser curvature, a crateriform, perforating ulcer was found, round in shape and about two centimeters in diameter. Between this ulcer and the pylorus the wall of the stomach was  $1\frac{1}{2}$  centimeters thick, and uniformly infiltrated with pus. The part of the stomach lying between the cardia and the ulcer was not infiltrated, but presented along the lesser curvature and on its lower surface four or five smaller ulcers, which extended in as far as the muscular coat. Furthermore, left purulent pleuritis and œdema of the lung were found.—*Hospitals Tidende*.

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#### ONOMATOMANIA.

In the last number of the *Archives de Neurologie* Messrs. Charcot and Magnan have described this neurosis or symptomatic disturbance, which consists in a pressing or anxious pre-occupation in the search of a word, or in a sudden impulse or harassment provoked by a name. This mania is manifested in varied forms and in different conditions. We quote a case taken from a number related by the author.

M. L., æt. 60 years, who has led a life frequently perturbed by mental emotions, is suddenly taken with the following symptoms: Whilst out walking one day he meets a gentleman, whom he had formerly known in Rome; he stops, talks with him, and, after leaving this gentleman he endeavors to recall his name, he does not succeed and tries to think of something else, but the desire to know this name constantly recurs, is soon changed into an absolute need. Harassed by this need, he searches his memory without avail. He is now taken with a severe malaise, with oppression and a feeling of lightness in the epigastric region, his face becomes covered with sweat, his hands grow cold, and, fearing he might faint, he rapidly returns home, and in tears, in despair he walks up and down his apartments with great strides in a state of extreme anguish. From that time on such occurrences have become quite frequent, and to remedy this he carries a notebook with him and hurriedly inscribes the names of all those he meets;

this somewhat eases him for a while. But pretty soon these psychical disturbances increase and M. L. is compelled to ask the names of persons he does not know, of every one he meets in the streets, of those who go past him in carriages and finally of the passengers in a train going by; the impossibility of having such desires satisfied desolates and exasperates him; it makes him furious and forces him to avoid looking at any one and to search for solitary places, finally he remains closeted in his apartment.

This condition, Charcot and Magnan add, is never seen except in cases, who give a family history of mental alienation or of some other nervous disorders. They all have presented besides some nervous symptoms, true paroxysms of melancholic delirium, "the harrowing search for the word" not having been the first morbid event of their lives.

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Dr. Meigs of Philadelphia says it is only lately that he has learned how to procure the diuretic effect of digitalis. The method is to give the patient about five drachms of tincture digitalis and instruct him to take 30 drops, or 15 minims, every four hours day and night, but stop at once if the urine decreases or the heart becomes feeble.—*Atlanta Medical and Surgical Journal*.

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## SURGERY.

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### HYDROCELE IN THE MALE.

According to the observation of Dr. F. S. Dennis, of New York, reported in a paper published in the *Virginia Medical Monthly*, in a series of one hundred cases of hydrocele in the male, twenty-five per cent. were cured by the simple operation of tapping. The writer, therefore, recommends the adoption of this simple procedure first. This failing, he advises the operation of incision, or excision of a piece of the sac, and stitching the vaginal tunic and skin together. This operation should be performed with all antiseptic precautions.

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### CARBOLIC ACID INJECTIONS IN HEMORRHOIDS.

Dr. Charles B. Kelsey, of New York, in the July number of the *American Journal of the Medical Sciences*, strongly advocates the treatment of piles by carbolic acid

injections. He always has ready for use three solutions, one of fifteen per cent., one of thirty-three and one of fifty per cent. The first is used in the mildest cases; the others for cases increasing in severity. He finds the method to be painless and uniformly successful. He sometimes uses the strong acid.

The famous Western "pile-cure" is composed of equal parts of carbolic acid and sweet oil. Of this half a dozen drops are injected into each pile.

The injection turns the pile white, coagulates the blood in its vessels, and shrinks it up, causing but little inflammation, and entailing on the patient but little loss of time.

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#### CATHETERISM ALMOST PAINLESS.

In the *Medical and Surgical Reporter*, Dr. John A. Stamps recommends the following as an almost painless method of catheterizing an hyperæsthetic urethra. Inject through the catheter, as it is being introduced, water as warm as the patient can bear. The water regurgitates between the catheter and the urethral wall, and the warmth of the water will, in many instances, serve to allay all urethral irritability.

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#### A NEW METHOD OF REDUCING DISLOCATIONS OF THE HIP.

(Dr. J. S. ALLEN in the *Annals of Surgery*).

An anæsthetic having been administered to the extent of producing complete muscular relaxation, the surgeon stands over the recumbent patient, flexes the leg upon the thigh, and the thigh to a right angle with the body, brings the patient's foot between his legs so that the dorsum of the foot rests upon the operator's nates, and then the surgeon, passing his right arm beneath the flexed knee, lifts the hips of the patient well from the bed or floor, and holds them thus suspended for a short time, the head of the femur will quickly be drawn back into its socket. The weight of the hips and opposite leg rotates the body outwards, producing just sufficient abduction and extension to draw the head of the femur quietly through the slit in the capular ligament, and direct it into the acetabulum.

The present writer can bear witness to the efficiency of this method, having practiced it successfully on the 4th of May, 1885, in a case which had resisted the usual method of reduction.

## WHEN TO PERFORM TONSILLOTOMY.

In the *Kansas City Medical Record* we find an abstract from the *Medical Times and Canada Lancet* on the subject of removal of the tonsils, in which Dr. De Saint-Germain lays down the following rules :

The operation is only permissible when the tonsils touch each other in the middle line. It is contraindicated when the mucous membrane is inflamed, or when white spots appear on the mucous surface. The operation is forbidden under two years of age. From four to twelve is the proper age for the operation. If the enlargement occurs in a girl of twelve years, wait until the catamenia appear, which may modify the growth. The writer opposes removal of the tonsils during the prevalence of an epidemic of diphtheria. He condemns complicated tonsillotomes in favor of the curved bistoury and the seizing forceps for holding the tonsil and pulling it into the throat.

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 AN ORIGINAL METHOD OF COVERING BONE WITH PERIOSTEUM.

In a pamphlet collecting the miscellaneous works of James Craig, M. D., we find a very ingenious method of covering bone denuded of periosteum, as follows :

A large portion of the scalp had been laid bare and denuded of periosteum, and necrosis of the bone was feared unless a living covering could be induced to grow upon it. In this emergency he hit upon the following idea, which he put into practice. The scalp was shaved and with a chisel he cut away the outer table of the skull on opposite sides of the denuded part for about two lines in width, and with adhesive plaster drew the granulated surfaces over the chiseled parts ; the granulations insinuated themselves into the diploe and adhered. This method of chiseling was continued until the entire surface was covered, which took about three months.

The exposed bone was painted with glycerine and covered with oiled silk, to prevent exposure to the atmosphere as much as possible.

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 OBSTETRICS, GYNÆCOLOGY AND PÆDIATRICS.

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 MODIFICATIONS OF EMMET'S CERVIX OPERATION IN CERTAIN CASES.

Dr. Sutton, of Pittsburg, read a paper exemplifying the necessity of sometimes doing more than simply denuding the surfaces of laceration. In the case he reported, after



denuding the posterior lip in the ordinary manner, he found so much cicatricial tissue in the anterior lip, that to get rid of it, it was necessary to excise the mucous membrane with it. The results in this case were very satisfactory. Dr. Goodell remarked that he had had occasion to do the same thing more than once. He had also done another thing on a few occasions, that is, outlined the strip of mucous membrane to be left and dissected from the tissues below, leaving it united at its base. The indurated tissue was removed and the flaps brought together. The results were good.

Dr. Skene said this was not cicatricial tissue but a true sclerosis, an hypertrophied indurated tissue. Much could be done to get rid of this tissue by preparatory treatment. But this often requires too much time and then such an operation as recommended by Dr. Sutton was of service. His own plan was to remove a transverse, wedge-shaped piece out of one or both lips of the cervix as the case required, and then bring the surfaces together with silk stitches. After the first day the patient can go about, and the stitches can be removed in eight or ten days. After the size of the cervix is reduced he performs the ordinary operation. He has done both operations at one sitting, but prefers to do them separately.

Dr. G. J. Engelmann had seen the condition referred to very constantly. In old and severe cases it was impossible to retain the strip of mucous membrane. He had at times entirely denuded both lips, and on some occasions had complete union, but the passage of a probe served to keep a canal open. For the last few years, he had paid no attention whatever to this central strip. A single piece of carbolized silk thread with which the opening was closed, was inserted to keep the canal patulous. A probe passed a few times after the removal of the sutures will dilate the opening. The result of the operation was good. This operation had been done only in severe cases and as far as he knew none of these patients had conceived.

Dr. M. D. Mann had tried the method described by Dr. Sutton. In only one case was it necessary to denude both surfaces. To keep a patulous canal he introduced a drainage tube. The case did well.

Dr. Baker considered the retention of mucous membrane as important. He thought that the method of Dr. Sutton, by leaving cicatricial tissue on one side of the canal, will tend to make the canal tortuous. As a rule if the patient is properly prepared, it will not be necessary to remove

this hypertrophied tissue. If this is not done, Emmet's operation can still be performed in the manner described by Dr. Skene. Dr. Baker prefers to do both operations at the same time. It is then not necessary to introduce a suture to bring the edges of the transverse incision together. Great care should be exercised in the introduction of substances between the two flaps.

Dr. Skene thought that if denudation was practiced on both sides stenosis would certainly follow.—*From a report of the Transactions of the American Gynæcological Association in the Journal of the American Medical Association, Oct. 31st.*

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#### LEUCORRHEAL DISCHARGE FROM ROLLER-SKATING.

Dr. Von Klein in the *Boston Medical and Surgical Journal*, writes that he has found in a number of instances leucorrhœal discharges produced in young girls by the excessive exercise consequent upon the practice of roller-skating. He adds that he has reason to believe that the practice of roller-skating is injurious to young females by reason of the excessive movements of the lower extremities, and of the pelvic organs, including the walls of the vagina.—*From the Weekly Medical Review, Oct. 10.*

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#### OPHTHALMOLOGY AND OTOTOLOGY.

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##### SUN-BLINDNESS.

In an article in the *Journal of the American Medical Association*, October 31st, Dr. C. F. Sinclair, after noticing the paucity of late literature upon this very interesting subject, mentions the recent monograph of Deutchmann and reports a case of his own. After gazing for a time at the sun with the unprotected or insufficiently protected eye, the subject becomes aware of a more or less dense cloud or semi-blind spot in the centre of the visual field. The cases are usually seen after the occurrence of a solar eclipse. Deutchmann mentions one in which the trouble occurred although a blue glass had been used in viewing the eclipse. Vision is diminished, as much, it may be, as one-half. The finest print is read with difficulty. Deutchmann and Swanzey saw with the ophthalmoscope a small, bright, white spot at the centre of the macula lutea, surrounded by a blood-red ring gradually fading off into the normal colour. In Deutchmann's experiments the direct rays of the sun

were condensed by a concave mirror, rendered parallel by a convex lens, and directed through the dilated pupil on to the retina of a rabbit. After a few seconds exposure the ophthalmoscopic appearances were similar to those observed in the human eye. "An examination with the microscope showed that an extremely small area of the retina was disorganized by the coagulation of the albumen in its tissues, with hyperæmia, exudation, diapedesis of blood-corpuscles and pigment disturbance surrounding it."

In cases where this ophthalmoscopic picture is present the prognosis is probably, as Deutchmann says, extremely bad, but Dr. Sinclair's case in which nothing abnormal was to be seen with the ophthalmoscope, improved very greatly under electricity and hypodermatic injections of strychnia sulphate.

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#### RHEUMATIC IRITIS.

In a paper entitled, *Iritis: Its Relation to the Rheumatic Diathesis and its Treatment* (see *Publications Rec'd*), Dr. Lundy maintains that in spite of Mr. Jonathan Hutchinson's dictum to the contrary, iritis is frequently, in this country at least, rheumatic in origin. He cites in evidence eight cases from his practice, and asserts that he has been able to trace the relationship in many others. The diagnosis of rheumatic iritis once established, Dr. Lundy has found sodium salicylate in large doses—fifteen to fifty grains—every three hours until the physiological effects of the drug become manifest, a most valuable adjuvant to the usual local remedies, atropia, blood-letting, rest, protection, etc. As soon as the sweating, depression, gastric disturbance, etc., due to the salicylate appear, the pain and heat in the eye, the photophobia and lachrymation, and the ciliary injection tend to subside, and the pupil, which has heretofore remained unaffected by the atropia, in many cases dilates.

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#### CORNEAL PIGMENTATION BY ANALINE.

At a meeting of the Ophthalmological Society of the United Kingdom, held October 15th, 1885, Mr. J. G. Mackinlay showed a man, aged 44, who had been employed in aniline dye works for seven years, working ten hours and a half daily. The cornea and conjunctiva were deeply stained by a brown dye. The iris could only be seen with difficulty. The head and beard were stained a

red-brown, and the skin of the face, neck and hands of the same colour. There was no albuminuria. He could name green, blue or black colours, and matched wools fairly well.—*British Medical Journal*, Oct. 24, 1885.

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REMOVAL OF FOREIGN BODIES FROM THE EAR.

Dr. H. Macnaughton Jones, in the *Practitioner* for October, says: "In the removal of foreign bodies from the ear resort to syringing alone; have patience and wait. Repeat the syringing in different positions of the head, and sometimes when you least expect it the unwelcome visitor will drop into your spout." This is a lesson that cannot be too often and deeply impressed on the general practitioner. Perhaps it is not too much to say that no one who has not had large experience in instrumental manipulation of the ear under full illumination with the ear-mirror and speculum, should ever attempt to extract a foreign body with forceps or other instruments. The damage often thus inflicted is beyond description. It is almost needless to say that the ear should always be syringed with tepid, never with cold water.

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REVIEWS AND BOOK-NOTICES,

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*The Essentials of Histology, Descriptive and Practical, for the Use of Students:* By E. A. Schafer, F. R. S., Editor of the Histological Portion of Quain's Anatomy. Lea Brothers & Co., Philadelphia. [Armand Hawkins, New Orleans, La.] Price \$3.00.

This short volume might be called a companion book to Green's Pathology and fills the same place in histology the latter occupies in pathology. To the ordinary student a glance into Frey or Stricker is enough to frighten away any lurking desire to become more intimately acquainted with the subject; this book, however, is so short, clear, and satisfactory, as to invite perusal and repay any time spent in doing so. While, however, we think the book as a whole deserving of the highest praise, we cannot help entering a protest against the author's speaking of the heart,

arteries and serous membranes being lined with epithelium. Our objection to the word endothelium, commonly used by authors, rests upon the fear that students will associate it with epithelium, a structure with which it has only a superficial resemblance, and which is both etiologically and pathologically distinct. How much more should a common name be avoided.—G.B.L.

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*Estudio Sobre el Colera Morbo Asiatico.*

We have been favored with a copy of a monograph under the above title. It is from the graceful and euridite pen of Dr. Augustin W. Reyes, the editor and founder of one of our most welcome exchanges, "*El Eco Cientifico de las Villas,*" of Sagua la Grande, Cuba. The author touches upon all the points relating to cholera; in his own words, "it is a complete monograph upon cholera, placed with in the reach of all." The directions for prophylaxis give a resumé of all that is known concerning the prevention of the dreaded pest.

In the "*Eco Cientifico,*" Dr. Reyes devotes a special department to the papers and discussions of the New Orleans Medical and Surgical Association, of which body he is a corresponding member. Dr. Reyes pays a further compliment to this Association by dedicating the above monograph to it, jointly with the Royal Academy of Medical, Physical and Natural Sciences, of Havana; a compliment, the delicacy of which is doubtless fully appreciated by the body to whom it is directed.

A. McS.

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*The Ten Laws of Health; or, How Diseases are Produced and Prevented: and Family Guide to Protection Against Epidemic Diseases and Other Dangerous Infections.* By J. R. Black, M. D. Philadelphia. J. B. Lippincott & Co., 1885.

This is the third edition of a useful work. It is popular hygiene. Under the ten laws are embraced all of the directions necessary to the preservation of health. Each law is explained; the benefits to be derived from its observance, and the evil effects of its violation, are set forth clearly and forcibly. Dr. Black does well in calling attention, in plain but refined words, to the disastrous effects attendant upon excessive sexual indulgence both in and out of the married state. This edition of the work is enriched by a section on the management and prevention of infectious diseases. The light thrown upon the subject by Dr. Black should suffice to guide stricken families in preventing the spread

of contagion. The work is good in its sphere, and can be recommended to all intelligent laymen. A. Mc. S.

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*Letters from a Mother to a Mother.*

This work is a compilation of facts and theories designed to call the attention of mothers to the care of children's teeth, as its title indicates. After a perusal of the work we find its object very commendable, but professionally considered it has no special value. Among other statements, the statement that "diabetes, consumption, scrofula, and other inherited taints of blood, which make their unfailing mark on the teeth, unmistakable to a well informed dentist" to say the least, is rather far-fetched. There may be some transcendental geniuses in the dental profession whose acuteness of perception and discrimination is so well developed that they may be able to tell a diabetic, scrofulous or a consumptive tooth at a glance, but we fear such eminently endowed individuals are exceedingly rare. However, we cannot criticise the work upon its professional merits, as we take it, it makes no such pretensions. Should it attain the purpose for which it was written, it certainly will prove of great benefit by impressing upon mothers their responsibility and the necessity of paying proper attention to children's teeth. A. G. F.

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*Exenteration of the Eye. A Substitute for Enucleation.*  
By Middleton Michel, M. D., Charleston, S. C. Reprinted from the Transactions of the State Medical Association of South Carolina, with an Addendum for the year 1885.

We have received a copy of this little reprint through the courtesy of the author. Dr. Michel after speaking of the occasional danger of enucleation (see October number p. 307) details the histories of three cases. A description of the first operation, its consequences and results, together with an abstract of Dr. Michel's conclusions may be found in our September number, p. 248. In the second and third cases the operation was succeeded by the same exaggerated chemosis as in the first case. This condition was two or three weeks in passing away. Up to the present time this appears to be the only real objection to be urged against exenteration—recovery is much slower than after enucleation. In Dr. Michel's third case, in which the injury was old-standing, and the globe atrophic, the ex-

cessive hæmorrhage characterising the first and second operations, performed upon recently injured and inflamed eyes, was not present. The author is inclined to believe that even in cases where sympathetic inflammation has been set up exenteration may be powerful to arrest it, this having occurred, apparently, in his third case. Dr. Michel concludes his paper by saying: Exenteration should in future supersede enucleation, the irreparable resultant deformity from which latter operation is only justifiable in cases of malignant disease. A conclusion we hope to see proven by time and experience. For the present however, we cannot deem it fully warranted by the limited number of cases reported.

H. D. B.

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## PUBLICATIONS RECEIVED.

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*Miscellaneous Reports*—By James Craig, M. D., Jersey City.

*Iritis: Its Relation to the Rheumatic Diathesis and its Treatment*—By Chas. J. Lundy, A. M., M. D.—Reprinted from the September number of the *Physician and Practitioner*.

*First Annual Report of the New York Cancer Hospital*—G. P. Putman's Sons, New York.

*The Induction of Premature Labor in Certain Cases*—By Walter Coles, M. D.

Reprinted from the *St. Louis Courier of Medicine*—November, 1885.

*The Surgical Treatment of Cysts the Pancreas*—By N. Senn, M. D. Reprinted from the *Journal of the American Medical Association*—Journal office, Chicago.

*Avena Sativa in the Treatment of Opium Addiction*—By J. B. Mattison, M. D.—Reprinted from the *Medical Bulletin*, Oct., 1885.

*A Treatise on Diphtheria, Including Croup and Tracheotomy*—By A. Sanne—Translated by Henry Gill, A. M., M. D.—J. H. Chambers & Co., St. Louis, Mo. IN PRESS.

*Exenteration of the Eye—A Substitute for Enucleation*—By Middleton Michel, M. D.—Reprinted from the *Transactions of the State Medical Association of South Carolina*, with an Addendum for the year 1885. Edward Perry & Co., Charleston, S. C.

*The Rôle of Bacteria in Parturition*—By Henry O. Marcy, A. M., M. D.—Reprinted from the *Journal of the American Medical Association*, Sept. 12, 1885.

*Report of Proceedings of the Illinois State Board of Health*—Quarterly Meeting, Springfield, Oct. 29-30, 1885.

*Report of Nine Cases (Second Series) of Pleuritic Effusion; with removal of 906 ounces of fluid. Also one of Paracentesis in Abscess of the Liver;—A pint and a half of Pus evacuated with recovery. F. Peyer Porcher, M. D.* Reprinted from the *American Journal of the Medical Sciences and the Transactions of the S. C. Medical Association*.

## PERSONAL.

Many of our readers who have pleasant recollections of FRANK E. ARTAUD will be glad to hear that he is now House Surgeon at Bornes Hospital, U. S. Soldiers Home, Washington, D. C.

Dr. R. C. WHITE has been appointed Physician at Pensacola by the Board of Health.

R. B. S. HARGIS, A. A. Surgeon Marine Hospital Service at Pensacola, who has been confined to his residence for six weeks past, is convalescent and attending to the duties of his official position. His many friends rejoice at his narrow escape from the jaws of death. Dr. Hargis is an old and valued friend of the JOURNAL.

DR. T. S. DABNEY, of New Orleans, has obtained the appointment of Pension Examiner, after examination under the Civil Service rules. Dr. Dabney leaves for Washington, D. C., early in the present month (December) and will henceforward make his home in that city.

We congratulate Dr. Dabney, express our sympathy with his friends in their loss of him, and utter a modest Bravo Louisiana!

Our friend and colleague, DR. F. W. PARHAM, is at present away on a vacation. At last accounts he was in Philadelphia, in the hands of medical friends, being treated with every mark of professional kindness and Brotherly Love. When at home, the Doctor lives a busy life in the medical work-a-day world: when out of the toils, no man more richly deserves, or thoroughly enjoys, a recreation.

DR. EDWARD HARRISON, the Oculist, whose absence was noted in our September issue, has returned from his annual vacation and resumed professional work. The Journal welcomes the Doctor home.

DR. P. O. HOOPER, of Little Rock, Ark., has accepted the position of Chief Medical Officer of the State Insane Asylum of Arkansas, *vice* Dr. C. C. Forbes, who resigns on account of failing health. The *American Practitioner* says of Dr. Hooper: He brings to his work a very large experience, and all the best qualities which enter into the make-up of a model officer. The asylum is to be congratulated on being able to secure the services of such a man.



## MARRIAGES.

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Dr. S. F. WOLFE, of Orangeburg, S. C., was married on November 12th to Miss Lottie A. Simmons, a daughter of Mr. Benjamin Simmons, of Charleston, S. C.

Dr. J. W. PIERSON, of Deport, Texas, to Miss Alice M. Gunn, daughter of Capt. W. T. Gunn, of Paris, Texas.

Dr. CHARLES W. KOLLOCK, formerly of Cheraw, S. C., but recently removed to Charleston, was married on the 10th of November, 1885, to Miss Gertrude Gregg, only daughter of Wm. Gregg, Esq.

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## Deaths.

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DR. W. C. PEACOCK died on September 14th, at his office in the town of Prairieville, Texas, of malarial hæmaturia, after an illness of thirty-six hours. Dr. Peacock was just thirty-nine years old.

DR. A. R. GOURRIER was killed by the bursting of a boiler on the Texas plantation in Iberville Parish, on Nov. 5th.

He was a native of Louisiana, 47 years of age, and a physician of skill and prominence.

He was a graduate of the Louisiana School of Medicine, of which Dr. Fenner was at the head, and also devoted some time to the study of his profession in Paris.

When the war broke out he became Surgeon of the Eighteenth Louisiana Regiment and took part in the Georgia campaign. Later he was appointed Surgeon on the staff of Gen. Stephen D. Lee.

At the close of the war he settled down as a practising physician and had a fine reputation. He also gave a great deal of attention to planting.

At the time of his death Dr. Gourrier was in charge of the Texas plantation, in Iberville, formerly owned by Dr. Stone, the father-in-law of the deceased.

The remains were brought to this city and placed in the tomb of the Army of Tennessee.

## MEDICAL NEWS AND MISCELLANY.

### WANTED.

Six copies of first number (July) of volume 13 of the "NEW ORLEANS MEDICAL AND SURGICAL JOURNAL."

Six copies of second number (August) of volume 13 of the "NEW ORLEANS MEDICAL AND SURGICAL JOURNAL." 25 cents a number will be paid for these numbers at this office.

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Manager.

Lock Box 282.

A special to the *Vicksburg Commercial Herald* from Lake Providence, Nov. 14, says: "A strange case of poisoning, attended with fatal results, occurred on the Way Way plantation, about five miles from Lake Providence, the victims being colored children, aged respectively eight, nine and thirteen years. It seems the children ate heartily of berries known as "rhus toxicodenrdon"—poison oak—which they had procured from a grape tree. Two died after lingering three days and the other is now in a dying condition. After eating the berries the children were seized with violent pains in the stomach accompanied by vomiting and frequent discharges from the bowels, pains in the head, spasmodic movements, rapid feeble pulse, delirium and heavily coated tongue, which were gradually followed by coma and death. Dr. F. R. Burnard was called in and did everything to relieve the sufferers, but when he reached the premises they were in a dying condition."—*Daily Picayune*.

On November 6th, the commencement exercises of the South Carolina Training School for Nurses, took place in the chapel of the Roper Hospital, Charleston. This was the first commencement and there were two graduates. The school was founded in April, 1883.

DR. W. R. CHITTICK, in the *Detroit Lancet*, recommends oxalate of cerium in vomiting as superior to bismuth, hydrocyanic acid, *et id omne genus*. He uses it in doses of from five to twenty grains frequently repeated.

## MORTUARY REPORT OF NEW ORLEANS

FOR OCTOBER, 1885.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total
Fever, Yellow.....							
“ Malarial.....	17	12	21	8	21	8	29
“ Congestive.....	17	2	15	4	17	2	19
“ Continued.....		1	1		1		1
“ Intermittent.....	3	5	6	2	5	3	8
“ Remittent.....							
“ Catarrhal.....							
“ Typhoid.....	3	1	1	3	3	1	4
“ Puerperal.....	1			1	1		1
“ Typhus.....							
“ Enteric.....							
Scarlatina.....	1			1		1	1
Small-pox.....							
Measles.....							
Diphtheria.....	18	3	6	15		21	21
Whooping Cough.....		3	2	1		3	3
Meningitis.....	5	1	3	3	1	5	6
Pneumonia.....	7	8	9	6	7	8	15
Bronchitis.....	9	2	4	7	4	7	11
Consumption.....	46	33	42	37	78	1	79
Congestion of Brain.....	4	2	2	4	4	2	6
Diarrhœa.....	14	4	11	7	14	4	18
Cholera Infantum.....	1			1		1	1
Dysentery.....	4	2	4	2	6		6
Debility, General.....	1	1	1	1	2		2
“ Senile.....	18	12	10	20	30		30
“ Infantile.....	8	4	10	2		12	12
All other Causes.....	217	100	184	133	193	124	317
TOTAL,	394	196	332	258	387	203	590

Still Born Children—White, 28; Colored 24; Total 52.

Population of City.—White, 171,000  
 “ “ Colored, 63,000

Total, 234,000

Death rate per 1000 per annum for month.—White, 27.64.

“ “ “ “ “ “ Colored, 37.33.

“ “ “ “ “ “ Total, 30.25.

W. H. WATKINS, M. D.,

Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—OCTOBER.

STATION—NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Tempert'e.	Daily Max. Temperat'e.	Daily Min. Tempert'e.	Daily Rain fall, inches.	GENERAL ITEMS.	
1	29.785	71.8	80.0	65.0	.....	Highest Barometer, 30.287. 22d.	
2	29.759	70.7	78.5	64.7	.....	Lowest Barometer, 29.720. 2d.	
3	29.861	71.6	79.5	63.8	.....	Monthly Range of Barometer, 00.567.	
4	30.104	64.8	71.0	59.8	.....	Highest Temperature, 80.2. 18th.	
5	30.128	67.0	75.2	59.6	.....	Lowest Temperature, 48.9. 30th.	
6	30.109	69.6	77.3	62.8	.....	Greatest daily range of Tempert'e, 24.5.	
7	30.043	71.9	78.7	64.8	.....	Least daily range of Temperature, 7.2.	
8	30.043	71.8	77.0	67.8	.....	Mean daily range of Temperature, 15.4.	
9	30.048	68.4	45.0	62.8	.....	Mean Daily Dew-point, 56.3.	
10	29.950	68.3	74.8	61.8	.....	Mean Daily Relative Humidity, 74.4.	
11	29.821	71.1	78.3	63.8	.....	Prevailing Direction of Wind, N.	
12	29.822	71.0	79.8	62.0	.....	Total Movement of Wind, 5,267 miles.	
13	29.963	63.0	70.4	51.9	.....	Highest Velocity of wind and direction, 23—N. W.	
14	30.074	61.0	69.8	74.4	.....	No. of Foggy Days, 0.	
15	30.028	64.0	73.7	55.9	.....	No. of clear days, 16.	
16	29.981	65.6	70.1	56.3	.....	No. of fair days, 12.	
17	29.988	67.0	77.4	59.3	.....	No. of cloudy days, 3.	
18	29.938	69.1	80.2	59.6	.....	No. of days on which rain fell, 3.	
19	29.861	69.4	80.0	62.0	.30	Date of solar halos, 0.	
20	30.033	57.4	62.0	54.8	.10	Dates of lunar halos,	
21	30.219	57.8	64.0	50.2	.....	Dates of frosts, 0.	
22	30.201	56.8	62.7	49.1	.....	COMPARATIVE MEAN TEMPERATURE.	
23	30.135	61.4	69.8	57.8	.....	1873.....68.2	1880.....68.0
24	30.090	64.5	74.8	54.9	.....	1874.....70.4	1881.....75.2
25	30.063	65.3	75.0	54.9	.....	1875.....67.3	1882.....73.3
26	29.963	66.9	72.6	60.0	.....	1876.....67.6	1883.....75.4
27	29.832	70.8	79.2	65.6	.16	1877.....70.2	1884.....74.4
28	29.795	63.9	70.6	55.9	.....	1878.....70.6	1885.....65.8
29	30.939	55.0	60.8	49.9	.....	1879.....72.4	
30	29.018	58.3	65.2	48.9	.....	COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.)	
31	30.021	63.1	74.4	49.9	.....	1873.....1.89	1880.....1.88
Sums	.....	.....	.....	.....	1355	1874.....	1881.....4.84
Means	29.988	65.8	73.7	58.2	.....	1875.....2.09	1882.....2.16
						1876.....0.24	1883.....3.43
						1877.....9.15	1884.....5.60
						1878.....5.07	1885.....0.56
						1879.....1.36	

M. HERMAN, Sergeant, Signal Corps, U. S. A.

# NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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JANUARY, 1886.

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## ORIGINAL ARTICLES.

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

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### Causes of the Insalubrity of New Orleans.\*

By W. H. WATKINS, M. D., Sanitary Director New Orleans Auxiliary Sanitary Association and Chief Sanitary Inspector of the City of New Orleans.

MR. PRESIDENT AND GENTLEMEN:—Pen portraits of our city during the past twelve months, have been published to the world by professional journalists and others, that have given New Orleans no enviable reputation, as phases of climate and unsanitary conditions have been depicted.

We, who have so long been familiarized with impassable streets, and the nuisances attending the tardy removal of filth, untidy condition of gutters and faulty drainage, must not be surprised when residents of other cities, where sanitary measures are considered of paramount importance, express indignation at a condition so evidently the result of mismanagement and apathy totally unworthy of an American city.

New Orleans can lay no claim to youth as excusing the indiscretions which have marked every epoch of her long and checkered life. The "before the war" comparison will not stand close scrutiny. The evils existing to-day are those complained of from her foundation, and have been subjects of discussion for generations. Indeed, it can

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\*Written for the N. O. Medical and Surgical Journal, and read before the New Orleans Medical and Surgical Association.

be safely asserted that were New Orleans a younger city, there would be fewer errors to correct, for to the credit of more recently founded cities in the United States, no such conditions, so prejudicial to the health interests and comfort of inhabitants would have been tolerated.

Unpleasant truths should be told when by an appreciation of facts, an improved condition of health can be obtained; a knowledge of the health status of New Orleans should constitute a part of the education of the citizen, and ignorance among members of the medical profession is unpardonable. The citizen must look to the doctor to explain the varied causes of insalubrity, and the physician must plant himself firmly against measures which experience has proved prejudicial to health. A phantom has been hugged to the bosom of the average citizen so long that he had imagined its divinity established and worships it as a god. He has placed the health traditions of New Orleans in a niche, called to other cities to admire, and wisely (?) boasted that except during epidemic visitations, the salubrity of New Orleans is second to none.

Let us review the facts; and let me here assure my audience that if a lesson fraught with the greatest good to our city could not be taught, I would be the last to publicly draw attention to such a picture as will be presented. The study of the subject will convince all that New Orleans, is gradually, but surely rising in regard to its health status; is making strides toward prosperity, and increasing in population, in spite of a mortuary history so great as to appal.

I painfully appreciate the fact that statistical work is more pleasant to the statistician than to the audience, and also the difficulty of appreciating tables when hastily read, therefore will select but an epitome from the accompanying sheets, which in their entirety would prove tedious, to elucidate points under consideration.

I will premise by stating that these data were obtained from various sources, principally from Report of the Yellow Fever Commission of 1853, the United States Census

Reports, and the Annual Reports of the Board of Health of the State of Louisiana. Care has been taken to correct the various data.

To illustrate the propositions, the population, number of deaths, and death rate per thousand of population has been taken for fifty-five years, or from 1830 to 1884 inclusive; this entire series of years has been subdivided into decades, and each compared with the other in such manner as I hope will not prove uninteresting.

In 1830 the population of New Orleans was 49,826, at the expiration of that decade (1839) it was 73,487. During this period 38,666 deaths occurred, and the ratio of mortality per thousand inhabitants was 63.55 for the ten years.

In 1840 the population of New Orleans was 76,116, at the end of this decade (1849) it was 122,511. During this period 53,705 deaths occurred, and the ratio of mortality per thousand inhabitants for the ten years was 54.77.

In 1850 the population of New Orleans was 129,747, at the end of that decade (1859) it was 166,500. During this period 90,833 deaths occurred, and the ratio of mortality per thousand inhabitants for the ten years was 59.13.

In 1860 the population of New Orleans was 168,675, at the end of that decade (1869) it was 187,723. During this period 70,863 deaths occurred, and the ratio of mortality per thousand population for the ten years was 40.22.

In 1870 the population of New Orleans was 191,418, at the end of that decade (1879) it was 213,865. During this period 71,005 deaths occurred, and the ratio of mortality per thousand population for the ten years was 35.04.

In 1880 the population of New Orleans was 216,090, at the expiration of a period of five years (1884) it was 227,465. During this period 32,624 deaths occurred, and the ratio of mortality for the five years per thousand population was 29.38.

Thus New Orleans increased in population from 49,826 in 1830, to 227,465 in 1884; an average increase of 3229 annually for fifty-five years, in spite of a total number of

deaths amounting to 357,696 or an average of 6503 deaths annually for the same period.

But, gentlemen, there is a bright side to the picture. The average ratio of mortality for the decade ending 1839, was 63.55. For the decade ending 1849, it was 54.77. For the decade ending 1859, it was 59.13. For the decade ending 1869, it was 40.22. For the decade ending 1879, it was 35.04: and for the half decade ending 1884, it was 29.38. A difference of 34.17. The contrast is marked: the improvement must be a matter for congratulation.

MORTUARY STATISTICS OF NEW ORLEANS,  
FROM 1830 to 1884.

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 Population.
1830	49,826	2022	40.58
1831	52,455	1926	36.71
1832	55,084	8099	147.02
1833	57,713	4976	86.21
1834	60,342	3687	61.10
1835	62,971	3875	61.53
1836	65,600	2734	41.67
1837	68,229	4807	70.45
1838	70,858	2606	36.77
1839	73,487	3934	53.53
Average. . . . .	61,656	3866	63.55

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 Population.
1840	76,116	2977	39.11
1841	78,745	4549	57.76
1842	81,374	3375	41.47
1843	84,003	4050	48.21
1844	86,632	4620	53.32
1845	89,261	2983	33.41
1846	102,070	4220	41.34
1847	108,699	9043	83.19
1848	115,503	8026	69.48
1849	122,511	9862	80.49
Average. . . . .	94,491	5370	54.77



YEAR.	POPULATION.	DEATHS.	Ratio of Mortality Per 1000 Population.
1850	129,747	7819	60.26
1851	138,599	7275	52.48
1852	147,441	8670	58.80
1853	154,132	15,787	102.42
1854	156,556	11,347	72.47
1855	158,980	10,096	63.50
1856	161,404	5689	35.24
1857	163,828	5581	34.06
1858	165,450	11,720	70.83
1859	166,500	6849	41.13
Average. . . . .	154,263	9083	59.13

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 Population.
1860	168,675	7341	43.52
1861	169,907	5772	33.97
1862	171,134	6278	36.10
1863	172,361	7172	41.61
1864	173,588	8498	48.95
1865	174,815	7016	40.13
1866	178,042	7754	43.55
1867	181,269	10,096	55.69
1868	184,496	5343	28.96
1869	187,723	5593	29.79
Average. . . . .	176,201	7086	40.22

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 Population.
1870	191,418	6942	36.26
1871	193,412	6059	31.32
1872	196,406	6588	33.54
1873	198,900	7995	40.19
1874	201,394	7193	35.71
1875	203,888	6535	32.05
1876	206,382	6685	32.39
1877	208,876	7169	34.32
1878	211,371	10,717	50.70
1879	213,865	5122	23.94
Average. . . . .	202,591	7100	35.04

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 Population.
1880	216,090	5623	26.02
1881	218,879	6406	29.26
1882	221,704	5922	26.71
1883	224,556	7523	33.50
1884	227,465	7150	31.43
Average.....	221,739	6525	29.38

We must all feel that certain factors which have been causing death and desolation among us, have mitigated in severity, and that although we must ascend the scale towards health a considerable distance to compare favorably with other large American cities, still the improvement is phenomenal. To illustrate the comparative status of New Orleans with other American cities, we will take a few examples :

#### NEW ORLEANS, LA.

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 population.
1883	224,556	7523	33.50
1884	227,465	7150	31.43
Average.....	226.010	7336	32.46

#### NEW YORK CITY.

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 population.
1883	1,317,691	34,011	25.81
1884	1,356,958	35,035	25.82
Average.....	1,337,324	34,523	25.81

#### PHILADELPHIA, PENN.

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 population.
1883	907,041	20,076	22.13
1884	927,995	19,999	21.55
Average.....	917,518	20,038	21.84

## CHICAGO, ILL.

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 population.
1883	600,000	11,555	19.26
1884	630,000	12,471	19.80
Average. . . . .	615,000	12,013	19.53

## BOSTON, MASS.

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 population.
1883	400,667	9740	22.76
1884	427,940	9622	22.48
Average. . . . .	414,303	9681	22.62

## BALTIMORE, MD.

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 population.
1883	408,520	9380	22.93
1884	408,520	8293	20.27
Average. . . . .	408,520	8836	21.60

## ST. LOUIS, MO.

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 population.
1883	400,000	8177	20.44
1884	400,000	7887	19.70
Average. . . . .	400,000	8032	20.07

## CINCINNATI, OHIO.

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 population.
1883	280,000	5916	21.12
1884	280,000	5667	20.23
Average. . . . .	280,000	5791	20.67

## WASHINGTON, D. C.

YEAR.	POPULATION.	DEATHS.	Ratio of Mortality per 1000 population.
1883	191,950	4286	22.33
1884	200,000	4814	24.07
Average. . . .	195,990	4550	23.20

To what then must we attribute the enormous death rate as illustrated in the tables just read; and what mitigating circumstances have decreased the ratio of deaths?

Several distinct factors, some admitting of subdivisions, stand forward to account for this large death rate. We will take up those most prominent.

1. Epidemic infectious diseases.
2. Geographical and commercial relations with inter-tropical ports, the yellow fever zone, and surrounding swamps.
3. Population.
4. Local conditions :
  - (a) Irregularity of grade of streets.
  - (b) The want of paving, and the materials of which streets are made.
  - (c) Defective drainage.

Let us consider the first proposition, epidemic infectious diseases.

In the tables presented it will be noted that in some years the mortality was much higher than the average. Cholera and yellow fever have added so largely to our death rate, that a glance at the mortuary tables will enable the observer to pick out the years when one or other of these diseases have visited us epidemically. Therefore it is interesting to note whether these diseases still play the important rôle they did formerly. For the purpose of elucidating this we will take up the disease yellow fever, and note its conduct since three great epochs, viz: the epidemics of 1858, 1867, and 1878.

As but seven years have elapsed since the epidemic of 1878 we will take similar periods subsequent to the two preceding epidemics, and see what can be proved.

The epidemic of yellow fever in 1858 closed after causing 4845 deaths.

Yellow fever caused 91 deaths in 1859.

“	“	“	15	“	“	1860.
“	“	“	0	“	“	1861.
“	“	“	2	“	“	1862.
“	“	“	2	“	“	1863.
“	“	“	6	“	“	1864.
“	“	“	1	“	“	1865.

Total deaths for seven years ending 1865 was 117, or 46.71 deaths annually.

The yellow fever epidemic of 1867 closed after causing 3107 deaths.

Yellow fever caused 5 deaths in 1868.

“	“	“	3	“	“	1869.
“	“	“	588	“	“	1870.
“	“	“	54	“	“	1871.
“	“	“	39	“	“	1872.
“	“	“	226	“	“	1873.
“	“	“	11	“	“	1874.

Total deaths for seven years ending 1874 was 936, or 133.41 deaths annually.

The epidemic of yellow fever in 1878 caused 4046 deaths.

Yellow fever caused 19 deaths in 1879.

“	“	“	2	“	“	1880.
“	“	“	0	“	“	1881.
“	“	“	1	“	“	1882.
“	“	“	4	“	“	1883.
“	“	“	1	“	“	1884.
“	“	“	*1	“	“	1885.

Total deaths for seven years ending 1885 was 28, or an average of 4 annually.

\*On board steamer Venezulan lying at wharf, six days from Colon.

The first period embraced years immediately antedating the civil war, and the five years including it. The blockade of this port was commenced in 1861, and lasted until the spring of 1862. The city was taken by the Federals that year, blockade was raised, but commerce not restored, and although there were at times as many as forty thousand unacclimated male adults in the city, yellow fever, with the exception of an outbreak on the fleet of vessels lying in front of New Orleans, caused as far as can be ascertained, only the deaths noted. Dr. Harvey E. Brown, of the U. S. A., in an address delivered before this Association in December, 1883, gave *in extenso* reasons for an opinion at that time fully expressed that during the wars of the United States that country suffered less with yellow fever than at other times by reason of embargoes laid on commerce with inter-tropical ports by blockades and privateers.

The second epoch embraces a period immediately succeeding the civil war, when the city was crowded with strangers, military rule predominated, and sanitation was in a period of incubation. It was not until the late Dr. C. B. White became the President of the Board of Health that an organized system of sanitation was contemplated with any consideration equal to its importance, and the measures adopted to check epidemic visitations were crude. Still, a surveillance over disease was established, organized inspecting forces were set to work, and the sanitary code of New Orleans at present is the outgrowth of Dr. White's enterprise and pertinacity.

The third epoch embracing the seven years following the epidemic of 1878, includes a period during which constant and efficient watch has been maintained by the Board of Health of the State of Louisiana at all points where the introduction of yellow fever to New Orleans has been threatened. The quarantine measures have been strict. During a limited period of one year non-intercourse with infected ports was authorized and carried out. Disinfection and cleansing of vessels arriving at the quarantine

station was as thorough as ever used until the present season, and former efforts have now been superseded by a mode of maritime sanitation which makes all previous efforts in the cleansing and purification of vessels appear crude and untrustworthy. In the city the officers of the Board of Health have been materially assisted in the prosecution of sanitary work by the New Orleans Auxiliary Sanitary Association. The latter body has inaugurated a system for flushing the street gutters with water from the river, impelled by pumps of the most approved kind, and this system has contributed greatly to health, to comfort, and tidiness, by removing fermentable matter away from populated centres. A rigid surveillance over cases of yellow fever was kept up. Disinfection, fumigation, and cleansing of houses and yards were vigorously prosecuted on a scale excelling any other period. In this effort especially, the Sanitary Association contributed freely. Contrast this period with the others, and the weight of evidence is conclusive that the health authorities are moving in the right direction. Estimate the cost of epidemics, and how small the sum that has been devoted to sanitary reform.

The second proposition bears close relation to the first. The geographical proximity of New Orleans to the yellow fever infected ports of the tropics, has rendered the introduction of this disease, through the medium of commerce, frequent, and epidemic visitations to New Orleans have been on many occasions, traced directly to such an origin. That spontaneous outbreaks have occurred, must be admitted, for human ingenuity had failed to trace cases to importation, and the absence of all knowledge respecting the period of vitality of the infectious element of what constitutes a specific infectious disease, must be an argument in favor of its occasional presence in a dormant state during the entire winter, to develop with the hot weather of the succeeding summer.

With regard to the yellow fever zone, this seems to be so dependant upon commerce and local conditions favoring the development of the poison that nothing short of the

most arbitrary assumption can make a definite limit. This zone has been estimated to extend from 20° South to 40° North of the equator, was more extensive years ago, and has been considerably lessened:

New York, in lat. 40.42, experienced epidemic visitations of the disease in 1795, 1796, 1798, 1803, 1805, 1819 and 1822.

Boston, in lat. 42.21, experienced yellow fever in 1798, 1802 and 1819.

Philadelphia, in lat. 39.57, was visited by yellow fever in 1699, 1741, 1747, 1762, 1793, 1794, 1797, 1798, 1799, 1802, 1803, 1805, 1820 and 1855.

Baltimore, in lat. 39.17, experienced yellow fever to an extent to be declared epidemic in 1794, 1800 and 1819.

Some cause has been at work to remove these cities out of the yellow fever zone, and not out of their geographical position.

Shall we delude ourselves that yellow fever zones are established geographically when these cities have experienced such an exemption for so many years? Shall we not rather be inspired with the belief that commerce and climate cannot cause the disease unless certain factors for its local propagation are present.

The contiguity of New Orleans to undrained swamps and marshes has greatly influenced the health of the city. Malarial fevers add an enormous figure in relation to the death rate, and many diseases incident to other factors have malarial complications, which leave an impress prolonging the period of convalescence. From an examination of the death records, it is warranted the belief that there has been a decided decrease in the ratio of deaths from malarial causes, due to the gradual development of the lands adjacent to the city, its better drainage and the removing of forests, which formerly encroached upon the thickly inhabited territory. This clearing of unoccupied swamp lands, was due principally to the cutting away of the timber to serve as fuel during the years of the war, its clearance in order to no longer be a shelter to the Confed-



erate scouts, who often advanced near the federal videttes, and its settlement by those engaged in supplying milk to the city. Vegetable gardens and pastures for stock have increased the area of formerly unused lands, and brought their surface to the beneficent action of the sun.

The next factor which will engage our attention, and was productive of an increased death-rate in New Orleans, was its large foreign population. Immigration statistics prove that thousands of unacclimated persons came to this city until the breaking out of the civil war, and the experience of physicians will bear testimony of the fatality of yellow fever among them. Just before the epidemic of 1867, there had been a large influx of strangers from the North and foreign countries, and the deaths that year of this class plays no unimportant roll in the mortality from that disease. The large colored population of New Orleans, their well-known ignorance and apathy regarding sanitary measures and correct habits of life, have made the death-rate among this class proportionately much larger than for the whites. This misfortune, we must endure, as it would be almost as easy to dispossess New Orleans of the juxtaposition of undrained swamps, as to eliminate this factor which adds so largely to our mortuary tables.

We will take up now the local causes of the insalubrity of New Orleans—the irregularity of the grade of the streets, and the want of alignment of street gutters.

Want of system and short sightedness in engineering enterprises, we should say operations, is apparent in the direction, location and grade of almost every street in New Orleans. Except in that portion of the city embraced between Canal and Esplanade streets it is rare to find streets crossing each other at right angles and emptying storm water and fluid refuse into canals at the same angle.

Immediately across both Canal and Esplanade streets irregularities begin. The *Seventh Ward*, that area embraced between Esplanade and Elysian Field streets, presents the appearance of an extended fan with the handle or converging radii at the river front. The *Eighth* and *Ninth*

*Wards* are regular or nearly so, but the area embraced within these territories from the river to drainage canal is intersected by streets, none of which are of greater length than 4,600 feet.

From Canal to Felicity street, the area known as the *First, Second* and *Third Wards*, presents a fan-like appearance slightly differing from that of the *Seventh Ward*, and labors under the additional inconvenience that a number of these streets instead of emptying themselves into drainage canals debouch into Felicity street, which forms the lower limit of the Fourth District, converting this street during a moderate shower into a canal filled to overflowing, when its construction does not admit of this extra service. The length of Felicity street from Camp street to the Claiborne canal is about 9,000 feet.

The *Fourth District* is embraced between Felicity and Toledano streets. There is considerable convergence of streets, but the general aspect of the inhabited portion is nearly rectangular as regards cross streets, still there are several important deviations from proper location of streets, notably St. Andrew and Philip streets, whereby outflow of storm water is retarded, and the convergence of several streets near the *Sixth District* line causes Toledano street to become submerged after slight rains. The average length of the streets extending from the river to Claiborne canal is 10,000 feet.

The large area covered by New Orleans, its extensive and irregular river front, the convergence and divergence of the streets, the fact that the grade of perpendicular streets, that is those running from the river to the drainage canals, is irregular and imperfect, renders a full understanding of the deviations in the plane extending from the river front to the drainage canals essential in order to appreciate the physical conformation of the city, and this can only be determined by a complete hypsometric survey.

Usual descriptions of New Orleans fail to convey an idea of how many parallel depressions existed in the different districts. Many of the streets parallel to the river owe

their location and direction to lagoons or bayous, which rendered uneven the superficies of what have now become thickly populated quarters of the city, and engineering skill has failed to completely remedy the defects. Until such a survey has been made and is available, any attempted improvement in grading the streets and gutters of New Orleans must be empirical.

The faulty conditions of banquets and streets is apparent at every step along even the most improved portions of our city. A large area of the city has been paved with "square block" granite or "cobble stones," but except at street crossings or under bridges at these intersections, a clearly defined street gutter is the exception. This condition, associated with faulty grading, gives rise to the following: After a heavy rain, the water from the streets, yards and house-tops, starts in the direction of a lower grade, spreads over the streets, and when these are high overflows the adjacent banquets, meets with an obstruction at the first cross street, where a faulty constructed bridge and inadequate outlet confines its volume and retards its flow. Passing under this bridge it now spreads over the street below, which is dished so as to allow its encroachment, its current is by physical law lessened, laden with organic and inorganic impurities, the surcharged water deposits these, and its progress to the drainage canal is characterized by alternate contraction at street crossings and expansion on streets and banquets between these intersections.

The paved streets are invariably constructed, except at the intersection with cross streets and at the wings of bridges, with a confirmed arch, so abrupt in many instances as to prevent riding or driving, except at their crown. Thus wear and tear are confined principally to the middle of the street. This arch has been intentionally formed under the mistaken opinion that the character of our soil was such as not to support the paving material except when the lateral pressure of stone against stone made a support. That this reason admits of serious question is

proved by noting the condition of paved streets where at intersections with cross streets almost a dead level is sustained. It is rare to find repairs necessary at such locations; but where the arch is in all its symmetry, repairs are frequently required. Street car lines destroy these arches, but it is where the stones are faultily replaced without proper preparation of the foundation that irregularities are observed. Should this be denied specific information can be given, and places pointed out where absence of arch and clearly defined gutters add to the appearance and cleanliness of the streets.

The definement of gutters at the wing extension of bridges illustrates the importance of these useful, if not ornamental, appurtenances to streets; and why they cannot be extended the length of the square is the question proposed. In the business part of the city it may be argued that they are dangerous, but then they could be covered by an extension from the banquet made of cast iron or other material as is carried out at certain localities. But, if clearly defined, gutters are a prerequisite for the rapid outflow of storm water, and submergence of banquets a result of the high grade at the arch of the street and faulty grade of bottom of gutter; there is still another easily corrected evil, which plays an important factor in the retardation of water flow. This is the obstruction at street bridges. Too much narrowed to admit a free current, constructed badly in relation to grade of gutter, their capacity is still further lessened by the interposition of heavy wooden girders, often six or eight inches deep which support the bridge, when an iron plate could be substituted, causing the least possible obstruction.

The need of paving, and the materials of which streets are made, must next engage our attention. Sufficient to say at this place that emanations from large areas of alluvial deposit must be unhealthy in our climate so charged with malaria, and any proposition to extend street pavements can but be conducive to health.

Dr. Barton, in the report of the yellow fever commission,

expressed the opinion that one factor in our climate conduced largely to our death rate, viz: the humidity of the atmosphere, and contended that this would be materially lessened by paving the streets and carrying off storm water. The mean relative humidity of New Orleans for twelve years, according to the best authority, the U. S. Signal Service, was 71.4; saturation and consequently the point of precipitation being 100.

“Granite block” has been used many years in this city, and possessè the important element of durability. It resists the pressure of heavily loaded vehicles and can be easily cleansed; for business centers it has proved admirable, but in front of residences and for ordinary driving it is noisy, disagreeable and dangerous. The financial condition of the city will not warrant immediate attempts toward extending this pavement except where the wear and tear of traffic demands.

“Cobble stone” paving has rendered useful many streets which otherwise would have been impassable, none of these streets have been paved lately with this material. Streets thus paved require constant attention to render driving moderately pleasant, but, under no circumstances, can they be favorably compared with well laid “granite block.”

The “Asphalt” pavement, on St. Charles avenue, has stood the limited time test to which it has been subjected, and its extension to other streets is desirable. This firm and smooth high way covers what until recently had been a frequently unpassable “dirt” street, and will serve admirably as a location from which to extend similar pavements on the streets intersecting it. The high price of this pavement must preclude its general adoption for a long time, even though experience proves its desirability by reason of its lasting qualities.

Paving streets with shells has proved that this material requires great care when being put into position. The foundations are often faulty, and trituration by vehicles wears the road rapidly, and nothing short of a large

quantity of material is required to replace that ground into dust and blown away. Constant surveillance and frequent repair are essential to perfection as far as can be obtained with this class of street. Left to themselves, or given the usual care by the authorities, they are short lived and undesirable.

Wooden pavements of the Nicholson pattern have not been successful even where proper care has been used in both material and foundation. Our humid climate soon causes decay.

Plank roads have proved economical, but supervision and timely repairs constitute such an important element in keeping them in good condition that they are undesirable except for emergencies. They are unsanitary and emanations from them during the summer are disagreeable and unhealthy.

Macadamized streets, built on scientific principles, with firm foundations and carefully defined and aligned gutters, well protected with outer curbings, merit attention and are worthy of careful consideration from the authorities.

The reddish-brown gravel, from the Southern counties of Mississippi forms a desirable material for making streets, and possessing as it does cohesive qualities of high order, can be used with benefit. The cost of delivery of this material, at railroad depots or yards, should be investigated.

A material which possesses many desirable qualities, when economy is an important factor, owing to the impoverished condition of the city, is the batture formation on our river front known provincially as "river sand." Any one walking along the river front where these deposits exist can not but be struck with the exceeding firmness possessed by them after a heavy rain. When clay and humus become sodden with water, expand and are as elastic as sponge, this material packs firmly and resists great pressure.

Our unpaved streets which have received deposits of "street scraping" become higher than the banquette with-

out possessing any quality that could not have been attained with less than one-half of the deposit of "river sand." Some difference exists in regard to the relative value of certain batture formations, but their superiority over street scrapings, warrants the use of any of these deposits in preference to any matter taken from the streets.

It is with the "dirt" or earth streets that the necessity of well defined street gutters is imperative. The banquette and its curbing is well defined, but the gutter at the base of the curb-stone is only the result of the convexity given to the street to allow drainage. No clearly defined water course is to be seen. The street forms an irregular outline when compared with the banquette's edge, no bottom to these gutters having been properly established a correct grade is not attainable, and the cleansing and grading process when it takes place at all is dependent upon the judgment of the laborer employed.

Storm water, when sweeping down these streets, unless freely carried off, saturates the soil, and the carts of dairymen and bakers and other passing vehicles plow furrows near the banquet's edge which widen or deepen in extent until the natural channel is diverted from its normal position. Inches and frequently feet of solid material are pushed next to the curb stone and the water drain in consequence is in the street. This cutting process would be obviated if the gutters were better delineated and bottoms corresponding to the proper grade made of good material insisted upon. Overflow from storm water would then be unknown in many portions of the city, or at least this condition would incommode pedestrians minutes instead of hours.

In taking up the subject of drainage such a complexity of causes create the evils under which we suffer that it must be reviewed carefully.

One cannot examine the tables illustrating the rain fall of New Orleans, without being struck with the quantity and irregularity of precipitation, and should I trouble you longer with statistical tables, you would scarcely credit the amount of rain which has fallen on several occasions in

twenty-four hours. Three times during the past twelve years, it has rained more than five inches in a day, and rains of three inches are common. One of the great difficulties therefore in the drainage of New Orleans, is the prompt removal of storm water. It is an error to attribute this altogether to faulty drainage canals or machinery. The principle cause is that the incline from the river to the nearest drainage canal is formed, so that three-quarters of the fall is embraced within one-third of the distance to the canal, and overflow is in consequence of the rapid current of the water falling on the acute slope, being precipitated on the territory in the rear before the water, which has fallen on that area and moves sluggishly in consequence of the slight grade, can drain off. Streets, banquettes and lots, are converted into lakes.

This water from the front of the city should not be allowed to submerge the territory in the rear, but be conducted by underground culverts to the drainage canals. With correction of grade the rear will then be able to take care of itself. Should the present plan be persisted in the increase in gutter capacity required to accommodate storm water would render them dangerous.

The Melpomene canal is an illustration of the plan suggested, and the water shed drained by it is probably the only territory above Canal street which at small cost can be rendered free from saturation by reason of the prompt removal of the water. This system can be continued indefinitely with excellent results.

In regard to the grand problem of drainage there are certain features which seem indispensable, and have been given so succinctly by Dr. Holt, in his able paper, as not to admit of controversy.

1st. New Orleans must not cast its refuse into Lake Pontchartrain for all time to come, thus polluting tide water and rendering offensive what must be a suburb of the city, and its shores populated health and pleasure resorts; and, second, our saturated sub-soil must be relieved of the water.



The topography of New Orleans does not differ materially from plantations above and below the city. Levees have been built to protect these from overflow, but this not sufficing, canals have been dug and drainage machinery put into operation to place the saturated soil in a tillable condition. Drainage complete and deep was necessary for successful planting, and the soil was placed in condition for the raising of crops. If it had not paid it would not have been done. We are raising a crop of consumption, pneumonia and diarrhœal diseases, as evidenced in our mortuary reports, diseases, if registered by the name of the causes, would be registered humidity, saturated sub-soil, the result of faulty drainage.

Carry off our storm water and one factor of our sanitary problem is erased. Until this is done it is useless to deepen drainage canals or improve the drainage wheels. When this is done it will be demonstrated that we have sufficient grade; and when this is done improvement in health and comfort will have been attained.

New Orleans appropriates to the Administrator of Public Works a sum which if expended with business-like care would barely serve to scavenge the city and attend to the repairs incident to the wear of bridges alone. Not a street has been paved from the sum devoted to this branch of the city government, and it can not be done. Only think for one moment of over four hundred miles of streets, and less than two hundred thousand dollars appropriated for their improvement and cleansing.

Something must be done; our streets are becoming more shabby and impassable each year. Our population does not increase because New Orleans energetically reaches out for citizens and commerce, but because here is found a natural metropolis, in spite of our sanitary requirements.

Our location commands commerce by reason of water privileges and railroads. The climate is admirably adapted to the manufacture of staples raised around us. This will make our city desirable, but until we can do away with such scenes as were witnessed during the past

winter, such as overflows, impassable streets and offensive gutters, and have decreased a mortality which causes of a local nature produce, and which we have power to lessen, until this is done we must be content to hear ourselves berated and capital deflected to other points.

Two meetings since, Dr. Joseph Holt, President of the Board of Health, advocated the formation of a Board of Public Works. This plan has been for years advocated by the Sanitary Association. I think it is the correct solution of the difficulties. This board must be organized so that new blood is continually being infused, but old arteries carry it through the body. Such a body devoted to such public work will cause New Orleans to appreciate her commercial location; it should so constituted that a majority hold over annually, commencing the reclamation of streets, after mature study and the best possible advice. Such a board can place New Orleans in a condition to receive and retain population and capital.

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### Diagnosis and Treatment of Fractures of the Neck of the Femur.\*

By FREDERICK LOEBER, M. D., New Orleans.

During the last three years I have treated in my private and hospital practice ten cases of fracture of the neck of the femur. We all know that occasionally we come in contact with fractures of this kind where the positive symptoms of a fracture are obscure or entirely absent, and we have to look to other signs by which we may be reasonably sure that there is a fracture of the neck of the femur.

Our text books commence the chapter on fractures of the neck of the femur mostly thus: The fractures which occur about the head and neck of the femur are often extremely difficult to diagnose with accuracy. We shall, however, for the sake of convenience, follow the usual classification and divide them into intra-capsular and extra-capsular fractures. Gentlemen, we all know that it is often

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\*Read before the N. O. Med. and Surg. Association.

extremely difficult to answer the simple question: Is there a fracture of the neck or not? This classification makes it, in my opinion, still more difficult. The relation of the fracture to the insertion of the capsule does not affect the symptoms and prognosis so much, as some other differences do. An entirely extra-capsular fracture can not exist and the result of my observation in diagnosing and treating these fractures, forces me to say, "this classification is clinically useless and anatomically incorrect."

Before we go any further, let us look at the anatomy of these parts. I will not tire you with a minute anatomical description, I only wish to recall to your memory the different parts of the hip-joint and their relations to one another, which play an important factor in these fractures.

The head of the femur forms a perfect ball and socket joint and covered with cartilage fits so accurately into the socket, that it is retained there by atmospheric pressure alone. The general direction of the neck is upward, inward and a little outward. The neck forms, in the adult, with the shaft an angle of about  $125^{\circ}$ . This angle varies in different ages; in old age it forms nearly a right angle and in children it is so oblique that it forms almost a curve from the axis of the shaft. The neck in its vertical diameter is much broader than in its antero-posterior. The lower wall is much thicker than the upper, and its cortical substance is the thickest and strongest of the whole neck; it is slightly curved, forming an arch, and acts in the young like a spring on a wagon; if any pressure is made on the head, it gives. In the adult it is 2-3 lines thicker, but in old age it is reduced to the thickness of paper. The part where the neck springs from the shaft is called "the base" of the neck. Trochanter major and minor are the two outstanding processes. The top of the trochanter minor projects from the inner and back part of the shaft, below the base of the neck. Two oblique ridges, one in front, the other behind the base, extend from one trochanter to the other; intertrochanteric ridges.

Ligaments are the cotyloid, a piece of fibro-cartilage at-

tached all around the margin of the acetabulum. For us the most important ligament is the capsular. It is attached above to the circumference of the acetabulum at a little distance from the margin, below and in front to the base of the neck, posteriorly mostly, but not constantly, to the middle of the neck. Doctor George G. Smith, of Brooklyn, in a paper (*American Medical Times*, 1861), on the insertion of this capsule, has shown that the insertion of this ligament varies so greatly, that no two specimens, from different subjects, can be said to be inserted into the same place. So great are the differences, that should a fracture occur at a certain place from the posterior intertrochanteric line, it may be entirely within the capsule in one case, and in another be half an inch or more external to it. A pure intra-capsular fracture of the neck can therefore never occur, since the capsule is always inserted on the anterior intertrochanteric line, and if the fracture should occur on the outside of this line it would be a fracture of the shaft of the femur and not of the neck. In front and below, the neck lies entirely within the capsule, while above and behind its outer third or fourth part may lie external to it. The ligamentum teres has no special interest for us. Formerly it was believed that the head was nourished by the little arteries which run up with it to the head. Hyrtel has proven by injecting them that not a single branch enters the head. Injecting the arteries entering the neck through foraminæ on its upper border, he found the head and neck, after making a section through them, full of fluid. The part of the neck where these vessels enter is covered by a very strong layer of periosteum, and in fracture this periosteum is mostly found untorn. These arteries, in connection with the periosteum, furnish nutrition to the head and neck in case of fracture, and preserve their vitality. Let us now go back to our subject. Fractures of the neck are essentially a lesion of advanced middle-age, and old age; they occur oftener in women than men. They are generally caused by a misstep, slipping off the curb stone, a fall upon the knee and feet, or by a fall upon the great trochanter.

In cases where fracture is produced by a misstep or slipping off the curb stone or steps, the weight of the body produces the injury; they occur, according to my experience, near to the head, and are not impacted, or very rarely so, but kept in place by the untorn capsule and periosteum. In the second class of cases, produced by a fall upon the trochanter, fracture occurs near to the base and is as a rule impacted.

In these cases the fracturing force goes through the axis of the neck, and acts as if it would force the head deeper into the cavity of the acetabulum. Looking at the anatomy, it is easily understood, why these fractures occur so often in old people. First cause is the changed position of the neck to the shaft; secondly and principally, we have to consider the senile changes of the bone itself.

Formerly, the frequency of the fracture was attributed to an increase of the earthy matter in the bone. The earthy matter is neither increased, nor diminished. The change is in the bone, compared with the intermediate spaces, occupied by blood vessels and fat. The compact tissue grows spongy, the spongy tissue grows spongier, or more like the medullary canal (Stinson). These senile changes occur not only in the neck, but also in the greater trochanter, its compact tissue is absorbed, and the intercellular spaces get larger, and by that allow the fractured neck to penetrate easily into its substance.

The symptoms of fracture of the neck are: 1st, inability to move the injured limb; 2d, local pains; 3d, change in the form of hip; 4th, generally eversion, sometimes inversion; 5th, more or less shortening; 6th, crepitus; 7th, rotation of the trochanter upon a short radius.

1. The patient is not able to move the leg at all, or lift the extended leg from the bed. If we ask him to lift his leg up, he bends his hip and knee and draws the heel, without lifting it from the bed, towards the body. In other cases, the pain is so severe, at the slightest motion, that he is not able to make any motion at all. In cases of impacted

fracture the patient may be able to move the leg, stand or even walk on it a short distance, all at once the impaction gives away, he loses his support and the pain is so intense, that he is not able to make the slightest motion.

2. Pain is usually slight, or even absent, if the patient is at rest, but is easily excited by the slightest movement. The pain is referred sometimes to the region of the great trochanter, sometimes to the groin, or inner and upper part of the thigh. Often the finger detects on the great trochanter or on the neck *an excessively painful spot*; the presence of this painful spot, I consider a pathognomonic sign of fracture.

3. Change in the form of the hip. Mostly we find it flattened, sometimes prominent and enlarged. The gluteal femoral fold we find always lower on the injured limb than on the healthy. By pressure on the short space between the great trochanter and the crest of the ilium, we find, in the normal condition of the limb, considerable resistance, produced by the tension of the fascia lata; in fracture we have a deep depression, due evidently to the diminution in the tension of this muscle, on account of the approximation of its points of attachment. These two points are also very important in the diagnosis of fracture.

4. Rotation of the foot generally outward. The patient lies upon his back with his hip and knee slightly forward. The heel of the injured leg corresponding to the interval between the tendo Achilles and heel of the sound leg. Eversion is sometimes so great that the foot rests entirely on its outer border. The cause of eversion is mechanical only, and not caused by the contraction of the external rotators. The diagnostic value of eversion by itself is not very great, it may be produced by a simple contraction of the muscles.

5. Shortening of the limb is produced, either by alteration of the angle between the shaft and the neck, or by overriding of the two fractured ends. It may vary from a fraction of an inch to four inches, it may be absent for

sometime, or increase suddenly or gradually. In measuring the limb I consider the method recommended by Mr. Bryant, the most reliable. He measures the distance between the top of the great trochanter to a vertical plane, passing through the anterior superior spinous process. In fracture of the neck with shortening the two points are nearer together. The shortening, if no impaction exists, is generally overcome entirely, or in great part, by gentle traction, but goes back as soon as traction ceases.

6. Crepitation sometimes present, sometimes not. This sign if not present should not be sought for repeatedly. Labatier long ago noticed that those patients, who had been persistently handled at the first examination, to detect crepitation, showed the most severe inflammation of the parts and furnished most of the fatal cases.

7. Rotation of the trochanter upon a short radius, as a sign of a recent fracture, is found in the text books, but not at the bed-side. In old, ununited fractures, where all inflammatory symptoms have ceased, we have it and can make use of it.

Fractures of the neck may be mistaken for dislocation of the femur. In dislocations, upward and outward, we have shortening and rotation outward, but the head can be easily felt in the inguinal region. In dislocation backward, we have shortening and rotation inwards, but the head can be distinctly felt through the soft parts. In all dislocations reduction requires considerable force, but once effected no more displacement takes place. In fractures, the leg is brought early to its normal condition, but goes back to its former position so soon as extension ceases. They may be mistaken for fractures of the acetabulum with penetration of the head into the pelvis. In this accident we always have symptoms of this severe injury by the disturbance of functions of the organs situated in the pelvis. In case the mistake should be made it would not be of great importance since the treatment of both injuries is the same.

The healing process of these fractures is always con-

nected with great difficulties. In old people, where the fracture is the result of atrophy and porosity of the bony structure of the neck, we really have no right to expect a good result. Can we expect that an atrophied bone, sparingly provided with blood vessels, shall furnish a healthy callus? Still a great many cases of bony union, even in very old people, are on record. The bad results are not caused, as it was formerly believed, by bad nutrition, or the disturbing influence of the synovia, but by the difficulty and often inability to coaptate and retain the fractured ends. These difficulties are equally common to all persons, old or young, weak or strong, rich or poor. The shorter the upper fragment, the more difficult or impossible it is to hold it in proper position. Complete immobilization of the fractured head, if not impacted or retained in position by the unbroken periosteum or capsule is practically impossible; accurate coaptation a matter of chance. The failure of union we have to attribute to failure in coaptation and immobilization, and not to any inability of the tissues themselves to do the work required of them. The correctness of this we see in fractures of the base of the neck or near it; they are generally produced by a fall upon the trochanter, followed by more or less impaction; coaptation and immobilization perfect. They all heal with bony union. The production of bone in some cases is even excessive, and interferes with the subsequent use of the limb. In fractures of the base, where the impaction and in consequence the coaptation and immobilization was destroyed accidentally, or by excessive motion made in running, we have no bony union.

The average period of time thought to be sufficient for consolidation has been estimated at from fifty to sixty days, but often it requires double that period of time, and even then it will be a long time before the patient acquires the practical use of his leg.

Shortening of the leg is the rule; we may consider ourselves fortunate if the shortening is not more than an inch.



But even a still greater shortening is not so bad as an excessive rotation of the limb outward. This condition impedes walking and movability of the joint, even in fractures united by a solid callus. If no callus has formed, the injured limb is powerless and motionless, and the poor patient is only able to move about on crutches. The powerless limb emaciates and is the seat of periodically recurrent pain for years. In very old, feeble and asthmatic patients, therefore, suffering from a fracture of this kind the prospect of solid union is *a priori* very frail, our first aim must be to keep them alive. We have no right to expose them to the dangers of decubitus, hypostatic pneumonia or marasmus. These patients I put on a firm mattress, if possible in a half-sitting position, and make them as comfortable as possible, keeping the leg steady with pillows or sand-bags. I even change this position often; and after two or three weeks make them sit on a high chair, or walk with the aid of crutches. Younger persons I also lay on a hard mattress, make extension by weights, 5-8 lb., and prevent version by sand-bags, or cushions. After the spasmodic contraction of the muscles has been overcome, and all inflammatory symptoms have ceased, nothing is more adapted to the treatment of these cases than a plaster of Paris bandage well padded. It affords the patient great relief, he feels himself secure, can move from one side of the bed to the other, lie on his side, and can be kept perfectly clean. In impacted fractures I often use extension only and keep the leg in its position by sand-bags or cushions. An impacted fracture is the best setting and splint we can have. A great many other modes of treatment have been recommended, but I think the more simple the apparatus, the better. So far I am satisfied with the results I have obtained by this mode of treatment.

**Facial Prosthesis.\***

BY C. EDMUND KELLS, JR., New Orleans.

Mechanical dentistry does not consist in merely making artificial dentures. Not satisfied with supplying the loss of the teeth alone, dental science has extended its field of usefulness to the hard and soft palates; and even the loss of the nose and the ear, has been made good (in a measure) by the mechanical dentist, when beyond the realms of the surgeon.

The loss of teeth and eyes, and of limbs, in whole or in part, is a serious matter in itself; but artificial substitutes may be resorted to, which are so skilfully made as to escape detection, and all excepting the eyes, perform the useful functions of their predecessors to a great extent. While such misfortunes will call from us but feelings of sympathy and compassion, a face without a nose presents a deformity that is heart-sickening. Therefore, any prosthetic restoration that escapes observation at a short distance, even though its character is discovered upon a close classed examination, is a boon to the wearer, and must be as a success.

An artificial nose can best be made by a dental mechanician, for he only has had the training necessary to the manipulation of the parts, and to the working of the material of which it should be made.

There is no durable substance which naturally perfectly imitates the skin; and even if there were, it could not undergo the various momentary changes of color, as does the natural nose in corresponding to the changes of the complexion. We must therefore adopt that material which is otherwise best adapted to our wants, and rely upon the artist's brush to complete our work. That material is, in our estimation, vulcanized rubber.

Two cases, as you are aware, have presented themselves at our office, for which artificial noses were made and adjusted.

\*An abstract from this paper was read before the New Orleans Odontological Society.

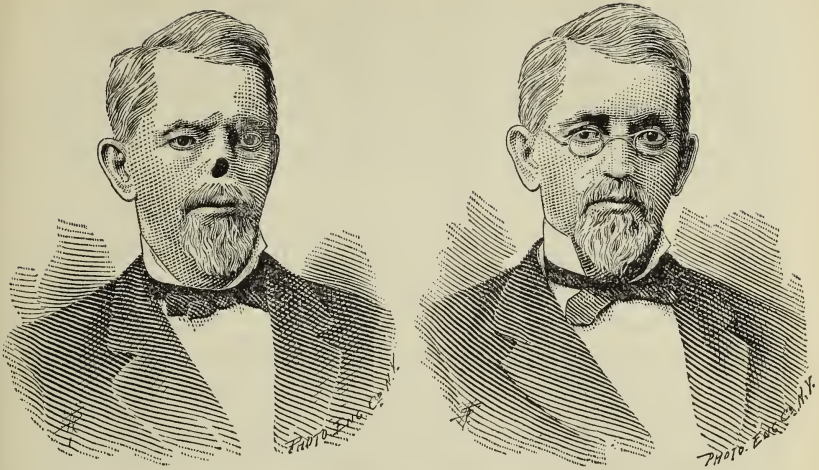


Fig. 1.

In Fig. 1 is shown the first case, in which the lesion was caused by disease that was checked only after having accomplished the ravages of the parts as shown. Here was a loss of the entire soft parts of the nose, the triangular cartilage, the inferior turbinated bones, the vomer, the soft palate and about three-fourths of the roof of the mouth.



Fig. 2

As will be readily perceived, distinct articulation was impossible. The nose as shown in the cut, was made by my father and Dr. Viet of hard rubber, and painted to cor-

respond to the complexion of the patient. A flat gold spring, firmly imbedded in the vulcanite, projected into the opening in the face and supported the nose at the base, and a pair of spectacles held it well in place at the top. An obturator also being made, great improvement was obtained in the speech of the subject.

Fig 2 represents the second case which came to us some four years ago. The cut, taken from a photograph, shows clearly that the soft parts alone have yielded to the erosion of the disease, which was a lupus. Medicine and surgery having failed to effect a cure of the ulcer, a rhynoplastic operation was impossible. We therefore proceeded as in first case, with the result as shown. The patient was a stout gentleman with fleshy cheeks. When the muscles of the face were in repose, the edges of the nose being nicely adapted, the jointing of the artificial to the natural, was hardly perceptible. But in speaking, the alæ of the nose did not, of course, respond to the tension of the adjacent muscles, and a very plain line of demarcation would become apparent. However, our patient was well satisfied, for now he could thread his way through the busy thoroughfare, lost in the multitude; whereas before, he was the cynosure of all eyes, at all times, and in all places.

During the past summer this gentleman presented himself again, and his nose was rather the worse for the four years of wear, including one railroad accident. Our patient had become much thinner, and the erosion by the lupus had extended to a slight degree; therefore, a remodeling of the nasal organ was evidently desirable. This gave us an opportunity to carry out an idea conceived some time since. The main body of the new nose consisted of hard rubber, as before, but where it rested upon the fleshy and movable parts of the face, a thin edging of velum rubber was used, and vulcanized in such shape as to bear lightly upon the approximating muscles and follow them up in their various movements. The result was most gratifying.

To our knowledge, this is the first time such a combination of hard and soft rubber has been used in such a case, as an examination of the works of authorities upon such subjects, has failed to find any record thereof. We give this method to the profession, hoping thereby to add our mite to the cause of those who are struggling for the good of suffering humanity.

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## HOSPITAL REPORTS AND CLINICAL NOTES

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We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

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### A CASE OF LITHOLAPAXY.

By J. D. BLOOM, Ambulance Surgeon, Charity Hospital.

John F. H. D. was admitted into the Charity Hospital on the 10th day of November, 1885. He was born in France; aged fifty-two years; lived in Louisiana continuously for thirteen years; residence in Algiers; a painter by occupation; habits irregular; general health always fair. He has habitually drunk cistern water, and often, while at work, water from the Mississippi river.

Patient had yellow fever in 1854; dengue in 1865; no history of venereal disease. In September, one year ago, after considerable exercise, he complained of frequent micturition, with bloody discharge; and following this, accompanying the act, was a sudden cessation of a free flow. The urine thereafter was, at times, expelled in drops, necessitating patient assuming the horizontal position for ease. Gradually onward from this time, the left lower extremity has impeded locomotion, from its diminution in size and tremor on exertion, becoming first notably evident to patient in January following.

Upon admission into the hospital the patient's general condition was fair; appetite good; locomotion somewhat

impeded by dragging and tremor in movement of left lower extremity; slight impediment in speech; muscles of left lower extremity atrophied as compared with the limb of the other side; reflex exaggerated. The vesical symptoms were distressing. The patient was annoyed by frequent micturition, with blood preceding and following each act; and the sudden interruption in the act of urinating, which happened frequently, gave great pain and distress.

Dr. A. B. Miles, the house surgeon, diagnosed stone in the bladder, and performed the operation of litholapaxy on the 13th of November. Prof. Bigelow's medium size lithotrite was used. The urethra had been constricted in several places by chronic inflammation and grasped the instrument rather tightly. The stone was large and very hard, adding to the difficulty of crushing. The debris was washed out through the curved canula of Bigelow's evacuator. The operative procedures consumed one hour and ten minutes. There were several causes of this delay—the narrowing of the urethra, the size of the stone and its extreme hardness.

The fragments preserved weighed one hundred and ninety grains. The calculus was made up of alternate layers of uric acid and the phosphate of lime.

Half an hour after the operation, ordered H. C. ʒiʒ, and repeated the dose six hours later (H. C. is the house preparation, containing two scruples of the sulphate of cinchonidia, dissolved, and one drachm of tincture of opium in one ounce of peppermint water). On the evening of the same day the temperature was normal; pulse 84; respiration 20 per minute. At no time subsequently did the temperature rise above the normal line.

The distressing vesical symptoms began to disappear from the time of the operation. Three days afterward the patient was allowed to get out of bed, and on the sixth day was discharged from the Hospital. Upon final examination the sound detected no fragments of the stone remaining.

## PENETRATING WOUND OF THE HEART.

By L. G. LEBEUF, Ambulance Surgeon, Charity Hospital.

On the 27th of last October, a man was stabbed in the Second District of this city. Six minutes after the accident, the ambulance reached the spot. A strongly built, middle-aged mulatto lay wounded on the sidewalk. The signs of life were not visible; respiration could not be detected; the extremities were cold; no pulsation could be felt in either radial artery; and the hand placed over the apex impulse could only feel a weak tremor. There was a small wound midway between the sternum and left nipple. Not a drop of blood was seen. The symptoms of the patient and the position of the wound led us to suspect penetrating wound of the heart. The man fell ten feet from the spot where he received his wound. The instrument with which the wound was inflicted was the slender, triangular, twelve inch long blade of a sword cane.

The patient was soon revived by inhalation of ammonia; the pulse reappeared; the respiration became more natural; but the heart sounds, by auscultation, were distant, dull and indistinct. He was conveyed in the ambulance to the hospital. He soon became very restless, tossing in bed and raving considerably. He was under the influence of alcohol at the time the wound was received. He grew weaker during the night and died at 12:30, A. M., just eight hours after the wound was inflicted.

The *post mortem* examination showed that the sword had entered the chest in the fourth intercostal space, two inches to the left of the median line, on a line with the nipples, penetrated the pericardium and transfixed the heart. The wound entered just to the left of the interventricular groove, passed partially through the interventricular septum, without opening the left ventricle, and out through the right ventricle at a point of exit just to the right of the interventricular groove posteriorly. Thence the track of the wound passed through the posterior wall of the pericardium, the diaphragm, left lobe of the liver, and scratched along the lesser curvature of the stomach.

The wound in the muscles of the heart contained two or three small coagula of blood. The pericardium was very much distended; so much so, that when the sac was punctured with the point of the knife, the blood spurted three feet in the air.

Although such cases as this appear now and then, they are none the less of great interest to the profession. At first thought, it appears marvelous that life should be prolonged any length of time after the serious wounds of the heart we find recorded. In this case we can understand that the triangular shape of the instrument, its immediate withdrawal, and the contraction of the muscular fibres of the heart, diminishing the flow of blood from the cavities, might explain the prolongation of life. That life should have been prolonged *eight hours* after such an injury as we have described, is a feature of the case of unusual interest.

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#### A CASE OF ANOSMIA.

Reported by P. E. ARCHINARD, M. D., New Orleans.

Mrs. McP., aged 45 years, has been a widow for four years, having previously remained married 22 years, during which time she has never had any children. She is very stout, her functions are all properly performed, her general health having always been of the very best, with the exception of a mild form of chronic articular and muscular rheumatism, she has never been ailing. She is very nervous, though not in any way hysterical. Her mother suffered occasionally with "tic douloureux," and she lost an uncle of apoplexy. With these two exceptions her family history is good. After her husband's death she was exceedingly nervous and troubled with constant insomnia. Her family physician, on being summoned, placed her at the time under the influence of ether, and from this time on she continued to inhale this drug whenever she was troubled with nervous feelings and whenever she had difficulty in going to sleep at night. This practice she continued fifteen



months, and only discontinued when she found out that the sense of smell, which had previously been quite acute, had completely disappeared. This she discovered in this wise: being one day without a cook, she was forced to prepare her own meal, when she noticed that she could not distinguish things by their smell. She had for some time previously noticed that the flavor of her food was lost, but this she attributed to her nervous condition. She first called on me, a little over a year ago, for her rheumatism, and told me of the condition. Upon careful examination, I attributed the anosmia to a paralysis of the peripheral endings of the olfactory nerves, brought about by the constant inhalation of ether; there being no disease of the nose to account for it, and her cerebral functions, together with the other special senses, being in perfect condition warranted this conclusion, which proved correct.

Her condition, at present, is as follows: Olfaction is altogether lost; this I tested with solutions of varying strength, from the weakest to nearly concentrated ones of the essential oils of bergamot and peppermint, of musk, of assafœtida, sulphuretted hydrogen, camphor, ether, chloroform, chlorine and ammonia, etc. The only ones of these which made any impression on her were chlorine, sulphuretted hydrogen and ammonia and musk; but beyond the fact that they were irritating to the nose, and she found them strong, and from this fact unpleasant, she could detect no odor in any of them. She further told me that taste was also impaired, but this I found to be incorrect, for saline, sweet, bitter and acid substances were distinctly perceived when put on the tongue, and only the flavor of what she ate was lost. She explained by saying that fish or meat tasted to her the same.\*

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#### INTESTINAL OBSTRUCTION; RELIEVED.

Reported by J. LAURANS, R. S.

Henry H., aged twenty-four years, mechanic, a man of good physique and moderate habits, was admitted into the

\*A similar case of anosmia from constant inhalations of sulphuric ether, quoted from Stricker, is mentioned by Ross in his treatise on Diseases of the Nervous System. Vol. I, p. 369.

Charity Hospital on the 26th of November last. He gave the following history of his illness:

About 5, P. M., November 25th, he ate ten bananas. Three hours afterwards he was taken with cramps in the abdomen. While at stool, vomiting commenced. The vomiting and cramps continuing all through the night, the patient was brought to the hospital, coming into the ward about 11, A. M.

On admission, his general condition was fair; the face was pale, countenance pinched and anxious; the breath was offensive and of stercoraceous odor; tongue covered with a dark coating; respiration, 30; pulse, 102; temperature  $98\frac{1}{2}^{\circ}$  F. He complained of pain and tenderness over abdomen and of cramps in the legs and thighs; there was some tympanitis. Morphia sulph., gr.  $\frac{1}{4}$ , was given hypodermatically.

Shortly after admission he vomited, the vomit being liquid and of stercoraceous odor. At 2, P. M., was seen by Drs. Miles and Jamison. His condition was about the same as on admission. A large enema of soap suds was ordered. This was retained about ten minutes and produced a discharge of a large number of scybalous masses. The vomiting diminished in frequency and severity and lost its faecal odor. The patient expressed considerable relief. 6, P. M. Temperature  $98.5$ ; respiration, 24; pulse, 96; vomiting less severe and void of faecal odor; pain over abdomen less severe; patient improved.  $\frac{1}{4}$  grain sulphate morphia hypodermatically.

Nov. 27, A. M. Temperature, pulse and respiration, normal; had rested tolerably well during the night, though he vomited occasionally and had some slight abdominal pain. There was some tympanitis and the tongue was covered with a black coating, but the breath was not offensive. The following was ordered:

℞ Bismuthi subnitrat̄is . . . . . ʒiij.  
 Morphia sulphatis . . . . . grj.  
 Syr. zingiberis . . . . . ʒj.  
 Aquæ menthæ piperitæ q. s. ad. . ʒvj.

M et. sig. Tablespoonful every 2 or 3 hours.

Evening. Vomiting, rejects milk and lime water.

Nov. 28, A. M. Rested fairly well after  $\frac{1}{4}$  grain morphiae sulph. hypodermatically, at 10, P. M. Vomiting continues, though less frequent.

Evening. Vomiting and pain diminishing.

Nov. 29, A. M. Still vomits occasionally.

Evening. Still vomits occasionally, the vomit watery and of greenish hue; tongue cleaning off. Bismuth mixture, as above, continued.

Nov. 30, A. M. Still vomits, retaining nothing. At 10, A. M., a large enema brought away a quantity of scybala masses.

Evening. Five copious evacuations of scybala since enema was given. The vomiting entirely ceased and patient retains nourishment and medicine. Complains of only slight pain over abdomen.

Dec. 1, A. M. Retains nourishment, complains only of feeling weak.

Dec. 3. Patient entirely well. Discharged, cured, Dec. 7, 1885.

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## LEADING ARTICLES.

**THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL,**  
**NEW SERIES.**—Published monthly at \$3 per annum in advance.  
 Single copies, 30 cents.

Correspondence, notes and queries upon medical matters and clinical reports are invited from every source and will receive prompt attention. Information concerning deaths, marriages, removals, etc. of physicians, and all matters of local or general interest relating to medicine are solicited from the Profession of the South.

### FREIRE'S YELLOW FEVER MICROBE.

Under the title of "*Doctrine Microbienne de la Fievre Jaune*" Dr. Domingos Freire, of Rio Janeiro, has published, in a large octavo volume of nearly 650 pages, the results of his researches upon the yellow fever microbe, the cryptococcus xanthogenicus, together with his experiments in inoculating man and lower animals with his attenuated virus as a preventive against this dreaded disease. Notwithstanding the size of this book and its diffuseness on subjects of secondary importance, the author

touches very lightly on subjects, which we consider of prime importance, and he seems to have written more with the view of impressing the general public, than to carry conviction to the minds of cool-headed scientific men. His work contains, we were going to say is adorned with, a number of very showy and highly colored plates, whose artistic finish is indeed very good, but which lack in the most essential point, clearness of detail, so that they fail to impart any clear conception of the cryptococcus and certainly fail to show the microbe in any of the yellow fever tissues and organs. After a careful perusal of this book, we regret to state, that Dr. Freire's investigations appear to us far from being as minute and exact as they should be, and fail to prove the assertions advanced by the author. This failure in our opinion can be attributed to many causes, the first of which is in the fact, that, though Dr. Freire may be an excellent chemist, he is however lacking in sufficient pathological and microscopical experience, and in a thorough knowledge of microbiology, all of which are indispensable to one engaged in researches of this nature. For instance, in his attempts at classifying his microbe he has followed the old classification of Robin, and has neglected altogether that of Cohn, which is the only one now admitted by scientists; had he followed this latter he might have discovered that the cryptococcus xanthogenicus is more a fungus of the class saccharomyces than an algæ; and did he possess more experience in pathology he certainly would not have dared to oppose the assertions of the most careful and eminent pathologists, among whom is Schmidt, of New Orleans, as to the character of black vomit, unless he could bring irrefutable proofs to the contrary. We regret that space will not allow us to enter into as minute a criticism of Dr. Freire's work as we would have liked to; we will, however, be satisfied in this article to point out some of the most glaring errors in his treatise, so as to justify the statements already made, reserving the right to return to the subject at some future time.

That Dr. Freire is dealing with a micro-organism, admits

of no doubt, for he has succeeded in isolating and cultivating it, in what, from his description, must have been sterilized culture grounds. But there is a long way between admitting the above and accepting the fact of the presence of this microbe in the blood and organs of living cases of yellow fever, or believing it to be the cause of the disease. It is, indeed, immaterial whether the cryptococcus be present in vomited matter, bile and urine, or in the blood after death, or in triturated organs, for the sources of external contamination in these instances are many. But what is of very great importance is its presence in the living blood, and however satisfied we may be that Dr. Freire understands the precautionary measures adopted by Pasteur and others for obtaining uncontaminated blood from living beings, and although he claims to have followed these directions we know also that these examinations require so much care and delicate manipulation and are so often open to error, even in the hands of the most careful microscopists, that we are inclined to believe that with him some of these precautionary measures must have been neglected and the microbes been introduced from without. We base this assertion on the fact that, though Dr. Freire claims to have discovered the cryptococcus in the blood with as low a magnifying power as 750 diameters, the beautiful microphotographs taken by the United States Yellow Fever Commission in Havana, in 1879, with Zeiss 1-18 objective magnifying from 1500 to 2000 times, fail to show this organism in the blood taken from undoubted cases of yellow fever in the living subject. And, again, Dr. Schmidt, the pathologist of the Charity Hospital, of New Orleans, a most accurate and trustworthy microscopist, and who, perhaps, has had more experience in the examination of the blood and tissues of yellow fever cases than any living pathologist, asserts most positively that he has never met this organism in uncontaminated specimens even after the most careful researches undertaken at our request, at a quite recent date.

In the third chapter of his book, Dr. Freire states that

the yellow coloration of the skin found in yellow fever patients and the black color of the vomit derive their coloring, not from the pigments of the bile and blood, but from materials secreted by the *cryptococcus xanthogenicus*; blood corpuscles being present in the ejecta only in such rare cases as are associated with hemorrhage from the stomach or other viscus. This statement is directly contradictory of that of the most competent authorities; it is, indeed, so ridiculous that its mere mention is sufficient to show how accurate a pathologist the Doctor is, and how much reliance is to be placed in his microscopical examinations; for we know full well, that the color of black vomit is due to the pigment of the blood, and that the presence of hematin crystals with or without red blood corpuscles, are the only means of distinguishing between it and the black vomit found in other diseases where the coloring is due to bile pigments. The description of the macroscopic lesions in seven yellow fever cases, show how very superficial his examinations are, for he passes rapidly over the changes in such organs as the heart, liver, kidney, stomach, intestines in which are found the most characteristic lesions of the disease, and describes at great length fancied changes in the condition of the blood-vessels of the brain and pia mater, and the appearance of the lungs, all of which are due to simple congestion of those parts.

In his experiments on animals, to demonstrate the pathogenesis of the *cryptococci*, he is not more logical. The only domestic animals Dr. Freire has found susceptible to yellow fever are rabbits and guinea pigs; of course these same animals are found susceptible to all sorts of affections, so much so indeed that whenever experiments are to be performed to demonstrate the action of a drug or the pathology of a disease, they are always selected as victims, and it is strange, that with so much susceptibility, their race is not yet extinct. Rabbits and guinea pigs, then, he has inoculated with blood from yellow fever cadavers and with that from animals which had died from inoculations, and in whose blood swarms of live *crypto-*

cocci could be detected, and he has found, that in a day or two, sometimes more, at other times less, and sometimes in the space of a few hours, and once in even less than an hour, death has resulted. The animals showing symptoms before death, and anatomical lesions at the autopsy, which could as well be attributed to septicæmia, or to the traumatism caused by the operation, as to yellow fever; but because he found an abundance of cryptococci in the blood and fluids, he concludes that the cause of death must have been the latter disease; forgetting that he assumes exactly what he is attempting to prove.

As to the protection of these same animals by inoculation or vaccination with his attenuated virus, his experiments are so few that it is much easier to believe that their preservation is more of a coincidence than to believe it to be due to the protecting influence of the vaccination. The same might be said of the vaccination in the human species with this difference, that the partial protection, if any there be, might be due to the moral effect of the vaccination.

With regard to that part of the book which treats of the interpretation of the symptoms of yellow fever, upon the assumption of its parasitic origin, and of the antizymotic effect of the sodium salicylate on the cryptococcus, we need only say that it contains nothing either of scientific value or medical interest.

In concluding, we wish to assure our reader that in giving our opinion upon the value of Dr. Freire's work, we have been actuated neither by preconceived notions nor by personal feelings, but have given a candid and honest opinion as to the value of a work, which others, who perhaps have studied it less carefully, have been pleased to believe of some scientific and practical use.

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THE AMERICAN PUBLIC HEALTH ASSOCIATION :  
ON A RESOLUTION ADOPTED AT ITS  
RECENT MEETING.

The meeting of the American Public Health Association is always an interesting event in the scientific year, and the thirteenth annual convention recently held at Washington,

D. C., on December 8, 9, 10, 11, was, as far as we can learn, especially notable.

The first day's session was mainly consumed in listening to the addresses of welcome delivered by Dr. J. M. Toner, and District Commissioner Edmonds, the address of the President of the Association, Dr. James E. Reeves, of W. Va., and a letter from President Cleveland, in which he regretted that a press of public business prevented him from being present, and said a few words in his usual vein of strong good sense on the relations of public and private hygiene to the progress and prosperity of the nation.

During this and the subsequent sessions, a number of more or less interesting papers were read; their enumeration would require more space than we can afford. The address of Dr. Reeves has already appeared in the *Journal of the American Medical Association*, and the more important papers will doubtless be published in the same periodical.

On the third day, the Committee appointed to award the Lomb Prizes made its report. It reported that not one of the 36 essays submitted on "Healthy Homes and Foods for the Working Classes" was found of sufficient merit to deserve the first prize, but the second prize of \$200 was awarded to Victor C. Vaughan, of Ann Arbor, Michigan. The committee had carefully considered the twenty papers presented on the "Sanitary Condition of School-houses and School Life." Bodily punishment was opposed in all of them, except in very extreme cases, as it is affirmed that lethargy, idleness and disobedience may come from evils in schools where severe rules are the near or remote causes of the evils complained of. School competitions are censured as unduly exciting to nervous systems. School exhibitions in the heat of summer are condemned.

No one school should exceed 600 pupils. The committee, in concluding, recommended that searchers should be qualified to enforce proper hygiene in the schools.

Of the large number of exhaustive papers offered, showing thoughtful and thorough investigation of the subject of proper light and ventilation and other hygienic facilities, the



committee had selected that of Dr. F. Lincoln, of Boston, as worthy of the second prize. The first prize was not awarded.

Dr. George W. Sterling, of Baltimore, was awarded the first prize for his essay on "Disinfection and Individual Prevention against Infectious Diseases."

The committee on the preventable "Causes of Disease, Injury and Death in American Workshops," and the best means and appliances for preventing and avoiding them, awarded the second prize to Dr. George H. Ireland, of Springfield, Mass. The first prize was not awarded.

At the same session the Committee on Disposal of the Dead presented their report. The discussion that followed showed a majority of the members to be advocates of cremation. This was to be expected of so enlightened a body.

Many important resolutions were offered during the meeting to the end that the Association might adopt and recommend them to the general government for legislation, and it is to two of these resolutions, offered by Dr. Joseph Holt, that we wish to call special attention. The first was a resolution recommending to Congress the creation of a Health Bureau, which shall be parallel in its methods to the present Bureaux of Education and Agriculture. The powers of the proposed bureau to be limited to enquiry, investigation, and the transmission of intelligence, the main work of preventing disease to be left to local health boards, and the said bureau to have no patronage, no power of interference with local boards and no check upon local power. The resolution is evidently the outcome of the old quarrel between the National and the Louisiana State Board of Health, of which Dr. Holt is now the president and representative. With this resolution, however, we have no great fault to find, being rather inclined to think such a bureau might prove highly useful, and more in accord with our institutions than the old National Board with its centralized power.

It is to the second resolution that we wish to record ourselves as opposed horse, foot and dragoons.

Now, Dr. Holt is a highly appreciated and appreciative friend of this JOURNAL, and we wish it clearly understood that what we have to say about this resolution is devoid of any tinge of personal feeling, but is dictated solely by what we deem our duty as the Editors of the medical organ of the State from which Dr. Holt and the other movers in this matter come.

The object of the resolution in question is to obtain the endorsement of the American Public Health Association to a memorial from the New Orleans Cotton Exchange, praying Congress to create a commission to investigate the "discovery" in Brazil (by Domingos Freire) of a method for the prevention of yellow fever. The commission is to consist of an expert bacteriologist and two physicians of such learning and experience as to be able to diagnosticate a case of yellow fever of any type or in any stage. To defray the expenses of the commission, an appropriation of \$15,000 is to be set apart and each commissioner is to receive a salary of \$5000, making the total cost of the investigation \$30,000.

The first step in this affair was taken by the New Orleans Cotton Exchange, incited doubtless by certain newspaper articles which have recently appeared, and the "why-don't-you-call-a-meeting-and-take-some-action-on-the-matter?" means of suasion. The New Orleans Cotton Exchange is the most powerful and influential body in the City of New Orleans, and on many occasions its counsel and action have been productive of great public good. But this very fact has engendered in our great corporation a passion for interference. It has well nigh come to believe that it might by recommendation adjust the differences between the Balkan States, or by resolution decide forever the difficult question of what song the sirens sang. And we do believe that were it sufficiently bruited in the public prints and upon street corners where men most do congregate, that Laputa's scientific inhabitant had at length succeeded in extracting sunbeams out of cucumbers, the New Orleans Cotton Exchange would straight-way call a meeting and pe-

tion Congress that an expert commission might be appointed to investigate and report upon the process. But we submit that the Cotton Exchange is not a scientific body, that its members are not likely to know whether the experiments and results of Domingos Freire bear sufficient evidences of truth and scientific value to make worth while the spending of \$30,000 of public money in obtaining a more thorough knowledge of them, and that therefore its memorial on this subject is deserving of but little consideration.

We feel convinced also that the two physicians who have interested themselves in this matter, Dr. Joseph Holt and Dr. J. Mc. F. Gaston, of Atlanta (also a valued contributor to our pages), have acted precipitately and without due deliberation and consideration. They cannot be aware that Freire is a good chemist, but a poor microscopist and worse bacteriologist; that he is an ardent Pasteurite, but not a cool investigator; that his methods are crude and his experiments unconvincing; that many medical journals formerly enthusiastic in his praise have lately fallen ominously silent concerning him and his, and that the body of eminent French scientists to whom he has from time to time communicated his proceedings have never deemed them worthy of the slightest consideration. Had these gentlemen, Drs. Holt and Gaston, read Freire's recently issued work, an editorial review of which immediately precedes this, they would have become acquainted with these and other facts which must have led them to think with us on the subject.

It is our conviction that a few months will see Freire and his researches consigned to that lunar limbo where are laid away things lost or forgotten here on earth. That no method of inoculation against yellow fever will ever be found, we are not prepared to say; but of this we feel certain, that Domingos Freire is not, and is not likely to be, the discoverer.

If, however, after all is said some investigation needs must be had, why can not the government commission for the task Dr. Geo. Sternberg? He is at once a bacterio-

logist of established reputation and a yellow fever expert of some experience, and one already in the pay and employ of the United States. His travelling expenses alone would be, in our opinion, a handsome sum to pay for a more intimate acquaintance with the "cryptococcus xanthogenicus," and we can not stand by and see \$30,000 of the people's money expended on such an object without entering our earnest and emphatic protest.

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### ELEVATED TEMPERATURE—ITS CAUSE. THE HEAT OF FEVER. A QUESTION OF PRIORITY.

About the first of November last, the medical world was presented with two articles entitled as above, The Heat of Fever, Elevated Temperature—Its Cause. Both put forward a new theory of fever. The one being a remarkably lucid and complete piece of *a priori* reasoning, the other giving only a scant outline of the theory, but adducing certain experiments devised for its confirmation. The author of the former is Dr. Ord, President of the Medical Society of London, and his paper was published in the *British Medical Journal*, the latter was by Dr. Jno. B. Elliott, formerly Professor of Therapeutics, and now Professor of the Theory and Practice of Medicine, in Tulane University.

Dr. Ord's communication has called forth editorial comment from many of the leading journals of the North and Northwest; Dr. Elliott's has remained unnoticed, save in the *Texas Courier Record* and in the December number of this JOURNAL. And yet, admitting the ingenuity and value of Dr. Ord's experiments, Dr. Elliott's was incomparably the better exposition of the new theory.

Can it be that our confrères on the other side of Mason and Dixon's do not look over the Journals constituting their Southern exchange list? Is it possible that editors, medical editors, men exercising at one and same time two of the most liberal professions, are still under the domination of the old sectional belief that no good thing can come out of Nazareth? We are loth to believe it; and yet, if it be

not so, how comes it that the Englishman's address published in the English periodical, was received with such marked consideration, while the paper of the Southern professor is passed by without a word of comment? Why is it that Dr. Ord's ideas are hailed as new and striking, while the fact that Professor Elliott was the original propounder of the theory in question has not been hinted at?

In an article entitled Combustion and Assimilation, published in the year 1878, in the November number of this JOURNAL, Professor Elliott wrote as follows: "In the transformations taking place in the animal system it has been indicated that the chemical energy which disappears is always transformed in two directions; one portion reappearing as heat while the other portion reappears as organizing force of tissue construction. In the healthy adult the ratio of the heat produced to the organizing force produced is, within small limits, constant; just enough heat is generated to maintain the normal temperature, while just enough organizing force is generated to maintain the normal tissues of the body. While the nervous centres are in normal working order, this regular distribution of transformed chemical energy goes on without material variation and according to a regular quantitative law; that is to say, a fixed quantity of chemical energy always transforms to heat, while the remainder transforms to organizing force. If, however, the healthy condition is disturbed; if the transformation of the chemical energy into organizing force should from any cause cease; then knowing the quantitative relation between the organizing force and the heat, we should expect that the former being diminished the latter would be increased. The chemical energy continues to disappear, but now as none of it goes into organizing force all of it must go into heat. In fever this occurs. The normal balance observed in the production of heat and of organizing force is interfered with. Through the effect of disease upon the nervous centres, tissue formation in great measure ceases and excessive heat production is the result. The extra heat is produced *because* tissue formation has

ceased; chemical energy being no longer transformed normally into organizing force, is nearly all transformed into heat; and as the process of assimilation is practically arrested while combustion still goes on, we have emaciation. *Fever, then, might be defined as increased heat, resulting from diminution in tissue formation.*" [Italics ours.]

This was the first published exposition, so far as we know, of what we may call the Correlation Theory of fever.

In 1880, Professor H. C. Wood published his work on "Fevers," and in 1881, a copy came into Professor Elliott's hands.

Under the title A Rational Exposition of Fever and its Phenomena, the latter published in the February number, 1882, of this Journal, a more elaborate statement of his views with an account of one or two experiments showing that under normal conditions the temperature fell during exercise and rose immediately afterwards. Confirmatory of his ideas.

The reading of Professor Wood's work may strengthen Professor Elliott in his views, but it could add nothing to the clearness and completeness of his theory. The gist, the very pith and marrow of the matter was stated, and clearly stated, in the extract which we have quoted from his paper published in 1878.

These are the simple facts of the case, and we call on the great Northern and Northwestern journals to manifest their candour and fairness by publishing them to their large circle of readers.

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#### DEATH OF WILLIAM B. CARPENTER.

The death of this illustrious man is not a loss to England alone. His fame has extended wherever medicine is studied as a science, and medical men of every enlightened nation, the world over, feel the loss of the great physiologist and scientist. But few men have contributed so liberally to scientific medicine; and fewer still have thrown into their works the light of a mind so remarkably brilliant.

Carpenter was born in Bristol, in 1813—the son of a Unitarian minister. His father educated him for a civil engineer; but, at the age of twenty, when left to follow his natural inclinations, he entered the medical class at the University College, London. He subsequently went to Edinburgh, and graduated in 1839. Early in his medical life, he began to devote himself to scientific and literary pursuits. Even before graduation, he published in medical journals a series of essays on physiological subjects: *On the Voluntary and Instinctive Actions of Living Beings*; *On the Unity of Function in Organized Beings*; *On the Differences of the Laws Regulating Vital and Physical Phenomena*; and *on the Physiological Inferences to be Deduced from the Structure of the Nervous System of Invertebrate Animals*.

In the year of his graduation, at the age of twenty-six, he published his first systematic work on biology entitled “*Principles of General and Comparative Physiology, Intended as an Introduction to the Study of Human Physiology, and as a Guide to the Philosophical Pursuit of Natural History.*” This work quickly passed through a second edition.

His greatest work, on the *Principles of Human Physiology*, upon which his fame as an author mainly rests, appeared in 1846, and in time was adopted as the standard text-book in many of the schools in the several countries where medicine is taught in the English language. This book has passed through eight editions. The last appeared in 1876. The more recent works of his countryman, Foster, and of Hermann, may bristle with modern chemical and physiological formulæ, and may, therefore, appear more highly scientific—like Wagner’s compositions in music—but the writings of Carpenter will long remain classical, and his attractive style as an author will, for many years to come, delight the students of physiology, as students of clinical medicine are still charmed by the writings of Trousseau.

The *Microscope and its Revelations* is another great work,

which added largely to the fame of the author. This book passed through five editions, and ranks, with the writings of Beale, among the most valuable contributions to this department of medicine.

In 1874, Dr. Carpenter published a treatise on the Principles of Mental Physiology; and in the same year, following the same train of thought, wrote a clever little book, explaining upon physiological, as well as rational and common-sense grounds, the nervous phenomena underlying the self-deception of those who believe in mesmerism, odylism, table-turning and spiritualism.

About this time, he contributed to the Philosophical Transactions several papers on the Australian and Philippine Foraminifera; also articles for the Cyclopædia of Anatomy and Physiology.

At two periods of his literary life, Dr. Carpenter engaged in journalism. In 1843, he began the publication of the Popular Cyclopædia of Science, and subsequently, for a number of years, edited the Medico-Chirurgical Review, and contributed to its pages a number of articles covering a variety of scientific subjects.

During 1868, and for several years subsequently, he devoted much of his time and thought to the subject of deep-sea explorations, and was largely instrumental in having the Challenger sent out on her expeditions. His reports of those investigations are published in the Proceedings of the Royal Society and in the Journal of the Royal Geographical Society. The explorations of the Porcupine and the Challenger settled affirmatively the long mooted question whether living organisms existed at every depth of the ocean. The writings of Dr. Carpenter on this subject are interesting and valuable.

A life so full of good works was not without its honors. After graduation he returned to Bristol and received the appointment in the medical school of that city, of Lecturer on Medical Jurisprudence. Afterward he moved to London, a place more congenial for his scientific and literary pursuits, and was appointed Professor of Medical Jurispru-



dence in University College, Lecturer on General Anatomy and Physiology at the London Hospital School of Medicine, and Examiner in Physiology and Comparative Anatomy in the University of London. In 1856, he became the Registrar of the University, and, for twenty-three years, devoted himself to the duties of the office. He resigned in 1879, in the same year that the charter was granted for the admission of women to degrees, a policy which he strongly opposed. He subsequently consented to serve in the Senate. In 1844, he was elected a Fellow of the Royal Society, and, in 1861, received the gold medal of the Society for his contributions to physiology; in 1871, received the honorary title of LL. D. from the University of Edinburgh; in 1872, presided at the Brighton meeting of the British Medical Association; in 1873, became a Corresponding Member of the Institute of France; and, in 1875, he was made a Companion of the Order of the Bath.

Dr. Carpenter's death was accidental. While taking a hot-air bath, for rheumatism, the bed curtains caught fire from the lamp, and the injuries sustained resulted fatally on the following day—the 10th of last November. He died at the age of seventy-two years.

We have but imperfectly outlined the life and literary work of this truly great man, who so honored and adorned the profession of medicine. He was not simply a book-writer, but a scientific investigator, who devoted much of his time to original research. His literary works show the highest order of culture, and are written in a style singularly clear and attractive. These works alone are monumental to his memory among English-speaking people.

## ABSTRACTS, EXTRACTS AND ANNOTATIONS.

## MEDICINE.

INQUIRY INTO THE ETIOLOGY OF ASIATIC CHOLERA.  
REPORT OF THE ENGLISH COMMISSION.

Drs. Klein and Gibbes, in their report on the etiology of cholera, make the following objections to the theory of contagion; (1), that the attendants of the sick are, according to all account, particularly exempt; (2), that it is proved by the researches of Pettenkofer and others, that, on the introduction of the cholera virus to a new locality, a considerable interval of time elapses before an epidemic; (3), that certain places—e. g., Versailles, Lyons, Birmingham, have shown an immunity when cholera was raging in contiguous towns; (4), that it is a known fact that epidemics die out on board ships which put to sea; and finally; (5), that it is well known in India that the movement of troops from an infected cantonment suffices to check an outbreak among them.

They insist that in order to prove the specific character of the comma bacilli, it must be shown; (1), that they occur exclusively in cholera; (2), that they are present in great numbers in the tissues of the small intestines, so as to produce a large amount of poison; (3), that they differ in all respects from putrefactive bacilli; and, (4), that the comma bacilli of pure cultivations can produce the disease when introduced into the animal system. Each of these points is dealt with by the reporters. They find great variations in the number of the bacilli, and in some acute cases often had difficulty in detecting them at all. They found large numbers in mucous flakes undergoing putrefaction, an observation directly opposed to Koch's statement that comma bacilli are inhibited and destroyed by putrefaction. They have also found morphologically identical comma bacilli in the stools of diarrhoea, dysentery, enteric fever and phthisis; so that to employ the detection of comma bacilli as a diagnostic test is erroneous. Drs. Klein and Gibbes, confirm Koch's observation that in acute typical cases the comma bacilli are found chiefly in the mucous flakes of the lower part of the ileum, but consider that it does not harmonize with the assumption that the bacilli are the cause of the disease, seeing that the ana-

tomical changes and amount of flakes and fluid are as marked in other parts of the intestinal tract. But their observations are directly opposed to Kock's upon the important point of the presence of comma bacilli within the mucous membrane, employing the same methods as Kock. This suffices, they think, to dispel the notion that comma bacilli produce the disease.

Drs. Klein and Gibbes find that acidity does not inhibit the growth of the bacilli in cultures, and do not agree that the liquifaction of gelatine occurs in an especially peculiar manner. They examined the water from the tank in Calcutta, which according to Koch was the focus of infection during an epidemic, and also from other tanks, and found abundance of comma bacilli therein, whilst no cholera prevailed among the natives, who used the water from the tanks for drinking and other purposes.—From *The London Lancet*, November 28th, 1885.

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## SURGERY.

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### DR. STEPHEN SMITH'S REMINISCENCES.

In the *New York Medical Journal*, we find an abstract from a paper presented by Dr. Smith, on the Comparative Results of Operations in Bellevue Hospital.

Before the days of anæsthetics, operations were performed with the view of celerity, and the surgeon was chiefly concerned in keeping his instruments sharp. They were kept clean only in order to avoid rust.

Formerly, the preparation of the surgeon and his assistants was conducted solely with the view of preventing the soiling of their clothes. Patients were brought to the operating room with the parts to be operated on unwashed and unclean. By-standers were all invited to put their fingers into the wound. Sponges were cleaned in simple water. Ligatures were carried in the surgeon's pocket. One end of the ligature was cut short; the other end was left hanging from the wound. Wounds were dressed with adhesive plaster and unbleached muslin bandages. In the old days, surgeons left many wounds open, confidently expecting suppuration. In cases of large wounds, fever formerly began usually on the second or third day, announcing suppuration; then followed exhaustion, sweatings, chills, etc. This train of phenomena was called another stage of surgical fever. We call it pyæmia.

Formerly, amputation wounds seldom, or never, healed except after long and exhausting suppuration. The larger wounds were terribly fatal. Psoas and other abscesses were allowed to open themselves.

The methods of procedure have been entirely revolutionized. Mere haste in surgical operations is condemned. The greatest pains are now taken to clean the parts before the operation. The surgeon's aim is at present to avoid suppuration. Metastatic abscesses are now things of the past. Pyæmia and septicæmia are now almost unknown in gynæcological wards. The essential feature of the present methods is *cleanliness*, and the agents through which this main feature is preserved are soap and water to external parts, carbolic acid for the instruments, the bichloride solution for all surfaces and tissues, and iodoform for external dressings.

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#### RHINOLITHS OR NASAL CALCULI.

In a recent number of the *Medical Record*, Dr. R. E. Beach, of Vandalia, Ill., reports two cases of nasal calculus. In the first case, twelve years old, a nasal catarrh had existed for eight months. Only the right side was affected. A foreign body rested on the middle turbinated bone, which upon extraction and examination, was found to be a rhinolith, with a seed for a nucleus. In the second case, aged four years, the nasal catarrh had existed for eighteen months. A body,  $\frac{1}{2} \times \frac{3}{4}$  inches, was visible, lying on the floor of the nasal fossa. When removed, it was discovered to be a calcary mass gathered around a cherry-pit. In all nasal catarrhal affections, especially in children, Dr. B. insists upon an examination for a foreign body. More particularly is the examination necessary when the catarrh is confined to one nostril.

At the annual meeting of the British Medical Association, Mr. E. Cresswell Baber, reported a case of rhinolith, with remarks. The case occurred in the person of a physician. He remembered, when a child, three or four years of age, having put a boot-button into the nose. He suffered no inconvenience until two or three months before the consultation of which we write. The button had become the nucleus of a calculus. The wonder is that the body should have remained in the nose for so long a time without doing harm. The formation of these concretions, while unusual, is the result of a simple process. The salts of the pituitary secre-

tion become deposited around some foreign body as a nucleus. The concretions may form without a nucleus. Calculi may form wherever there are salts in the secretion liable to deposit.

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#### THE RISE AND FALL OF THE OLEATES.

Only a short time since, the oleates were in high favor as therapeutic agents in diseases of the skin. Their advocates were very zealous. At the last meeting of the American Dermatological Association, a great many ill things were said of the oleates. Dr. Stelwagon read a paper, an abstract of which is published in the November *Journal of Cutaneous and Venereal Diseases*, from which we glean the following :

In the experience of Dr. S., the oleates of mercury, lead, zinc and bismuth are the only oleates that have proven of any service. The writer recommended the oleate of mercury in ringworm of the scalp. In the inunction treatment of syphilis, however, he regarded it as inferior to the blue ointment. Very little value was placed on the oleate of copper. The oleate of bismuth, with lard or alone, was mentioned as a soothing ointment. The writer urges several objections to the oleates, among them the oleic acid odor, the costliness, and the irritating effect at times observed. Indeed, he spoke well only of the oleate of mercury; and even this preparation is regarded less favorably than one year ago.

Dr. Duhring, among others, concurred in the observations of the writer. In his experience, the oleate of copper had no beneficial effect whatsoever in the treatment of fifty cases of ringworm.

In the hands of the present writer the oleates have been disappointing. It is evident that they have had their rise and now are beginning to fall.

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#### TREATMENT OF CARBUNCLE.

We extract from the proceedings of the Philadelphia Academy of Surgery, published in the November 5th number of *The Boston Medical and Surgical Journal*.

Dr. James Collins.—I have lately treated two cases of carbuncle on the back of the neck by a method which seems to have some advantages. The patient is put under the influence of an anæsthetic and a linear incision made. I

then take a scoop and remove all the necrosed tissue, and wash the parts thoroughly with an antiseptic solution of mercuric chloride. I then put in a drainage tube, and insert two stitches to bring the central part together. Each day the cavity is thoroughly washed out with the antiseptic solution. The patients have done well, and the cicatrix has been less than after any other method I have tried. The success depends upon the removal of the necrosed tissue and the use of the antiseptic solution.

Dr. S. W. Gross.—The plan of Dr. Collins is, I think, based upon proper principles. I consider it far the best operation yet suggested. By scraping away all the dead tissue he gets rid of all the micrococci which produce putrefaction, which gives rise to the sloughs. The application of the corrosive sublimate destroys the micrococci which line the walls of the cavity, and in that way removes the cause of the disease.

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#### GROUND COFFEE AS AN ANTISEPTIC.

In the *Pharmaceutische Zeitung*, Dr. Oppler recommends ground coffee as a dressing for wounds in cases of emergency. Its use is very simple; it is only necessary to cover the wound with a layer of powdered coffee. The effect produced by parched coffee is due, in part, to vegetable charcoal, and, in part, to the aromatic empyreumatic compounds formed during the parching.

In a later communication, the same author attributes also to powdered coffee the property of deodorizing iodoform. The addition of thirty to fifty per cent. of powdered coffee ought to be sufficient for rendering preparations of iodoform completely inodorous.

The following formulæ are those principally used by Dr. Oppler:

Iodoform . . . . . 2 parts.  
 Parched coffee, finely pulverized. . . . . 1 part.  
 Triturate with a few drops of ether and dry.

Iodoform. . . . . 1 part.  
 Paraffine. . . . . 10 parts.  
 Parched coffee, finely powdered. 3-10ths part.

Finally, Dr. Oppler asserts that it also disguises castor oil. It should be mixed in the ratio of two of oil to one of coffee and sweetened.—*Les Nouveaux Remedes*, 15th Octobre, 1885.

## URETHRITIS EXTERNA, PARTICULARLY IN MEN AND CYSTIC FORMATIONS OF THE PREPUCE—E. OEDMANSSON, IN NORDISKT MEDICINSKT ARKIV.

Starting out with the description of M. A. Guérin, of the formations which he has called "glandular canals," ("conduits glanduleux"), which are frequently found outside of the urethra of woman, although in its immediate neighborhood, Prof. Oedmansson, of Stockholm, states that sometimes such canals are found in man. He has himself seen ten such examples. In three of them, these canals were found on both sides of the urethra; in seven, they existed only on one side. They usually open in the vicinity of the posterior commissure of the urethra, even on the lip of the meatus, sometimes a little anteriorly or externally to its edge. They are situated in the wall of the urethra, which, in inflammation of these canals, sometimes presents a considerable degree of infiltration. They are in general very narrow, but may be one centimeter or more in length. In eight cases, the gonorrhœa had extended to the canal.

Besides these canals of the urethra, still others may exist in man, in which gonorrhœa may become localized. They are found between the two layers of the prepuce, usually open upon its inner aspect at the attachment of the frænum or immediately above, and extend under the form of thin subcutaneous cords, as far as the corona or even beyond. Prof. Oedmansson has observed six such cases. One of them differed from the others in having the canal open upon the corona horizontally in the medial line. Another case also presented this difference; that the canal passed between the two layers of the prepuce, and terminated at the glans. The canals were from one to three centimeters long, and were large enough to permit the passage of a medium sized Bowman's sound. In five other cases, Prof. Oedmansson observed both urethritis and a running from the canal; the latter usually appeared some days after the former, and in one case at the fifth week. The sixth case had no urethritis, but merely a running from the canal, which appeared a few days after a suspected coitus. It cannot be considered as proved that this patient suffered from gonorrhœa; but in a similar case observed by Dr. Welander after the discovery of gonococci, the latter bodies were found in great numbers in the secretion from the small canal.

These canals have the appearance of ordinary lymphatic

cords and Oedmansson considers it probable that a lymphatic vessel, engorged from some cause or other, becomes clogged, and breaks through the skin, thus giving rise to the canals. As a proof of this theory, he states that at the very point where these canals are usually found, small lymphatic cysts are sometimes met with, as large as a pea or small bean, varying slightly in form, and which their owners have generally observed from childhood. Oedmansson found such cysts in seven cases, and in two of these cases there were co-existing glandular canals to the urethra.

In the blenorrhagic treatment of these various kinds of canals, in men as well as in women, Oedmansson touched them, when their orifices were not too narrow, by means of a fine Bowman's sound, surrounded with a small amount of well-oiled cotton, and then dipped into a solution of nitrate of silver, corrosive sublimate, or tincture of iodine.

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## OBSTETRICS, GYNÆCOLOGY AND PÆDIATRICS.

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### SURGICAL TREATMENT OF PRURITUS VULVÆ.

Pruritus vulvæ depends often upon continued vaginal or uterine discharges. These discharges bathe continually the mucous membrane of the vulva and by their presence produce an irritation which causes the pruritus. When treatment is early directed to these discharges, their stoppage often cures the disease; when, however, they have lasted a long time, the effect on the mucous membrane is such that even after the discharges have been stopped, the pruritus will persist more or less tenaciously. Kustner (*Centralb. für Gynæk.*) suggests a new method of treatment with which he has been successful in four cases. He excises the mucous membrane at the seat of trouble, and reunites the borders of the cut surface by means of sutures. Cicatrization is rapid and the pruritus disappears immediately after the operation. According to the author, in the majority of cases, local measures are necessary, and nothing short of resection of the nerve endings in the mucous membrane is capable of affording relief. This resection is accomplished by the operation which Kustner has done, by dissecting away the mucous membrane at the seat of the pruritus. (*Bulletin Général de Thérapeutique*, 15 Octobre, 1885.)



## OPHTHALMOLOGY AND OTOTOLOGY.

## EXPERIMENTAL RESEARCHES ON INTRA-OCULAR TENSION.

In the September number of the *American Journal of Ophthalmology*, we find a translation from the *Centralblatt für Practische Augenheilkunde*, of Dr. Hoeltzke's paper "On Experimental Researches on Intra-ocular Tension," read before the Physiological Society at Berlin.

From manometric measurements, Dr. Hoeltzke concludes:

1. Eserine considerably increases the tension in the anterior chamber, but the myosis caused by eserine not only compensates for this tension-increasing influence, but even reduces tension below the physiological medium.

2. Atropine decidedly lacks a tension-increasing influence, but tension is increased by its dilating influence upon the pupil.

3. In the non-poisoned eye (under physiological conditions) tension is increased with the dilatation and reduced with the contraction of the pupil

Thus it is shown that Helmholtz was right when he asserted that tension was reduced during the action of accommodation, for the pupil is contracted. A second series of observations showed that pilocarpine primarily increases tension, though much less than eserine.

The degree of tension is dependent on the blood pressure. Whatever increases blood pressure heightens tension; as for instance, intoxication by carbonic acid, irritation of the splanchnic nerves, of the sensory nerves, of the sympathetic nerve, of the vascular centre, tying of large vessels, venous stasis, ingestion of certain poisons (nicotine), the act of expiration. Whatever reduces blood pressure reduces tension, viz: Large hemorrhages, weakness of the heart, cutting the splanchnic nerves, the sympathetic nerve, the cervical medulla, irritation of the depressor nerve, of the central portion of the superior laryngeal nerve, narcotics, death. If the cervical portion of the sympathetic is cut the pupil becomes contracted and tension sinks as much as 6 mms. hg.; irritation of the peripheral stump causes decided increase of tension. The action of the sympathetic nerve depends on its influence on the circulation of blood in the eye, for if both carotids be compressed, tension falls 14 mms. hg., and irritation of the nerve has no longer any effect. This may be

confirmed by other experiments. Further experiments on the influence of irritation of the sympathetic on the tension of atropinized eyes, led to the following amended statement concerning this drug: Atropia alone decidedly reduces intra-ocular tension, but it increases it by causing dilatation of the pupil.

All of these statements concern tension within the anterior chamber, but experiments made with regard to the tension in the vitreous body gave constantly the result that there exist no material differences in the pressure in these two cavities.

Finally, Dr. Hoeltzke concludes that as all variations in tension are due to variations in the intra-ocular blood-pressure, the regular combination of an increase in tension with dilatation of the pupil, and a decrease with contraction, must be considered due to changes in the circulation, mydriasis reducing the circulatory area of the uveal tract, while myosis increases it.

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#### NOTE ON EXENTERATION.

The last report from the Presbyterian Eye, Ear and Throat Hospital of Baltimore (*Maryland Medical Journal*) informs us that Dr. Julian Chisholm has abandoned the operation of exenteration after a limited number of trials. Dr. Chisholm's objection is that convalescence is protracted. While his patients upon whom enucleation has been done can leave the hospital in a day or two, patients who have been the subjects of exenteration are often detained in the wards as many weeks. We admit that the temptation to hurry patients from the wards is often great, but it is a temptation to which we should never yield, save under most exceptional circumstances. Exenteration promises to prove an extremely useful operation in many cases, especially in incipient panophthalmitis, in which prompt resort to it may greatly shorten a long and intensely painful process. It chances that up to date the operation has been performed but once in the eye wards of the Charity Hospital. Some months ago, Dr. Bruns eviscerated an old, painful, and shrunken bulb, in a patient whose other eye presented threatening symptoms. Iridectomy was subsequently done in the second eye to relieve increased tension. The exenterated eye contained a large, light (cancellated) bony mass—not shell. The operation was followed by moderate chemosis and some little pain. Healing was not complete

before three weeks, but the stump at present is firm, insensitive, very mobile, superior to that left after enucleation, and all symptoms of sympathetic irritation have disappeared from the other eye. These, however, may not have been due to sympathy, and the relief of them is owing perhaps to the iridectomy.

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#### IS COCAINE DANGEROUS?

From many quarters at home and abroad, complaints against cocaine hydrochlorate are coming in. The charge against the drug is that it has a tendency to induce suppuration or sloughing of the cornea after cataract extraction. Mr. Nettleship, especially, states that he has had of late a series of most disastrous cases, and ascribes the unfortunate results to the cocainized gelatin discs, which were used to produce anæsthesia. In the Eye Clinic of the Charity Hospital, of this city, the drug has been used to the exclusion of chloroform or ether in all operations on the eye save enucleation. A large number of cataract extractions have been done under its influence, a few being attended with large losses of vitreous, but in no case were the results unfortunate, and at no time was any disturbance of corneal nutrition or tendency to suppuration noted. The writer has used the drug extensively in his own, and observed its use in the private practice of others, but has never seen any untoward consequences. Dryness and apparent roughness of the cornea, to which many have called attention, have been observed, but these results were to have been expected from the known effects of the drug in contracting the smaller blood vessels. All of these happy results may be due solely to the excellent surgical climate of New Orleans, for, although the writer has been observing the performance and results of cataract extractions in this city for eight years, he has yet to see his first case of corneal suppuration after the operation, and this, although these observations have embraced not only his own, but the practice of several operators of greater or less degree of skill.

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#### STRETCHING OF THE SUPRATROCHLEAR NERVE.

We mentioned some months ago that this operation had been introduced and advocated by Badal and Abadie, in certain cases of glaucoma not to be benefitted by iridectomy or sclerotomy. In the *British Medical Journal*, of Octo-

ber 10th, Dr. W. A. Brailey gives the histories of six cases, in which he has done the operation for the relief of severe supra-orbital neuralgia dependent on intractable glaucoma. Pain was completely relieved in two cases; relieved for a month and then recurred, in one case. Tension was materially reduced in four cases. Vision was slightly improved in one case only. Dr. Brailey recommends the following guide to the nerve: Draw an imaginary line from the angle of the mouth to the inner canthus of the eye of the same side, and so onwards. The curved incision will then cross this line at right angles and the nerve will be found deep, indeed, right on the periosteum at its centre.

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## REVIEWS AND BOOK-NOTICES.

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*Diseases of the Tongue:* By Henry T. Butlin, F. R. C. S., Assistant-Surgeon and Demonstrator of Practical Surgery and Diseases of the Larynx, St. Bartholomew's Hospital. Lea Brothers & Co., Philadelphia. [Armand Hawkins, New Orleans.] Price \$3.00.

This book is written by a member of the staff of St. Bartholomew's Hospital, who has enjoyed ample opportunities to study the diseases of the tongue. It is a small, closely printed volume, of four hundred and fifty pages, and contains many excellent and practical points in the surgery of the tongue. But, in candor, we must say that the illustrations convey a very imperfect idea of the diseased conditions, and the author's English, in many places, must surely give offense to his Queen.

A. B. M.

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*Practical Surgery.* By J. Ewing Mears, M. D., Lecturer on Practical Surgery and Demonstrator of Surgery in Jefferson Medical College, etc. P. Blakiston & Son, Philadelphia. [Armand Hawkins, New Orleans.]

This work includes chapters on surgical dressings, bandaging, fractures, dislocations, ligature of arteries, amputations and excisions of bones and joints. These subjects

are treated practically, in a straight-forward style, with but few words lost in tedious description. The volume contains many useful elementary lessons, which are usually omitted in the accepted text-books. We note a number of serviceable points in regard to the preparation and application of surgical dressings, with descriptions of the latest approved methods of operating, and many practical suggestions in after-treatment.

The author is very generous in giving credit where it is due—rendering to Cæsar the things that are Cæsar's. In the reduction of dislocations of the shoulder, the method of steadying the scapula, as proposed and practiced by Prof. Samuel Logan, is approved and duly credited.

This book is a second edition, written up to date, and interspersed with practical illustrations. The work is eminently practical, and sets forth very clearly the surgical methods as now practised in the Philadelphia hospitals. It is one of the most valuable of the works of its kind, which have of late years come under the reviewer's notice. To younger practitioners more particularly it will prove useful as a hand-book of practical surgery, and as such it is cordially recommended to our readers.

. A. B. M.

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*The Principles and Practice of Surgery.* By John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania, etc. Lea Brothers & Co., Philadelphia. [Armand Hawkins, New Orleans.]

The profession will welcome a new edition of Ashhurst's *Principles and Practice of Surgery*, the work of a scholarly writer of rare accomplishments, erudite in the literature of surgery, and thoroughly well-informed in the modes of practice most approved at the present day. The present is the fourth edition, enlarged to the size of 1118 pages, thoroughly revised and written up to date, with 597 illustrations. Every advance in surgery worth notice, chronicled in recent medical literature, has been suitably recognized and noted in proper place. New statistical tables have been added, and old ones brought up to the present writing. The name of Ashhurst is so popular among American authors, and the excellence of his writings so well-known that little need be said in commending this last work to the favor of our readers. Suffice it to say, we regard Ashhurst's *Surgery*, as now presented in the fourth edition, as

the best single volume on surgery published in the English language, valuable alike to the student and the practitioner, to the one as a text-book, to the other as a manual of practical surgery. With pleasure, we give this volume our endorsement in full.

A. B. M.

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*The Use of the Microscope in Clinical and Pathological Examinations:* By Dr. Carl Friedlaender, Privatdocent in Pathological Anatomy at Berlin. Translated by Henry C. Coe, M. D. New York: D. Appleton & Co., 1, 3 and 5 Bond Street. 1885. [Armand Hawkins, 196½ Canal Street, New Orleans, La.] Price \$1.50.

A convenient handbook on clinical and pathological examinations is always welcome, and especially should it be so, coming from Germany, a country which has been so fruitful in these researches. The book before us contains less than two hundred pages, and yet one will find in it full directions for carrying out all microscopical technique. We give it our heartiest commendation. G. B. L.

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*A Text Book of Nursing. For the use of Training Schools, Families and Private Students:* Compiled by Clara S. Weeks, Graduate of the New York Hospital Training School; Superintendent of Training School for Nurses, Paterson, New Jersey. New York: D. Appleton, & Co., 1, 3 and 5 Bond Street. 1885. [Armand Hawkins, New Orleans, La.] Price, \$1.75.

This is an excellent book and in default of a so much needed training school, would do much, if studied, to improve the nurses we have in New Orleans.

The author devotes the first chapter to the qualities and duties of a nurse, and very sensibly argues that proper instruction tends to make them more particular in following out the directions of the attending physician. In the next two chapters are given rules for conduct in the sick room, and instructions for ministering to the comfort of the patient, including bed-making, changing of bed-clothes, etc., etc. The rest of the book is devoted to teaching nurses to second intelligently the physician's efforts. Every duty is described, and everything that can contribute to their effi-

ciency. Indeed, if the mothers of families would take the trouble to read such a book, they would not only lighten the labors of their physicians, but add materially to the welfare of such members of their household as may fall sick.

G. B. L.

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*Lectures on the Diseases of the Nose and Throat*, delivered during the Spring Session of the Jefferson Medical College. By Charles E. Sajous, M. D., Lecturer on Rhinology and Laryngology, in the Spring Course of Jefferson Medical College, etc., etc. Philadelphia; F. A. Davis, Att'y, Publisher, No. 1217 Filbert st.

This is an eminently practical and satisfactory book and as a manual we do not hesitate to say that it is the best we have seen so far. The author goes very thoroughly through all the diseases of the Nose, Throat and Larynx, and so concisely as to occupy only about four hundred pages of large type. The work is well illustrated with colored plates, which are very well executed and are a valuable addition to the text.

G. B. L.

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*A Complete Pronouncing Medical Dictionary*: Embracing the Terminology of Medicine and the Kindred Sciences, with their Signification, Etymology and Pronunciation; with an Appendix comprising an explanation of the Latin Terms and Phrases occurring in Medicine, Anatomy, Pharmacy, etc., together with the necessary directions for writing Latin Prescriptions, etc., etc.: By Joseph Thomas, M. D., LL.D., Author of the System of Pronunciation in Lippincott's "Pronouncing Gazetteer of the World," etc. On the Basis of Thomas's Comprehensive Pronouncing Medical Dictionary. Philadelphia: J. B. Lippincott Co. 1886. [New Orleans: Armand Hawkins.] Price, \$5.00.

In this dictionary, Dr. Thomas presents to the medical world the work of one who is eminently fitted for such labors, as his connection with Lippincott's "Gazetteer" and other works, abundantly testifies. The definitions of the terms are clear and concise; much attention has been paid to the pronunciation of all the terms, and, on the whole, the dictionary-part of the work will compare favorably with other medical dictionaries. A special feature of the work, apart from the thoroughness of the pronuncia-

tion and clearness of definition, is the concise but complete resumé of our knowledge concerning zymotic diseases, which is from the pen of Dr. Morris Longstreth.

In his preface, Dr. Thomas says that his work is designed to supply several wants which have been deeply felt by those commencing the study of medicine. He recognizes the fact that "multitudes of our young men commence the study of medicine without any previous acquaintance with Latin or Greek" (sometimes, unfortunately, with a not very intimate acquaintance with English,)—and to aid the students so situated, the compiler has added, in the appendix, an outline of Latin grammar. After giving to the world a good medical dictionary, the doctor has not improved it by annexing a poor Latin grammar. He trespasses somewhat upon the legitimate territory of the primary schools; if the prospective Æsculapians failed to learn their Latin there, it is highly probable that they did not learn many other things, and should not study medicine. As a dictionary, Dr. Thomas's work is good; as a Latin grammar, it is not so good.

A. McS.

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## PUBLICATIONS RECEIVED.

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*Intubation of the Larynx*—By F. E. Waxham, M. D., Chicago: Clark & Langley, Printers, 1885.

*The Metric System in Medicine*—By Llewellyn Eliot, M. D.—Reprinted from the Medical Record, Oct. 17, 1885.

*A Study of Epilepsy*—A Paper read before the Amer. Med. Assoc.—By J. J. Caldwell, M. D., Baltimore, M. D.

*Rectal Medication*—By D. W. Cathell, M. D.—Reprinted from the Transactions of the Med. and Chirurgical Faculty of Maryland, 1885.

*Remarks on the Treatment of Urethral Stricture, by combining Internal and External Urethrotomy*—By Reginald Harrison, F. R. C. S.—Reprinted from the British Med. Jour., July, 1885.

*Observations upon the Mutual Relations of the Medical Profession and the State*—An address delivered before the Michigan State Medical Society, June 10, 1885.—Published by order of the Society. Lansing: W. S. George & Co.

*Some of the Causes of Failure in Operations for the Correction of Squint*—By Dudley S. Reynolds, M. D.—Reprinted from the Philadelphia Medical Times, Sept. 5, 1885.

*National Conference of State Boards of Health*—Reprinted from Seventh Annual Report Illinois Board of Health, 1885.



## PERSONAL.

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DR. THOMAS HEBERT, of New Iberia, paid us a visit early in December, while on his return from a professional visit to Plaquemine. The Doctor is chairmain of the local Committee of Arrangements of the Louisiana State Medical Society. He speaks hopefully of the coming session, and promises all who attend a pleasant visit to his beautiful little city.

DR. F. W. PARHAM, of our staff, noted as absent in our last number, has returned and entered upon the discharge of his duties as Assistant House Surgeon of the Charity Hospital.

We learn from the *Atlanta Medical and Surgical Journal* that DR. JOSEPH A. EVE, of Augusta, has resigned the professorship of obstetrics in the medical department of the University of Georgia, which he has filled for over fifty years, and Dr. W. H. Doughty, Jr., has been elected to fill the chair.

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## MARRIAGES.

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Dr. N. I. BROWN, of Degress, Texas, was married Oct. 28th, to Miss Iris Boyd.

Dr. F. A. SILVESTRE was married in Houma, La., November 18th, to Miss Lillie Bourg.

The marriage of Dr. R. E. JACKSON and Miss Lelia Pierson, of Natchitoches Parish, took place at Trinity Church on Saturday, November 14.

Dr. ARTHUR W. DE ROALDES, of New Orleans, was married December 9th to Miss Annie E. Miller, the daughter of our distinguished lawyer, Henry C. Miller.

The JOURNAL extends its congratulations to the Doctor.

Dr. J. H. JOHNSON, of Cass County, Texas, was married November 3, to Miss Sackie E. Cannon.

Dr. DAVID JAMISON, of New Orleans, was married Dec. 12th to Miss Laura Chaillé, daughter of Prof. Stanford E. Chaillé.

Dr. Jamison has been a valued friend and contributor to the JOURNAL ever since the present staff assumed its management. He has our hearty and heartfelt congratulations.

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## Deaths.

DR. VAN SIDEREN LINDSLEY, Professor of Ophthalmology in the University of Nashville and Vanderbilt University, died in Nashville, November 16th, 1885.

The *Florida Medical and Surgical Journal* says of him: The deceased was a man of extraordinary attainments, not a genius, but a man of talent. He was for a long time Professor of Surgical Anatomy in the institution with which he was connected at his death and was regarded as one of the finest regional anatomists in America. The large classes that have ever visited these Universities give tribute to his merit and mourn his loss.

DR. EMANUEL HEIDINGSFELDER, died suddenly on December 11th, 1885, aged 73 years.

The deceased was a native of Rheinpfaltz, Bavaria, and a resident of this city for the past forty-five years. Dr. Heidingsfelder was one of the "mohel"—the physicians who conduct the Jewish rite of circumcision.

DR. R. B. SPARKS, of Lone Oak, Texas, died October 20th, at his home in that city.

DR. W. H. PARK, of Tyler, Texas, died at his home November 4th, 1885.

DR. W. W. GOLDSMITH, a well-known physician of Louisville, Ky., died at his home in that city November 2d, 1885.

DR. W. C. TROTTER, of Dangerfield, Texas, died on September 1st, 1885.

DR. T. E. POWELL, of Hearne, Texas, died on November 12th, 1885.

DR. WM. A. BURRIS, died at his home near Hope Villa, in the parish of Ascension, December 4th, 1885, aged 35 years.

Dr. Burris received his degree from the Jefferson Medical College of Philadelphia in 1873. He leaves a wife and three children, to whom the editors of this JOURNAL extend their sincere sympathy.

## ERRATUM.

In Professor Souchon's article, How to Remember Anatomy, page 430, 26th line, first word, for *Immobility* read *Mobility*, and so throughout the article wherever the word *Immobility* occurs.

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MEDICAL NEWS AND MISCELLANY.

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INTERNATIONAL CONGRESS—SPECIAL ANNOUNCEMENT.  
The Executive Committee of the Ninth International Medical Congress, to be held in the City of Washington, D. C., commencing on the first Monday in September, 1887, having accepted, under Rule 10 of the Committee on Preliminary Organization, the charge of the business of the Congress, hereby give notice to the members of the medical profession that they have been actively engaged upon, and have now nearly completed the arrangements for this meeting; and they anticipate the hearty coöperation of the profession everywhere in developing this great scientific and humanitarian assembly.

By order of the Executive Committee.

HENRY H. SMITH, M.D., Philadelphia,

*Chairman of Executive Committee.*

NATHAN S. DAVIS, M.D., LL.D.,

*Secretary-General of Ninth Int. Med. Congress.*

MR. PAUL TULANE, the founder of the Tulane University, has already given \$40,000 this year to the institution. Mr. Tulane is in excellent health and spirits. He watches with a keen and intelligent interest the grand work that the University is accomplishing in the instruction of the youth of Louisiana.

HEIDELBERG UNIVERSITY will celebrate the 500th anniversary of its existence next August. A festive hall capable of holding 5,000 persons will be erected for the occasion.

MISSIONARIES in the Congo region are said to have discovered that a beer made of bananas is a preventive of malarial fevers, and that this drink is indispensable to their health.

SIX crematories are now in operation in the United States, and this method of disposing of the bodies of the

dead is growing into such favor that they can hardly answer the demands upon them.

THE new registrations of English doctors last year were more than double the number of vacancies created by ascertained deaths. The *Lancet* thinks the profession is becoming greatly overcrowded.

NEW RENDERING OF AN OLD SONG.—(Constructed expressly to harmonize with the latest medical opinion on the subject of kissing babies.)

I will not kiss the baby,  
The darliug little flower,  
She might catch the diphtheria  
And die within an hour.

I will not kiss the baby,  
The precious little elf,  
She might have the diphtheria  
Which I would catch myself.

—*Boston Courier.*

ACCORDING to the *Nove Vremya*, a gentleman has discovered a sure remedy for hydrophobia. He has tried it successfully on 500 patients for upward of forty years. It consists of a plant known on the steppes as the "Drakk" (*genista tinctoria*). This must be gathered while in bloom, dried and reduced to powder, with its thin leaves and flowers. To the patient, fasting, a teaspoonful of the powder has to be administered for three days, with water, tea, bread or wine, and in nine days the dose must be repeated. In the case of children the dose must be reduced one-half.

A GIRL who was bitten by a mad dog and subsequently inoculated by Dr. Pasteur, has died of rabies.

Dr. Pasteur explains that the thirty days having elapsed before she was inoculated, the period of incubation had expired and the treatment was too late.

THE fund to send to Paris the children recently bitten by a mad dog in Newark, N. J., has reached over \$700. Congressman Hewitt is a subscriber, and takes much interest in the case. Andrew Carnegie's offer to send a scientific man along with the children has been declined.

MANY cases of heroism occurred in the city of Saragossa, Spain, during the recent cholera epidemic. Every citizen gave money, food or labor to the suffering. A poor wash-woman, bringing home clothes to a lady whom she found in a state of collapse, in which it was impossible to warm

her, threw off her dress, jumped into bed, took the dying woman into her arms and chafed the clammy limbs until circulation was restored. When the disease had spent itself, the Spanish Government offered rewards to the principal officials, who promptly refused them. It then bestowed the Grand Cross of the Order of Beneficence on the entire city. This cross is given only few individuals, who have risked their lives for the help of others; there is no order more highly valued in Spain. Never before has it been conferred on an entire town.

AT the regular meeting of the Board of Administrators of the Charity Hospital, held December 7, Dr. David Jamison resigned his position as Assistant House Surgeon. The Board accepted the resignation and passed resolutions highly commending the faithfulness and efficiency of Dr. Jamison while serving under it.

Dr. A. B. Miles, the House Surgeon, in a note to the Board, highly complimentary to Dr. Jamison, regretted his withdrawal and recommended for election to the vacant position Dr. F. W. Parham. No other names being put in nomination, Dr. Parham was unanimously elected; a very rare, but well deserved compliment. The JOURNAL congratulates itself that both the medical executives of the Hospital are members of its staff.

DR. JAMISON has been appointed Visiting Surgeon to the Hotel Dieu, the Infirmary of the Sisters of Charity, a position resigned by Dr. Parham upon his election as Assistant House Surgeon of the Charity Hospital.

AT a recent meeting of the New Orleans Medical and Surgical Association Dr. R. Matas reported a case of obstinate bleeding from the socket of an extracted tooth, which could only be arrested by passing a silver suture through the gum and twisting until the cavity was tightly closed. The case provoked prolonged discussion.

Dr. C. T. Blackwell reports a case, in the *Medical and Surgical Reporter*, where, after other means had failed, he succeeded in stopping the hemorrhage by filling the socket with dry plaster of paris.

THE interest, at 5 per cent., on the capital, \$60,000,000, invested in supplying water to the inhabitants of New York City, equals \$3,000,000 per annum, or more than \$8000 per day. So that when one-third to one-half of the water supply is passed into the sewers, as it is said to be,

without performing any duty, it means the throwing away of from \$2666 to \$4000 a day.

Little drops of water,  
Little grains of milk,  
Make the little doctors  
Of homœopathic ilk.

—*Medical Record.*

STILL ANOTHER.—The Russian medical authorities have sent Dr. Raptshovski to Spain to study the cholera epidemic and Dr. Ferran's inoculations.

DURING the early part of October, a most deplorable affair occurred at Beauregard, Miss. Dr. Smith, of that town, was shot and almost instantly killed by his neighbour Mr. May, whose wife the doctor had been attending for many months. On trial, Mr. May pleaded guilty of manslaughter, and produced such strong, clear evidence that the slain physician, a married man, had been guilty of adultery with defendant's wife, that the Court fined him five hundred dollars and costs, and upon payment of the same discharged him from custody. In the opinion of his community, Mr. May was entirely justified in his act, and the Court appears to have done wisely and well. The simple story carries with it its own awful moral.

THERE are now two resident female physicians at Vassar College, who are said to give great satisfaction, not only as medical advisers to the students, but as lecturers on physiology.

IT IS with regret that we note the intelligence conveyed by the last number, that the publication of the *Ephemeris* will be henceforth discontinued, on account of the departure for Europe on a long business tour of Dr. E. S. Squibb. The *Ephemeris* was a most useful little Journal.

THE LOUISIANA EDUCATION SOCIETY offers a prize of Fifty Dollars for the best original essay *On the Beneficial Results of a General System of Common School Instruction upon the Condition of the People of a State, District, or Community, as Shown by Reliable Statistics or by Personal Observation.*

Also, an additional prize of Fifty Dollars for the best original essay on *The Relation of Education to Crime in the State of Louisiana.*

The following conditions are prescribed by the Society :

I. Competition for these prizes shall be open to all residents of Louisiana, without distinction of sex or occupation.

2. Accepted essays shall become the property of the Society.

3. Each essay to be written on one side only of paper and to contain not less than three thousand words.

4. All competing essays to be sent to Rev. I. L. Leucht, Secretary of the Louisiana Education Society, New Orleans, before the first day of March, 1886. Each essay shall be signed by some fictitious name. Another envelope containing the true and the fictitious name of the writer shall be sent, at the same time, distinctly marked on the outside with the word "Essay," and addressed to Hon. Louis Bush, President of the Louisiana Education Society, New Orleans—said envelope to be retained by him until the award has been determined.

5. All competing essays shall be examined by a Committee of three persons, one of whom shall be appointed by the State Superintendent of Public Education, one by the President of the Louisiana Education Society, and these two to select the third member. No member of the examining Committee to be a member of the Board of Directors of the Louisiana Education Society.

6. The examination of all competing essays to be made within fifteen days after the first day of March, 1886, and the report of the Committee to be made within ten days thereafter, at a meeting of the Board of Directors of the Louisiana Education Society, called for the purpose, at which time, after the announcement of the Committee, the envelopes in the hands of the President, containing the true and fictitious names of the writers, shall be opened. The decision of the Committee to be final.

7. The Examining Committee reserve the right of rejecting all essays not in conformity to the above conditions.

RECENT changes have taken place in the course of anatomical instruction, at the medical department of Tulane University, which are worth noticing in our news columns. These improvements consist mainly in the addition of a very complete microscopical demonstration to each lecture, in which important histological explanations are necessary. Prof. Souchon has over five hundred sections which he has accumulated for years past, and has purchased out of his own private funds. In order to make the collection as perfect as possible, the services of Cole, of London, and Burgogne, of Paris, have been called into requisition. Some of the specimens which have been recently furnished by these noted *preparateurs* are really beautiful and de-

serve the universal admiration which they have received from the alumni and the physicians who have examined them. They have certainly proven of great assistance in facilitating the proper comprehension of this most difficult part of anatomical teaching. The preparations and microscopes are all arranged on tables in the pathological department of the College Museum, where, at the close of the lecture they are submitted to the inspection of the students.

Another new feature of the course is the addition of Prof. Souchon's private collection of anatomical drawings. These number over 700, and include every design that can be needed for the proper elucidation of descriptive anatomy. They have been drawn, we understand, by the professor himself, and are so enlarged that any one in the audience, even at a distance of 50 or 100 feet can follow the details of the description given by the teacher.

ON the evening of December 5th, the twelfth anniversary exercises of the New Orleans Medical and Surgical Association were held. Dr. O. R. Lanng, the retiring president, made a brief, witty and original address, which was followed by the address of the incoming president, Dr. R. Matas. Dr. Matas, spoke with much feeling. Dr. G. Farrar Patton, the orator of the evening, drew a picture of the Ideal Medical Society, designed to stimulate the members to further efforts. Other officers installed were: Secretary, Dr. Wm. Wunderlich; Treasurer, Dr. L. F. Salomon; Librarian, Dr. W. H. Watkins.

A delightful supper at Victor's Restaurant followed. Several distinguished guests representing other professions and callings were present. The evening closed with toast drinking.

SEVERAL of our medical exchanges state that the *Allgemeine Medicinische Zeitung* announces that a gravestone exists in the church-yard of Fredericksburg bearing the following inscription: "Here lies Edward Heldon, a medical and surgical practitioner, the friend and companion of William Shakespeare of Avon. He died, after a short illness, in the year of our Lord 1618, in the 70th year of his age." This is only a revival, with variations, of the "Heldon tombstone" story that went the rounds of the papers in this country a year ago. According to that version of the hoax—for such it was clearly proved to be by Mr. Rolfe and others, in the *Literary World*—the alleged "practitioner" was one of the *pall-bearers* of the great



dramatist. The falsehood was an old one, revamped by an unscrupulous correspondent for a New York newspaper. It is amusing that it should turn up again in Vienna, and be reimported here by some medical editor who does not read the literary journals. This gives the lie a new lease of life, for it will probably make the complete circuit of the professional press before the contradiction can overtake it.—*Popular Science News*, December.

DURING the past two years, Tennessee has been actively improving the accommodations for her insane. The hospital at Nashville, under the care of the distinguished alienist, Dr. Jno. H. Callender, has been overcrowded for several years. A new asylum at Lyon's View, near Knoxville, in East Tennessee, is nearly completed, and is expected to be open for patients in December next. The site is well selected, and the buildings have been constructed under the direction of Dr. Michael Campbell, who has recently been elected superintendent of the institution. Dr. Campbell was with Dr. Callender in the hospital at Nashville two years, and is well qualified to fill the place of superintendent. We learn from a recent copy of the *Nashville American*, that Dr. C. C. Fite, of that city, has accepted the appointment of assistant superintendent in the new asylum at Lyon's View. Dr. Fite is not only well and favorably known to the profession in Tennessee, but throughout the Mississippi Valley, and will discharge the duties of his position with ability and fidelity. The State has also made an appropriation for another asylum in West Tennessee, and a commission is now engaged in selecting the most appropriate location.—*Journal of the American Medical Ass'n*.

THE *Popular Science News* says: Few people know how to apply a mustard plaster so as not to blister the skin. If the mustard be mixed with the white of an egg, instead of water, the plaster will draw thoroughly, without blistering the most delicate skin.

The same paper calls attention to the fact, well known to opticians and others who handle lenses, that porous, un-sized paper, like the paper used for newspapers, is the very best material for wiping spectacles and other glasses.

THE medical schools of Charleston, S. C., Atlanta, Ga., Richmond, Va., and the University of Virginia, report an unusually large attendance of students.

We understand that the medical class of the Tulane University, of this city, is also much above the average.

IT is stated that Professor Huxley is about to retire from his various appointments under government, with a pension of £1200 a year.

COCAINE is Methylbenzomethoxyethyltetrahydropyridine-carboxylate; "only this and nothing more."

DR. ROBERT BATTEY, of Rome, Ga., has successfully operated upon thirty-two cases of ovariectomy this year.

DR. A. N. BELL, has resigned his position as Sanitarian to, and membership of, the Medical Board of the New York Infant Asylum.

SOMETHING unique in journalism is promised by a young editor of Chambersburg, Pa. It is to be called *Death*; a Journal Devoted to Suicide and Murder, and it will give a complete chronicle of violent deaths occurring in the United States.

FROM THE LAY PRESS: A Chicago doctor says to the *Mail*: "I am convinced that Mr. Hendricks was another victim of too much doctor. He was given an emetic to help a brain and spinal trouble. The pneumogastric nerve is a sympathetic one, and a proper excitement could be obtained by means of the agitation of the stomach through an emetic. That much of the treatment was all right; but he was then given a cathartic—the worst treatment possible. This was followed with a suicidal system of bleeding. The idea of bleeding a man of his age and physique! Not content with that sort of treatment, his physicians bled him twice. I don't wonder he died, and, to tell the truth, I don't see how he could live after that sort of an ordeal."

We hope this false, but it is just such loose-tongued and silly, if not malicious gabble, that is making of our profession, a hissing and a reproach. In the name of all that is foolish how did the Chicago doctor know so much of Mr. Hendricks' case and constitution, that he needs must for the safety of the State and the profession, rush with his knowledge to the nearest reporter of the lay press.

MRS. MICHAEL GALLAGHER, the wife of a St. Louis policeman, became the mother recently of quadruplets, all girls. The mother and children are all doing well.

## MORTUARY REPORT OF NEW ORLEANS

FOR NOVEMBER, 1885.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total
Fever, Yellow.....	1	.....	1	.....	1	.....	1
“ Malarial.....	3	4	4	3	6	1	7
“ Congestive.....	15	2	11	6	14	3	17
“ Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	1	.....	.....	1	1	.....	1
“ Remittent.....	2	.....	2	.....	2	.....	2
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	.....	.....	.....	.....	.....	.....	.....
“ Puerperal.....	1	.....	.....	1	1	.....	1
“ Typho Malarial.....	4	.....	3	1	4	.....	4
“ Enteric.....	.....	.....	.....	.....	.....	.....	.....
Scarlatina.....	1	.....	1	.....	.....	1	1
Small-pox.....	.....	.....	.....	.....	.....	.....	.....
Measles.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria.....	17	3	9	11	.....	20	20
Whooping Cough.....	.....	4	2	2	.....	4	4
Meningitis.....	6	3	5	4	3	6	9
Pneumonia.....	11	17	17	11	15	13	28
Bronchitis.....	7	6	8	5	4	9	13
Consumption.....	57	28	41	44	83	2	85
Congestion of Brain.....	9	2	6	5	8	3	11
Diarrhœa.....	9	4	12	1	9	4	13
Cholera Infantum.....	5	.....	3	2	.....	5	5
Dysentery.....	3	.....	2	1	3	.....	3
Debility, General.....	1	1	1	1	2	.....	2
“ Senile.....	11	12	6	17	23	.....	23
“ Infantile.....	5	5	4	6	.....	10	10
All other Causes.....	171	99	152	118	174	96	270
.....	.....	.....	.....	.....	.....	.....	.....
TOTAL,	340	190	290	240	353	177	530

Still Born Children—White, 28; Colored 16; Total 44.  
 Population of City.—White, 171,000  
 “ “ Colored, 63,000  
 Total, 234,000  
 Death rate per 1000 per annum for month.—White, 23.85.  
 “ “ “ “ “ “ Colored, 36.19.  
 “ “ “ “ “ “ Total, 27.17

W. H. WATKINS, M. D.,

Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—NOVEMBER.

STATION—NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Temperature.	Daily Max. Temperature.	Daily Min. Temperature.	Daily Rain fall, inches.	GENERAL ITEMS.
1	30.108	63.7	68.7	59.1	....	Highest Barometer, 30.320. 25th.
2	30.171	58.7	68.6	49.9	....	Lowest Barometer, 29.744. 22d.
3	30.108	61.4	71.0	53.9	....	Monthly Range of Barometer, 0.576.
4	29.930	67.6	75.0	59.0	.01	Highest Temperature, 84.7. 6th.
5	29.813	64.2	68.1	59.6	1.35	Lowest Temperature, 40.0. 24-25th.
6	29.836	78.6	84.7	66.6	....	Greatest daily range of Tempert'e, 22.9.
7	29.944	69.5	76.4	64.5	1.28	Least daily range of Temperature, 3.6.
8	30.122	62.3	67.4	58.8	....	Mean daily range of Temperature, 15.4.
9	30.141	61.9	71.3	53.3	....	Mean Daily Dew-point, 50.8.
10	30.094	64.9	76.0	53.7	....	Mean Daily Relative Humidity, 75.3.
11	30.017	64.0	74.7	55.9	....	Prevailing Direction of Wind, N.
12	29.979	68.0	79.4	56.7	....	Total Movement of Wind, 5,061 miles.
13	30.078	54.6	67.0	48.9	.18	Highest Velocity of wind and direction,
14	30.104	56.1	62.6	47.9	....	24—N. & S.
15	30.075	57.6	68.8	45.9	....	No. of Foggy Days, 0.
16	30.126	58.5	69.6	50.2	....	No. of clear days, 13.
17	30.160	60.4	72.0	50.9	....	No. of fair days, 12.
18	30.045	66.3	76.0	55.2	....	No. of cloudy days, 5.
19	30.016	59.3	66.3	54.9	....	No. of days on which rain fell, 6.
20	29.990	54.3	62.6	45.8	....	Date of solar halos, 0.
21	29.887	61.5	73.2	50.3	....	Dates of lunar halos, 0
22	29.772	70.0	79.0	58.9	....	Dates of frosts, 0.
23	29.918	56.4	66.0	43.5	....	COMPARATIVE MEAN TEMPERATURE.
24	30.123	46.2	53.2	40.0	....	1873.....61.2   1880.....56.4
25	30.249	46.2	50.3	40.0	....	1874.....66.3   1881.....61.2
26	30.196	48.6	54.5	40.5	....	1875.....65.6   1882.....62.8
27	30.053	54.3	59.5	48.4	.58	1876.....59.2   1883.....63.5
28	30.049	55.7	58.9	52.9	.07	1877.....58.3   1884.....59.8
29	30.117	50.9	53.0	49.4	....	1878.....51.2   1885.....59.1
30	30.142	48.9	53.0	45.6	....	1879.....64.9
	.....	.....	.....	.....	.....	COMPARATIVE PRECIPITATIONS.
						(Inches and Hundredths.)
Sums	.....	.....	.....	.....	3.47	1873.....5.95   1880.....3.04
Means	30.045	59.7	67.6	52.2		1874.....1.12   1881.....7.24
						1875.....6.79   1882.....1.98
						1876.....4.35   1883.....6.35
						1877.....6.58   1884.....3.13
						1878.....7.78   1885.....3.47
						1879.....3.79

M. HERMAN, Sergeant, Signal Corps, U. S. A.

# NEW ORLEANS

# MEDICAL AND SURGICAL JOURNAL.

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FEBRUARY, 1886.

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ORIGINAL ARTICLES.

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

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## The Local Origin of Malignant Disease and its Early Diagnosis.\*

By SAMUEL LOGAN, M. D., New Orleans.

In my earlier professional life the views held, almost, if not quite unanimously, in regard to the causes of malignant disease, still bore the inherited stamp of the humoral pathology of our ancestors. Cancer was considered, to use the expression of the day, "a blood disease," notwithstanding the fact that neither chemist nor microscopist had been able to find any abnormality in that fluid, in either its chemical or histological elements.

As late as 1869, I still found myself almost alone in combatting these theories. In that year I entered my public protest against the further entertainment of these views, in a paper published in the October issue of the New Orleans Journal of Medicine of that year. I then contended that an adherence to the old and unfounded pathological views in this matter had a most unfortunate influence on our practice. If a localized cancer depend on a "blood disease" or a "constitutional cachexy," of what consequence is its early detection and prompt removal? If, on the other hand, the disease in question be strictly local in the beginning and

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\*Read before the N. O. Medical and Surgical Association.

affect other parts and the constitution secondarily, and as a result of the local development, then the practical application of this view is imperative, and demands an early recognition and prompt removal. Indeed it demands more than this. It requires that in doubtful cases the patient should be given the benefit of the doubt, and destruction or removal be resorted to in cases of even probable malignancy—sometimes, indeed, in cases of only possible malignancy. For, granting that the trouble be originally local, what matters the loss of a small portion of the body, compared to even the least risk of incurring the fearful consequences of delay.

No one who has kept up with the recent workers in the department of pathology, will fail to recognize the great change which has gradually taken place in their views of this subject. I find myself no longer almost alone, as I was some eighteen or twenty years ago, in insisting that there is no ground for admitting as true the constitutional origin of malignant diseases. It is now, I may say, universally acknowledged that we know nothing of them except as of local origin, however generalized the pathological processes characterizing them may afterwards become.

Were this a matter of theoretical interest only its consideration would be of comparatively little consequence; but in this case such serious results depend on our theoretical views of the origin of the disease as to render its discussion an eminently practical matter. So general among pathologists and surgeons has the belief in the local origin of malignant disease now become, that I do not consider it necessary to go over the discussion again. I would only have to fortify the conclusions I announced long ago by the observations of the highest authorities in pathological researches since that date. We will take for granted then that by the general consensus of the best authorities of the present day, malignant disease originates locally. The precise method by which the fearful abnormality of nutrition is initiated is still disputed, and may be a *questio*

*vexata* for yet a long time. To the practical surgeon, however, this is merely a side issue—of great interest it is true, but still a side issue only. The simple fact that the disease is of local origin is the practical point for him. It not only authoritatively dictates his course of treatment, but demands of him the vigilant exercise of his best powers of clinical observation in order that he may effect the earliest possible diagnosis. Nay, it demands even more than this in many cases. It demands that we should recognize promptly those clinical features which often warrant a reasonable suspicion of the incipency of malignant action. The modern surgeon then occupies a far more responsible position in regard to this class of disease than those of the past. He can no longer take shelter behind the “*qui bono*” argument of him who held that the local trouble was only the result of a pre-existent constitutional dyscrasia, or a “blood disease.”

Granting its local origin then the special manner in which it starts is of great interest. The views now held by the best authorities may be arranged under the following heads:

- (1.) The embryonic theory of Cohnheim and others.
- (2.) The nervous theory of Van der Kolk and others.
- (3.) The inflammation theory; very popular at present, and advocated by Virchow, Cornil, S. D. Gross, and others.
- (4.) The specific or germ theory; advanced as an appendage, as it were, to the inflammation theory as we will see.

A few words in regard to each of these theories will perhaps be advisable as a means of assistance in understanding the points I desire to make in regard to the *early diagnosis* of these growths.

I must premise by saying that when I use the term malignant disease, I refer to sarcomata as well as carcimonata. It is now almost universally admitted that the former are almost as malignant as the latter. Nor need I say that epithelioma is also included in the group of malignant diseases.

Indeed, I regard epithelioma as essentially the same as carcinoma, the difference only depending on the accident of locality. Every surgeon has seen a neglected epithelioma merging on its borders and beneath its base into carcinoma, while no one will doubt the clinical fact that the latter so frequently follows the former, especially in the neighbouring lymphatics, as to prove their pathological identity.

But to return to the various theories as to the local etiology of these affections, thus for practical clinical purposes somewhat arbitrarily grouped together—

1st—The Embryonic Theory of Cohnheim, advocated by Waldeyer, Epstein, Thiersch and other prominent authorities, has had a wide range of popularity. Be it true or false, accept it or discard it as we please, and we still find that so far as our practice is concerned it makes no difference; for this elaborate theory presupposes a local origin.

2d—The Nervous Theory of Van der Kolk, and others, has little but hypothesis to support it. If there be any truth behind it; the fact still is admitted that the diseased action, even if initiated by nervous influence through the vasomotor system, is primarily local and only constitutional through and after local development. This theory is clothed with some plausibility from the clinical fact observed by most surgeons of experience, that malignant growths appear so frequently after some great grief as to give the impression of a consequence rather than a sequence. It may be possible, too, that the marked frequency of the disease coinciding with the menopause may be as much due to the nervous perturbation so often present in women at that time, as to the circulatory disturbances.

3d—The Inflammation Theory, or as called by some, the Predisposition and Inflammation Theory, of course takes for granted a primarily local origin—that is, excluding as an intangible and undemonstrable hypothesis the predisposition part of the theory. But even granting that there is something in this predisposition by inheritance or otherwise,



the primary result is still local and the destructive constitutional or contiguous results are a direct consequence of the uninterrupted local development. I am inclined to believe that this theory approximates the truth more nearly than any other, and will best explain the clinical phenomena; that is provided our definition of inflammation be extended to embrace all the derangements of local nutrition which lead on the one hand to local destructive processes, and on the other, to local hyperplasia in a multitude of directions as variable as the morphological tendencies inherent in the various tissues around the seat of deranged action. By means of this theory of deranged nutrition, or inflammation with a formative in contradistinction to a destructive tendency, we are better able to explain the clinical phenomena than by any other so far advanced.

How frequently do we find, for example, that a constant local irritant precedes the local development. The roughened edge of a tooth; the constant pressure of the pipe; the irritation of soot on the scrotum; retained and acrid secretions under an elongated foreskin; a chronic eczema about the nipples, as first noted by Paget; a lacerated uterine cervix irritated by friction of the everted cervical mucous membrane against the vaginal walls, in a part subjected also to a monthly perturbation of its circulation, are all recognized as local precedents if not causative agents. In this connection and bearing on this view of the etiology of malignant diseases, I may be permitted to refer to what I announced in the paper alluded to already as a clinical law: namely, that cancers are specially liable to occur in those localities most subjected to frequently recurring changes of vascularity; as for example, the various outlets of the body and those parts most liable to local irritations of frequent recurrence. Such vascular disturbances may well encourage nutritive aberrations from the normal, and thus originate abnormal morphological tendencies.

As an addendum to this theory of inflammation, I must allude to the view recently advocated by Dr. R. J. Hall, of

New York. (See *Medical News* of October 31st, 1885.) This we may designate as the

4th—Specific Inflammatory or Germ Theory. While inclined to the inflammation theory, Dr. Hall contends that this view cannot explain all the phenomena of malignant growths, either sarcomatous or carcinomatous, unless we admit that the inflammation is of a specific character. He says for example :

“ On the hypothesis of a non-specific inflammatory origin, it is difficult to account for the fact that in some countries malignant tumors are practically unknown,” quoting Formad’s *Etiology of Tumors*, for authority.

Recognizing the fact that the absence of definite evidence of contagion militates against his theory, he proceeds to report a few cases of apparent transmission of the disease by this means. For our present purpose we need not follow him any longer however; for granting the truth of this effort to keep up with the latest fashion in this age of germ-hunting pathologists, the trouble is admitted, in this as in all the other current theories, to be primarily local. This is the practically important fact admitted by all. Being primarily local it ought to be amenable to local treatment when surgically accessible, provided its presence be detected in time. Let us next enquire then, into the means at our command for affecting this early diagnosis. They may be classified as follows :

1st—The previous history, not only of the patient and his ancestors but of the special part involved.

2nd—The clinical features of the case.

3rd—The microscopic examination of a fragment.

Each case of suspected malignant disease should be systematically studied from each of these points of view, and should even a reasonable suspicion of malignant disease be the result, prompt destruction or removal of the part involved with some of the surrounding tissue, should be effected. The limits of this paper will hardly permit me to go into a consideration of the early diagnosis of malignant disease with that detail the importance of the subject demands, as embodied in the three-fold classification just

announced. I will, therefore, in running over this classification not pretend to discuss all the points already well considered in the standard works, but will take for granted a good deal and only lay special stress on important points.

1st. *The Previous History of the Patient and of the Part Involved.*

Under this head we should consider the question of heredity. How much our diagnosis in a given case should be influenced by the history of possible inheritance will greatly depend on the more or less marked hereditary tendency as exhibited in the family history. In a doubtful case it may be well to give some weight to a marked family tendency to the disease, but on the whole this is not of very much value, for on the other hand malignant disease is often present without any trace of heredity, and on the other hand marked heredity is very often present without local development. Other circumstances of a general character in the history of the individual seem to have no bearing on the etiology of malignant disease, and therefore give us no aid in its early diagnosis, with the exception perhaps of age, and this even gives but a qualified assistance. As a general statement we may say that malignant disease is more common in the later than in the earlier years. No occupation; state of physical vigor or the reverse; no personal peculiarities, as complexion, temperament, habits, etc., have any so marked tendency to its development as to afford any hints to aid us. When we come, however, to consider the part suspected to be the seat of the disease, its special history does, not infrequently, afford corroborative evidence. As a rule, we may say that any history of repeated or constant irritation at the site of the suspected trouble adds considerably to the presumption of malignant disease. It is hardly necessary to go into details to fortify this statement.

Again, the local functional history of certain parts affords

some diagnostic assistance. For example, it is known that about and after the menopause the female organs of generation and lactation become more liable than at any previous time. Nor, in this connection, must we forget that this diseased process is more apt to occur in those organs or parts of organs most liable to frequent alterations in the circulation, as already mentioned; this very flux and reflux of the blood acting in the same way as an often repeated irritant. Any suspicious clinical phenomena occurring in such a part should, therefore, excite the more apprehension and awake a more attentive observation. Hence attention should be more attracted by indurations or growths of a persistent character when located about the various orifices of the body than when situated elsewhere. Orifices surrounded by sphincter muscles are especially prone to malignant development at or near them. This is probably due to the more or less frequent disturbance of the equilibrium of the circulation about such parts acting like a local irritant to the nutritive processes. Then again, such orifices are often more irritated by the nature of the material passing through them, and more or less delayed there in passing; sometimes even producing frequent abrasions of the surface, etc. Of course these points will prove of no importance in well developed, plain cases; but in seeking an early diagnosis they should all command attention, and be given their due weight.

2d. *The Clinical Features of the Case.*

Under this head we should carefully observe the following special points:

(a.) *The rapidity of increase as compared with any other diseased condition with which the growth might be confounded.*

The mere fact that there is any increase may be of great importance; as for example, in cases of small callosities on the skin, which as long as they are observed to present no increase whatever need create no alarm; whereas, should they extend even slowly in their height

or in their periphery they should at once excite our apprehension. Of course, I need hardly remind you that there are many tumors of more or less rapid growth, but perfectly benign, such as angiomas and cystomas for example. In such cases, however, the differential diagnosis is usually quite easy, owing to certain marked features characterizing each of them.

(b.) *The relations to the surrounding parts.*

In growths of a malignant tendency—at least in carcinoma—an early tendency to infiltrate the tissues around is usually shown. Hence there is no tendency for the tumor to assume the pedunculated form, but its base diffuses itself into the parts around. This is an important point in the early diagnosis; but yet we must remember that there may be cases where this tendency to diffusion does not show itself, as where an isolated part becomes affected, the testicle for example.

(c.) *The tendency to an early involvement of the neighbouring lymphatics.*

I am not quite certain that I should consider this feature as assisting to any marked degree in the early diagnosis of malignancy; but, sometimes, its *very* early appearance may decide in a doubtful case.

(d.) *An abnormal vascularity developing around the growth*, may in some cases prove an important feature in the early diagnosis. Of course we must not confound the vascularity of a *nævus* with the increase in size of a few vessels whose diameters are enlarged to supply the excessive cell reproduction going on in a malignant growth.

(e.) *Pricking, lancinating, contracting or burning pains*, sometimes afford considerable assistance. Their absence, however, should not throw us off guard, for they are by no means uniformly present, even in advanced cases.

3d. *The Microscopic Examination of a Fragment:*

Here, gentlemen, I confess I am treading on unfamiliar

ground. I have been in the habit when I wished to avail myself of this aid to my diagnosis, to rely on friends more experienced in microscopical pathology than I have been able to become. I do not find it as reliable a diagnostic means in sarcoma as in carcinoma.

### The Belladonna Treatment of Cholera Infantum.\*

By CHAS. CHASSAIGNAC, M. D., New Orleans, La.

In the September number of the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*, Dr. Lawrason reported one case successfully treated with atropia, combined, however, with morphia. At about the same time we read in a secular newspaper that a young doctor, name not given, had, at a meeting of a medical association, claimed to have found a specific for cholera infantum in tincture of belladonna; that the older physicians had laughed at him and that he had retorted, no doubt with valor according to some and vanity according to others, that as Harvey had been hooted at for his discovery of the circulation, and Jenner ridiculed for his discovery of vaccination, he could stand being laughed at on this occasion. Again, in the November *JOURNAL* there appeared an "annotation" stating that Dr. W. B. Ryan read a paper before the Indiana State Medical Association extolling tincture of belladonna as almost a specific in cholera infantum, and giving his formula which contains also paregoric and sulphite of soda. It is possible that Dr. Ryan is the one referred to in the daily paper spoken of above.

With this we have briefly recapitulated all that seems to have been published upon the subject, at least in this section.

Previous to listening to the next sentence please understand we do not wish to detract one iota of credit from Dr. Ryan, of Indiana, especially if he happens to be the gentleman whose reply to his older confrères we have quoted.

Before reading the note about his paper we had al-

\* Read before the Orleans Parish Medical Society.

ready resorted to the belladonna treatment, testing it perhaps more thoroughly even than Dr. Ryan, as in the majority of instances we used belladonna as the only remedial agent. We happened to have a run of these cases and give you some samples of them.

CASE I.—This was not a recent one by the time the new treatment was adopted. The child, aged eight months, had been brought to our office suffering with constant vomiting and purging, having retained nothing since the evening before. The regulation dose of calomel was given, to be followed by a bismuth and paregoric mixture, and the mother carefully instructed about the diet to be allowed the little one which had had to be weaned a month previous owing to lack of the mother's milk. Next day the vomiting was only diminished, the diarrhœa unchanged. The bismuth mixture was ordered to be given more frequently. After two more days the child was no better. The chalk mixture was next tried without benefit. The child was becoming emaciated and feeble, had a pinched expression, and was very restless. We had to visit it as it was too sick to be brought out. Now we prescribed tincture of belladonna in two-minim doses every two hours at first, using a small quantity of simple syrup as vehicle. After the first dose the vomiting stopped, a few hours later the little one craved nourishment and retained all his milk with lime-water, which was allowed in small quantities frequently repeated. After ten or twelve hours, the looseness of the bowels was also arrested and the child went on to an uninterrupted recovery.

CASE II.—A short time after, we were aroused one night at eleven o'clock to go and see a baby six months old "very low with the cholera," as the father said. The little one had had diarrhœa during the day, but no attention had been paid it, as it was ascribed to teething. When during the night vomiting also set in and it was noticed that the child was very pale, tossing its head from side to side, and becoming exhausted, the parents became alarmed and sought assistance. We at once prescribed the same mix-

ture as in the former case, directing the dose to be given every hour if necessary, explaining that the interval must be lengthened as the patient improved. After the third dose the vomiting and purging both stopped. Next morning the baby was lively, quite rosy and very thirsty from the dryness of the throat produced by the remedy.

CASE III.—The next little patient of this character also caused us to get up during the night; but was older, being over nine months. The history of the attack was pretty much as the former one. The dose of the belladonna was calculated at two and a half minims. After two or three doses the vomiting was entirely arrested and the child slept comfortably. As the next day the bowels continued being too loose, though improved, some bismuth was added to the first prescription and the desired effect was obtained.

CASE IV.—Had been under treatment of another physician for over a week. When seen it was in a bad condition; in fact, in a state verging upon collapse, requiring to be surrounded by hot bricks to keep it warm; almost pulseless; very pale; with discomposed features, and not able to nurse; it was not vomiting as much as at the outset, but was having frequent and large watery evacuations, evidently becoming feebler after each one. It had been given different remedies by the other doctor, and was then taking chalk mixture and, separately, some paregoric. It would be digressing to explain why the previous attendant could not be seen at the time. Suffice it to say that we gave the two-minim doses of tincture of belladonna at first every hour, then every two or three hours, and that in ten hours the overjoyed parents declared it looked like another child. It quickly recuperated. This was the most severe case we have had the opportunity of treating in this manner and the one in which the beneficial effect could best be noted.

Three or four more we have had occasion to treat in a similar manner with good results, but as the above are the only ones of which we have some record we will content ourselves with presenting them.



The remedy, we believe, must act chiefly by relieving congestion of internal organs and by its stimulating effects; it probably will prove very useful in cases where serous cerebral effusion is threatened, by rushing the blood to the entire surface, thereby relieving the tension on the passively congested cerebral vessels. It is, besides, of benefit by causing the infants to crave their liquid nourishment on account of the faucial dryness it produces and by reason of the rapid absorption of such nourishment by the partially emptied vessels of the alimentary tract. Finally, it produces a good impression upon those anxiously watching the little sufferer as it very soon restores some color to its pallid cheeks. It is wise to tell the parents that you expect this effect and that, in addition, the medicine will produce great thirst, instructing them to give the liquid nourishment in small quantities but frequently enough to keep the lips and throat of the patient moist. Naturally, the proper and usual precautions regarding the diet must be followed.

Instead of the tinct. of belladonna there can be no objection to using the alkaloid as did Dr. Lawrason, especially if the case is in a state of collapse, when it should be given hypodermically. In the majority of instances, however, the tincture will do very well, is probably safer and can be given with as small a quantity of vehicle as desired.

Let it not be understood that we wish to inculcate the belief that belladonna will cure every case of cholera infantum. It will require to be further tested, and especially during our hot season when the affection is so frequently prevalent, before we can acquire a full knowledge as to its efficacy. We are convinced, however, that future observations will prove it to be a remedy of great value in the treatment of a disease so terrible that every physician can but be delighted to possess an additional weapon with which to fight it. For our part, we will sally forth to give it battle hereafter with less dread of being defeated.

## A Radical Cure of Hernia without an Operation.

By LUTHER SEXTON, M. D., Wesson, Miss.

None of our text books are infallible, nor do they claim to be, but their statements relative to certain diseases are sometimes made with such an air of certainty and knowledge, and couched in language so positive, that students with original ideas sometimes hesitate to push forward their investigations, thinking the points in question have been entirely settled by experimentors who have gone before. The dictum that hernia cannot be cured in the adult except by an operation, consisting in either closing the walls of the canal by suture, injecting irritating substances into the sac, etc., is a case in point. These unfortunate patients (they number about one-half of our clients) are turned away with this consoling assurance (?) and a truss misfitted by some druggist. They are then a veritable feast for the designing quack and charlatan to prey upon with all sorts of conglomerated appliances and promises of never failing cures. It is to this doubly afflicted class of our citizens that I would call the attention of the readers of the *JOURNAL* in this article, as their condition excludes them from public service and other pursuits in life which they may be peculiarly suited for.

I had a patient last year afflicted with indirect inguinal hernia. The tumor was half the size of the fist, extending down the canal to the external ring. The least jar or accident would have caused it to pass on into the scrotum. The patient was a very active man, doing a great deal of horse back riding, in fact, he attributed the hernia to constantly getting up and down off his horse. He was otherwise perfectly healthy, but there seemed to be a general deficiency in the make up of the abdominal muscles in his family, as three out of five brothers had hernia. The tumor could be easily reduced by pressure backwards and upwards. The usual gurgling sound of an enterocele accompanied this procedure. After the hernia had stood 3 months and enlarged continuously, I procured for the patient one of Seeley's trusses, medium size, and after tem-

pering the spring and reducing its strength to about one-half, and changing the angle of the pad so as to fit the case, applied it. This was worn without interruption for six months, when upon leaving it off for one month the point became weak and coughing would cause a small enlargement. I re-applied the truss, which after three months wear completed the cure. The patient for six months past has been in active practice as a physician and upon horse back half the time, can do heavy lifting, jumping and other exercise, without feeling any giving away of the parts.

My theory about this cure is, that the truss kept properly applied caused the fascia to overlap the opening so as to completely close it, and the inflammation probably set up by constant pressure of the truss caused plastic lymph to be thrown out, which permanently closed the canal. The great mistake our truss manufacturers make is in making the spring of the truss four times too strong; in this they defeat their object as this unnecessary pressure causes an absorption of the tissue, making the opening larger instead of closing it up. Every truss ought to be supplied with a good perineal band to keep it from slipping upward out of place. The spring of the truss should extend around the spine of the ilium so as to do away with the strap on the end of the spring, which fastens to the pad. This strap is continuously pulling the pad up out of place and the truss is consequently worn too high, thus enlarging the opening it is expected to close.

In a second case, a little boy 13 years of age, the result was equally as satisfactory as in the first case. He was the son of an intelligent physician and the plan formulated for applying and wearing the truss was strictly carried out.

The radical cure of hernia has been a *quæstio vexata* for modern surgeons, and the cases reported cured by Wood's and other operations are really not cures, as they have to be supplemented usually by wearing a light truss. We contend, therefore, that operative procedure in these cases is not often justifiable, from the fact that they must ne-

cessarily fail in their object, viz : closing the abdominal ring. An attempt to do this in inguinal hernia would involve the cord and in femoral hernia the femoral vein. A truss properly fitted and worn will effect a cure just as likely as an operation, and that, too, without any risk.

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### Poisoning by Atropia and Duboisia Sulphates Instilled into the Eye.

By HENRY DICKSON BRUNS, M. D., New Orleans.

In the *Cincinnati Lancet and Clinic* of December 26th, Dr. W. W. Hall reports an interesting case of poisoning by a very small quantity of duboisia sulphate instilled into the eye. The patient, a young man, came complaining of certain symptoms which led Dr. Hall to instil into his eye thrice at intervals of five minutes, one drop of a one grain (to the ounce, is meant I presume) solution of duboisia sulphate. Immediately after the last instillation he complained of the usual symptoms of slight poisoning by the drug, but, and this is certainly remarkable, for at least two hours after there were confusion of ideas and various delusions; the patient imagining a bunch of yarn a nest of snakes, a piece of braid a black snake, and asserting that he had dined heartily when in truth he had not dined at all. He could, says Dr. Hall, always be recalled and convinced that he was deluded, when he seemed to be mortified.

The account of Dr. Hall's case has called to mind two similar ones that have of late fallen under my observation.

The first was the case of a negro woman about 64 years of age, from whose left eye I extracted a cataract by Gräfe's modified linear method, on January 13th, 1884. The woman's right eye had been operated upon and lost sometime before by another operator. The operation was fairly well done, but in endeavoring to extract a small piece of adherent capsule, a drop or two of vitreous was lost. On the first day after the operation severe iritis set in, and as the pupil showed a tendency to close, I ordered the band-

age kept off during the day and a solution of atropia sulphate (gr. j. to ʒj), instilled every two hours. On the second day the interval was shortened to one hour. On the morning of the fourth day I was told by the nurse that there had been slight delirium the night before.

Visiting my patient the following morning in company with Dr. Parham, the surgeon of the institution, the Hotel Dieu, I found her very delirious. She was under the delusion that a crowd of boys were pelting another little boy, a relative of hers, with rocks and brick-bats. When spoken to in a loud, commanding tone by either Dr. Parham or myself, she would respond intelligently to our questions, and evidently recognized us as she besought us most piteously to go to the child's rescue and not permit him to be killed before her very eyes. Here was what might be called a dual state of consciousness, or double mental vision, the false mental image not being recognized as such. The patient complained of no pain or discomfort. The skin was comfortable; the respiration natural; pulse quick, about 120°. She was taking but little nourishment and, under the impression that the delirium was due to exhaustion from lack of food coupled with the feebleness of age, we ordered her a milk-punch to be given every hour. The instillation of atropia was discontinued. At night, Dr. Parham directed a dose of chloral, gr. x, potass. bromid., gr. xxx, morph. sulph., gr. 1-16, to be given every 2 hours until sleep was produced. This the patient, who had grown steadily worse, refused to take. Conceived the idea that the nurses were trying to poison her. She raved violently all night, tried to tear off her bandage and finally had to be strapped down hand and foot to the bed. Thus I found her on the morning of the sixth day. She was still raving about her little relative; calling, threatening, shouting, screaming in so loud a voice as to be audible at a great distance. Could no longer now be recalled but evidently recognized Dr. Parham and myself as she besought us by name to help her boy. She had become wildly suspicious of the nurses; told us how they had attempted to poison her, and showed the

anklets and wristlets with which she was bound, saying that they had been put on her just to keep her from going to the boy's aid, and praying us to remove them. There were no complaints or indications of discomfort or pain; skin comfortable; tongue slightly coated; pulse 120°. We now came to the conclusion that our patient was suffering from atropia poisoning. We persuaded her to drink a small cup of coffee and milk; injected one-fifth grain of morph. sulph. into the deltoid, and gave a large enema of soap and water. The coffee was vomited in a few moments; in the course of about fifteen minutes the enema acted, and almost immediately after the patient sank into a deep sleep, in which we left her—Pulse 80.

Next morning I was told that this sleep had continued all day; at night she had become a little restless, but after a dose of the chloral, bromide, morphia mixture above mentioned, had fallen asleep again and slept all night. She was tranquil; perfectly in her right mind; said she felt very hungry and asked for bacon and eggs which were given to her.

My second case was an old German, over sixty; a lay brother in the catholic church; apparently in very fair health, but decrepit from partial ankylosis of many joints in the vertebral column and limbs. He also had lost the right eye as the consequence of a previous extraction. On November 23d, 1885, I extracted the left lens without accident by Galezowski's method. On the second day the wound was well closed; anterior chamber restored, and only very slight iritis, but the pupil was dilated not more than one-third of the maximum and seemed drawn at one or two points by some fine threads of exudate, which passed across it.

I discontinued the bandage and ordered a solution of atropia sulph., gr. j to ʒj, instilled every two hours. November 26th, the iritis not having subsided and the pupil not being dilated more than one-third of the maximum, I ordered the instillations to be made every hour; a

piece the size of a hickory or pecan nut, of an ointment composed of ung. hydrg., ℥j, ext. belladonna, ℥j, to be rubbed into the forehead once a day; a saline purgative, and when the latter had acted, calomel, gr. one-eighth, with Dover's powder, gr. iv, three times daily. Visiting my patient next morning at the usual hour, I was much surprised when told by the nurse and medical attendants that he had taken a bad turn during the night; had become delirious, and was apparently failing.

His pulse had become very rapid, and digitalis and frequently repeated milk-punches had been given. I found the patient lying on his back in bed, moving his hands rapidly, pulling the bed clothes, counting beads and making other familiar motions. He was talking in a low, cheerful tone, sometimes in German, oftener in English, to some one whom he imagined to be with him in a garden; now and then he would utter a saint's name, a pious ejaculation, or breathe a short prayer. By shouting to him, he was somewhat deaf, his wandering wits could be recalled for a brief moment, but almost instantly strayed away again.

If my first case had simulated the delusions and ravings of madness, here was the counterfeit presentment of that mild delirium, that so happily precedes the death of many aged people. For a moment I was shocked. But though my patient's pulse was rapid (about 120) and feeble, his features were not pinched, and his face was neither palid nor flushed, but of its usual rosy hue. I ordered a hypodermatic injection of morph. sulph., gr.  $\frac{1}{4}$ , directing that it should be repeated if necessity arose. It never did. The patient soon sank into a calm sleep lasting through most of that day and the following night, waking only now and then to sip a little milk-punch. On the following morning he was quite himself again.

I have reported these cases not because such are unheard of, or even very rare, but because it seems to me this accident, poisoning by instillations of atropia, is not sufficiently dwelt upon in our text books; the student is not fully pre-

pared to meet it. I, at least, failed to recognize my first case promptly. Of nine works that I have been able to refer to, the fact that dryness of the throat, flushing of the face, weak and rapid action of the heart, delirium and even coma, may result from the instillation of atropia into the eye, is mentioned by Soelberg Wells, Noyes, Carter, Alt and Swanzy; Dixon, De Wecker, Juler and Carter (Lectures on Cataract), do not allude to it. In all of the works cited it is conceded that poisoning takes place by the solution passing down the nasal duct into the nose, and so into the throat; and we are advised to compress the puncta lachrymalia and turn the patient's head towards his shoulder when making the instillations; but in none is any description of the symptoms given beyond that above mentioned. Now although no one would for a moment deny that faucial dryness and flushing of the face are the earliest symptoms of atropia poisoning, it was singularly enough true that in neither of the cases just related was there any complaint of dryness of the throat or a bitter taste in the mouth; the first patient being black, flushing could not have been observed if present, and in the second, flushing was at no time present to be observed. The fellow eye in both cases having been destroyed, I was deprived of the prominent symptom of dilatation of its pupil from the constitutional action of the drug.

- Perhaps some confrère may object that atropia was too heroically used in these cases. I have only to reply that when confronted by a pathological condition for which we possess an antidote (let us call it), it seems to me the part of wisdom to make a bold and thorough application of the remedy until either we attain our end or toxic symptoms warn us to desist. My observations agree with those of all writers on this mode of atropia poisoning, in showing that it is very readily relieved by the hypodermatic injection of morphia sulphate.



## HOSPITAL REPORTS AND CLINICAL NOTES.

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We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

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## INTERNAL STRANGULATION BY PERITONEAL BAND.

By S. L. LEBEUF,

Resident Student Charity Hospital, N. O., La.

Henry Oliver, colored, native of Louisiana, wagon-driver by occupation, of intemperate habits, was admitted into Ward 33, Charity Hospital, on the evening of Dec. 18, 1885.

The patient was found tossing in bed and suffering greatly; the pulse was rapid, respiration accelerated. Physical examination showed abdomen distended, tympanic on percussion, and very tender. No tumor was made out by palpation. There was no vomiting nor hiccough, but the breath was quite offensive. There was double indirect hernia which he stated had existed twenty years. The patient gave the following history of his attack: On the morning of December 18, he failed to have the usual action from his bowels; but this gave him no concern and he went to his customary work. About 11, A. M., he hurriedly reduced the hernia which had descended on the left side into the scrotum; ten minutes later he was seized with violent pain in the abdomen and was forced to lie down. He was brought to the hospital where his condition was found to be as above described.

His extremities being cold, heat was applied and opium was given in grain doses every two hours to quiet the pain and give him rest. An enema of warm water was also given.

Dec. 19, A. M.—Much weaker, temperature 97°, radial pulse imperceptible, respiration quick, shallow and costal in type. At least two pints of clotted blood were passed by the rectum. The patient being in a condition of collapse, operative interference was out of the question. The patient sank rapidly and died about 2, P. M.

The autopsy, twenty hours after death, revealed cavity of abdomen full of a sero-sanguinolent fluid; the lower two-thirds of the small intestine was intensely congested and at points in the incipient stage of gangrene. In the left inguinal region was discovered a peritoneal band running from the ileo-pectineal line across to the sacrum near the promontory, holding two coils of small intestine imprisoned between it and the meso-colon of the sigmoid flexure. This constricting band was just above the sac of the inguinal hernia, but the hernia appeared to have nothing to do with the trouble. The band was about  $1\frac{1}{2}$  inch in length and was of old formation. There was no rupture of the bowel.

Commentary. During life it was suspected that the descended hernia had become strangulated, or that there was rupture of the bowel, but in the absence of hiccough and vomiting and of tumor, the evidences of intestinal obstruction were not clear, especially in view of the fact that he passed a copious bloody stool. The fact deserves mention that, though the breath was offensive, there was no stercoraceous vomiting. The explanation of the case would seem to be that the two coils of intestine had herniated, while comparatively empty, beneath the band and become constricted as soon as fæcal matter had sufficiently accumulated.

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REMARKABLE TOLERATION OF A FOREIGN BODY  
BY THE EYE.

Charity Hospital Eye Clinic—Service of Dr. BRUNS.

Joseph Messina applied for relief September 28th, 1885.

Born in Italy, he is twenty-nine years old, a resident of the State for three years, and at present a labourer in the rice fields of St. James Parish.

Patient states that a year ago he got a piece of rice husk in his left eye. For a day or so it caused him some annoyance. This passed away and he has not thought of it until very lately. Very recently the eye has been troublesome; it is irritable and waters a little when he is exposed to the sun or wind.

There is very slight circumcorneal injection, more marked around the lower portion of the cornea. Upon the latter, downwards and outwards near the inferior limbus, a small, round, yellowish brown spot about one-eighth of an inch in diameter is seen. Close inspection convinces Dr. Bruns that this is the offending bit of rice husk.

The eye being thoroughly cocanized, the husk is found to be very closely applied to the surface of the cornea and covered with quite a thick layer of somewhat inspissated secretion (mucus), but is removed without pain or difficulty, and the patient sent on his way rejoicing.

The great degree of toleration manifested by the cornea towards the foreign body in this case, was due to the smoothness and thinness of the latter allowing it to be closely and evenly applied to the corneal surface.

It is said that in the great grain growing regions of the West, bits of husk often get into the labourers' eyes and set up severe conjunctival inflammations, which often resist regular treatment with approved collyria.

The quacks of the country, with that superior keenness which is unhappily so often the associate of knavery, have penetrated to the cause of these cases and often bring relief where the regular practitioner has failed. They search the eye thoroughly, especially the upper conjunctival *cul de sac*, quietly remove the foreign body, and giving their patient a little rose water, have him well in a day. The moral is obvious.

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#### A CASE OF SPINAL HEMIPLEGIA OF TRAUMATIC ORIGIN.

Reported by P. E. ARCHINARD, M. D., New Orleans.

I. C., aged 26 years, was born and has always lived in New Orleans, is a cotton-roller by occupation. On January 28th, of this year, whilst at work in a cotton press, he was struck on the right side of the neck and shoulder by a cotton bale falling upon him from a height of about five feet; he was crushed to the ground, but did not lose consciousness. He was immediately carried home on a

stretcher and his family physician summoned, who, after examining the spine and shoulder, stated that there was no bone broken. The right side from the shoulder downward was completely paralyzed and a little hyperæsthetic, the corresponding parts on left side were almost completely anæsthetic, the bladder was paralyzed requiring the use of the catheter and the bowels confined. He suffered great pain at the site of the injury. No examination was made to ascertain the presence of the hyperæsthetic zone on the anæsthetic side, or that of the anæsthetic zone on the paralyzed side. The cilio-spinal center was not involved.

In a few days the paralysis of the bladder and rectum were greatly ameliorated, and the patient could dispense with the catheter and enema pipe.

He noticed about that time great wasting of the right upper limb, though he had gained sufficient power to be able to move the fingers and toes and to slightly raise the arm unassisted. The anæsthesia was however unchanged and there were no trophic changes of the skin. All pain in the injured part had disappeared.

Three weeks later he was able to get out of bed, when assisted, and even to put some of his weight on the paralyzed extremity; he could also swing the arm to and fro; the atrophy though still well marked had not increased of late, the anæsthesia of the left side had improved.

I first saw the patient at my out-door hospital clinic on the 9th of March; he had then so far recovered as to have been able, when supported by his wife, to reach the hospital in the street cars. After a careful examination the following note of the case was made in the ward-book:

Right side: paralysis of the upper extremity almost complete, much greater atrophy of muscles than disuse would cause, sensation and temperature normal; lower extremity great paresis with a little atrophy, no vaso-motor disturbance or disordered sensation; muscular and nervous electrical irritability, both to the galvanic and faradic currents, greatly diminished; no degeneration reaction, electrical sensibility of skin normal; skin and tendon reflexes diminished.

Left side : great diminution and retardation of all forms of sensation ; no paralysis, muscles and nerves answer normally to electrical currents, but sensibility of skin much less than on right side ; skin and tendon reflexes normal.

The bowels are costive and micturition slow and retarded ; there is no pain on strong pressure or percussion over the spine.

The patient was put on one 1-60 gr. of strychnia sulphate, gradually increased to 1-24, in a teaspoonful of syrup of hypophosphites co., 4 times a day ; a weak stable and then labile galvanic current now ascending and then descending was applied to the spine and great sympathetic nerve, and general faradization of the paralyzed nerves and muscles was practiced three times a week. Under this mode of treatment the improvement was very rapid, and to-day, January 15th, 1886, the patient is able to do some work, having regained almost full power over the paralyzed muscles ; the atrophy has disappeared to such an extent that the corresponding limbs of the two sides are equal in size, sensation has altogether returned in the left extremities, the bowels and bladder act well and regularly, co-ordination is good.

The diagnosis in this case is evidently a hemorrhage in the substance of the spinal cord at the cervical enlargement, limited to the right lateral half of the organ, and very small in amount. The history of injury, the suddenness of the attack, the cross-paralysis of sensation and motion, the muscular atrophy, the implication of the bladder and rectum at first, the rapid and almost complete recovery, all point to a small hemorrhage, which was quickly absorbed before any considerable permanent damage had been inflicted on the delicate structure of the spinal marrow.

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#### ABSCESS OF THE LIVER.\*

By JNO. H. BEMISS, M. D., New Orleans.

The case which I am about to report is not a specially rare one, nor is it one possessing any points that particularly

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\*Read before the New Orleans Medical and Surgical Association.

distinguish it from others of its kind, but the history is interesting. In addition to the case being very clear, I am able to show through the microscope a feature about the symptoms, which, though not unusual, is not often called upon in making a diagnosis.

The case is one of tropical abscess, or a better name in this instance, single abscess of the liver. Murchison prefers the former name, even though no element furnished by life in the tropics plays a part in the cause. He asserts that suppurative hepatitis is practically always of the multiple variety in the temperate regions and of the single form in the tropics. He goes so far as to say that a former residence in the tropics will very often give a direction to the course of the disease. An injury, which in India might produce a single abscess cavity, in England might cause many such cavities.

Theodore Schultz, aged 29 years, a native of Germany, a painter by trade, was admitted to Ward 19, Charity Hospital, October 25th, 1885, complaining of a chronic diarrhoea of a dysenteric character, and chills and fever. His previous history had been this: During the Franco-Prussian war he was quite grievously beaten with a gun in the hands of a French soldier. He was severely struck especially over the region of the liver, and for some months suffered greatly from pain in that locality. This, however, gradually lessened, until it worried him very little, though he was nearly always conscious of a heaviness, occasionally amounting to pain in his right side. Some four years afterwards, while pursuing his business in Chicago, he again suffered severely from his side, and was compelled to quit work for a short time. Some two years ago he came South and was employed in various capacities. Here he became a hard drinker, and his former physician states that the patient, on several occasions, suffered with dysenteric attacks. A few months before admission to the Hospital, he went to the country, where he had much fever, and rapidly emaciated. This he attributed to malaria, and a diarrhoea, which had become chronic, and for which he applied to be admitted.

He was tall, light-haired and blue-eyed, much emaciated, skin muddy, though not apparently or markedly jaundiced. His diarrhœa was excessive, and the stools contained mucus and some blood. He had a hacking cough which he said was then dry, (I did not see him until sometime after his admission). He complained of great pain over the region of the liver, especially posteriorly and also pain in his right shoulder and cramps in his bowels.

The outlines of the liver were not put down at that time, though it was noted that the organ was greatly enlarged. Nor were the physical signs of the lungs noted upon admission, but the case was diagnosed chronic diarrhœa. He continued to walk about the wards, though very weak and suffering from irregular fevers. His diarrhœa was not checked. One day, about November 15th, he complained to the nurse of feeling very much nauseated and oppressed. Shortly after this, while in the closet, he suddenly threw up from his lungs nearly a basin full of reddish matter admixed with some blood. From this time until a few days before his death, which took place January 4th, 1886, he continued to spit up large quantities of reddish brown matter mixed with some nummulated, muco-purulent sputa, such as is found in bronchitis or phthisis. I saw him first a few days after the sudden change noted above and found his condition to be as follows: He was very weak and depressed, his bowels were still very loose and he was still suffering pain over the hepatic region and in his shoulder, but it was greatly less than before the rupture; he had no appetite, and his tongue was red and raw. The whole hepatic region was very tender, but especially so posteriorly. Anteriorly the liver extended from about the fifth rib to about an inch and a half below the arch of the ribs. Posteriorly the tenderness was so great that percussion was impossible. Anteriorly the lung was resonant on percussion to the upper border of the fifth rib, but posteriorly was dull, almost flat from the supra-scapular region to the point where tenderness was so great (over the liver) as not to admit of percussion. Anteriorly, auscultation showed increased but

harsh respiration with a few sub-crepitant rales. Posteriorly, vesicular murmur was almost entirely absent and the lung was full of coarse crepitant rales. Bronchial respiration was apparent posteriorly, especially at the root of the lung and in the inter-scapular region. Examination of the sputa by the Pathological Department, on November 30th, showed "no bacilli tuberculosis;" again on December 7th, "pus corpuscles and granules of disintegrated matter; no bacilli; no liver cells;" on December 14th, "no bacilli tuberculosis." Some of the sputa was kindly examined for me by Drs. Archinard and Lawrason, and was found to contain tyrosin crystals, leucin globes and broken down cells and granular matter as well as pus corpuscles and hæmatin.

The diagnosis was abscess of the liver rupturing through the bronchial tubes. I regret that I cannot give the results of an autopsy, for through a misunderstanding the body was buried before it could be held; but I hardly think there is any reason for doubt as to the nature of the case. I would not be so bold or careless, as the case may be, to come before you with the history thus incomplete, but for the fact, that the value of the microscopical appearances which I am fortunately able to show you, is thus intensified.

If the history is of interest enough to merit further consideration I would call especial attention to the possible origin of the case, namely, a blow received over the liver in 1871. It is by no means uncommon for an abscess to become encysted and to thus remain quiescent for a long time, showing as this did, periods of slight exacerbation, and finally breaking through its bounds and going on to a rapid termination. This is, indeed, the only explanation of the case, if we grant that the blow originated the disease, for no active suppurative process in the liver has been known to last over a few months.

Another point to which attention might be called, is the fact that in this case the dysentery was subsequent to the hepatic trouble. The theory most usually held is, that the



dysentery so prevalent in the tropics results in the absorption of purulent matter, and this pus by its deposition in the liver originates an abscess.

It is not impossible, however, that from the blow or some diathesis, the patient was predisposed to congestion of the liver, and that while suffering from such a state he imprudently exposed himself to the violent internal congestions of malarial intermittent attacks, which, stamped upon an already disordered organ, started suppuration. Or was the dysentery following upon a congested liver and malaria at last the cause?

It is interesting to note how clearly defined the pneumonia seemed to be, namely, in the posterior part of the lung only, as if the track of the pus had been rather direct and the position of the man—on his back usually—had acted in keeping the front part clear.

The absence of jaundice is nothing more than we might expect with the abscess cavity removed from a position where it could obstruct the exit of bile which had already been secreted. Jaundice—the rule in multiple abscess—is usually absent in tropical forms.

I might mention more particularly here, what was only slightly referred to in the history, that about nine days before death the cavity seemed to have closed, for expectoration of that reddish-brown matter ceased and the sputa was muco-purulent and nummulated only. He complained greatly of oppression and pain during the last few days of his life, and finally died of exhaustion.

The absence of the bacillus of Koch is worthy of note as excluding both primary and secondary tuberculosis.

Finally, I would call your special attention to the microscopical slides which are presented herewith. Abundance of the brushes of tyrosin crystals may be perceived, along with the other products mentioned above, viz : leucin globes, broken down cells, granular matter, hæmatin and pus corpuscles.

Kanneberg says that tyrosin and leucin are of value in such examinations by showing that the process, whatever

it be, did not take place in the lung. This fact taken along with the other items in the history seems to point unmistakably to hepatic abscess.

It must be stated, however, that there is on record one case of putrid bronchitis, the expectoration from which contained tyrosin crystals.

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## CORRESPONDENCE.

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### PASTEUR'S METHOD OF PROPHYLAXIS AGAINST RABIES.

A letter from our Paris Correspondent, E. LAPLACE, M. D.

The method, as just presented to the Academy of Medicine of Paris, by its author, rests on the following facts:

A rabbit, being trephined, is inoculated beneath the dura-mater with the spinal cord of a rabid dog; rabies will be developed in the rabbit always within an average of fifteen days.

If a second rabbit be likewise inoculated from the first, and a third rabbit from the second, and so on, there follows a manifest tendency to a diminution of the stage of incubation of rabies in each successively inoculated rabbit.

After twenty or twenty-five transmissions from rabbit to rabbit, a stage of incubation of eight days is met with, which maintains itself during a new period of twenty or twenty-five transmissions. Then an incubation of seven days is reached, which is found with a striking regularity during as many as ninety transmissions, and seems to be the limit of its shortest duration. It is quite easy therefore to have a perfectly pure and homogeneous rabid virus constantly at hand, as these spinal cords possess the same degree of virulence and throughout their whole extent. If pieces of the length of a few centimetres are detached with all the possible precautions of purity and are suspended in dry air, all their virulence gradually subsides and finally disappears. The time for the disappearance of virulence

varies with the thickness of the section, and above all, the external temperature. The lower the temperature the longer is the virulence preserved.

With the above statements, the following is the manner of rendering a dog proof against rabies :

In a series of sterilized flasks, the air of which is kept dry by fragments of caustic potash being placed in their bottoms, are introduced pieces of fresh spinal cords of rabbits that have died of rabies of seven days incubation. Every day, a hypodermic syringe of sterilized broth in which a small fragment of the dried spinal cords has been dissolved, is injected into the subcutaneous cellular tissue of a dog. Care must be taken to inject at first only such spinal cords as have lost nearly all their virulence by the drying process, *i. e.*, about two weeks duration. On the following days, the dog is to be inoculated with spinal cords each of which have successively undergone two days less of drying than the preceding one, until a last and very virulent spinal cord is reached which has dried in the flask but one or two days.

The dog has thus been rendered proof against rabies. He may then be inoculated with true rabid virus beneath the skin or dura mater without becoming rabid.

Such had been the successful results on a group of fifty dogs, when on the 9th of July last, a boy named Joseph Meister, aged 9 years, was brought to Pasteur's laboratory. The child had been bitten by a rabid dog in Alsace, on July 4th, at 8, A. M., and bore numerous wounds on the hands, legs and thighs. The principal wounds were cauterized twelve hours later with phenic acid. The dog having been killed, his stomach was found full of straw and bits of wood ; he had consequently been rabid.

According to the opinion of Profs. Vulpian and Grancher, of the Faculty, the boy Joseph Meister was in imminent danger of becoming rabid, and since Pasteur had last year demonstrated that he could render a dog proof against rabies after being bitten, the professors decided it was

justifiable to apply the same remedy to this desperate case.

Accordingly, on the 6th of July, at 8, P. M., sixty hours after the bite, in presence of Profs. Vulpian and Grancher, the boy was inoculated through a fold in the right hypochondriac region, with half a syringeful of sterilized broth containing in solution a fragment of the spinal cord of a rabbit that had died of rabies on the 21st of June, and preserved since then in a dry flask, that is, for fifteen days.

On the following days, new inoculations were made, always in the hypochondriac regions, according to the following schedule :

		½ hypoder. syr.		
		Cord of	Cord	
July	7, 9 A. M.....	June 23,	14	days old.
"	7, 6 P. M.....	" 25,	12	"
"	8, 9 A. M.....	" 27,	11	"
"	8, 6 P. M.....	" 29,	9	"
"	9, 11 A. M.....	July, 1,	8	"
"	10, 11 " .....	" 3,	7	"
"	11, 11 " .....	" 5,	6	"
"	12, 11 " .....	" 7,	5	"
"	13, 11 " .....	" 9,	4	"
"	14, 11 " .....	" 11,	3	"
"	15, 11 " .....	" 13,	2	"
"	16, 11 " .....	" 15,	1	"

No external lesions resulted from these numerous injections. Thirteen inoculations were thus practised during ten days. Rabbits having at the same time been inoculated with the various injections used above, it followed that the injections performed on the 8th, 9th and 10th of July were innocuous, as they did not affect the rabbits, whilst the succeeding injections were all highly virulent, for the rabbits became rabid in seven, eight, or fifteen days, according as they were inoculated with the injections of the 16th, 14th, or 12th of July.

Joseph Meister, had therefore been inoculated with the most virulent rabid virus which invariably produces rabies

in rabbits after seven days, and in dogs after eight days incubation. He therefore escaped not only the rabies that would have followed the dog bites, but also that inoculated in the treatment, by far more virulent than that of the ordinary street dog.

The final highly virulent inoculation has also the advantage of limiting the apprehension following the bite of a rabid dog. If rabies were to occur, it would occur sooner following a virus more virulent than that of the dog. It is now four months since the accident and the boy is in perfect health.

I have been fortunate enough to see this case, as well as three others, whom Pasteur sent to different hospitals for the surgical treatment of the wounds inflicted by the bite of rabid dogs. They were treated after the same method with the same wonderful results. There are at present numerous cases under treatment, which will no doubt confirm the value of this latest triumph of science.

Pasteur's efforts are at present directed towards solving the problem as to how the virus is attenuated in dry air. Though still experimenting on the subject, he is disposed to lean towards the opinion that the virus of rabies behaves with some analogy to that of chicken cholera, which on long cultivation seems to produce a substance which proves poisonous to its own self, checking its growth and gradually destroying its vitality.

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#### THE CONTROL OF HEMORRHAGE.

JEANNERETTE, January, 1886.

*Messrs. Editors:*

My attention was called in your column of News and Miscellany, to two cases of bleeding from the gums on account of extraction of teeth—the first, that of Dr. R. Matas, had been treated by passing a silver wire through the gum and twisting it until closure of the cavity resulted; in the other, that of Dr. C. T. Blackwell, the hæmorrhage had been controlled by filling the socket with dry plaster of Paris.

These two cases brought back to my mind two of a similar nature, where a more simple treatment was successful. In ante-bellum days, I was called to a large plantation in my neighborhood by the manager, one of the old time overseers, who had great confidence in his powers of healing and was convinced of his superiority over any new fledged Esculapius, and that what he did not know of medicine was not worth knowing.

He pointed to a collapsed, ghastly looking African, sitting on a verandah, with his head leaning against the brick pillar, blanched as much as his color allowed, and with a small stream of blood and saliva trickling from one corner of his mouth; he had extracted twenty-four hours before, the third molar, and the blood had never stopped—he had applied strong vinegar, Pravaz's perchloride of iron, nitrate of silver, and had caused the blacksmith of the plantation to bend and file down to a point a goodly sized wire with which he had cauterized the socket. After doing all this he confessed he was at his wits' end, '*au bout de son latin.*' I told him I would extend his latin to, '*Felix qui potuit rerum cognoscere causas*'—and after reviving the drooping African with a square dose of whisky, I made a wad of cotton to be compressed between his jaws, leaving a piece protruding in the mouth of sufficient size to allow the involuntary play and suction of the tongue to be exerted on it and not disturb the formation of the clot in the socket. The hæmorrhage was arrested in ten minutes.

Sometime afterward, a planter living some ten miles from my house, sent for me for his daughter, who had been bleeding some twelve hours from same cause. I directed the father to apply same wad and gave two doses of brandy and digitalis, which set everything right.

On the same principle, violent epistaxis can be controlled in many instances by occluding the nostrils between thumb and finger, preventing the forced entrance in and out of air, also an involuntary act, during which no clot can be formed.

I offer these few remarks to suggest that by a little physiological insight into the causes of many cases before us, simple means will often succeed, instead of far fetched and untimely measures of treatment.

Respectfully yours,

A. MAGUIRE, M. D.

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THE YELLOW FEVER COMMISSION.

NEW ORLEANS, January 14th, 1886.

DR. F. W. PARHAM,

*Associate Editor N. O. Med. and Surg. Jour.:*

DEAR DOCTOR—Enclosed I send to you an official copy of Senate Bill 604, in order to possess you of exact data and strengthen the position the JOURNAL may assume in its course relative to the sending of an investigating commission into the tropics to ascertain the practicability of inoculation as a preventive of the pestilential invasion of yellow fever.

However good, bad or indifferent may be Freire or Carmona, they in their practical efforts and publications are the immediate suggesting cause of the proposed commission; and, moved by a sense of justice which I make the rule of my life, upon my return to Washington I shall insist upon their names being placed conspicuously in the Bill, when it comes up for final action.

If it passes, the Bill will provide for the investigation of Freire's and Carmona's work, together with all other experiments and observations such as may possibly enlarge our knowledge of yellow fever, particularly the application to it of the principles and methods of Pasteur, Koch and others; the methods modified according to the judgment of the experimenters.

As to the general principle of a scientific investigation I know that our ideas are in accord, while on the other points as to the composition of that body and having to do with Freire and Carmona, we are irreconcilably disagreed; and on my part will always remain so.

It affords me great pleasure to acknowledge my satisfaction upon reading the editorial in the January number of the JOURNAL. Whatever our difference, the subject was treated in the true journalistic style, entirely above those little flings, so often marring discussion, and injurious only to the writer. (I should not say "only," for they are invariably derogatory of the dignity of journalism.)

On this point, and as one jealous of all that may slight the higher interests of our profession in the South, I feel perfectly safe that the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, as an organ of the Medical Profession, is committed to trusty hands.

I hope, always, that you gentlemen will deal with any question affecting myself as unsparingly as you can lay pen to paper, and that you will never grant any allowance in my favor except in so far as your own convictions may compel.

This can all be done without lessening the sincere hope I entertain for the growth and prosperity of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

Yours truly,

JOSEPH HOLT, M. D.

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APPENDIX.

IN THE SENATE OF THE UNITED STATES.

DECEMBER 15, 1885.

MR. EUSTIS introduced the following bill; which was read twice and referred to the Select Committee to Investigate the Introduction and Spread of Epidemic Diseases.

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A BILL

Providing for the appointment of a commission to investigate the declared discovery of inoculation of yellow fever, and protection so afforded against that disease.

Whereas, the question of immunity from yellow fever is so intimately connected with the social, industrial, and commercial growth of Tennessee and the Southern Atlantic and Gulf States of the Union as to determine the destiny of Memphis, Charleston, Savannah, Pensacola, Mobile, New Orleans, and Galveston; and



Whereas, there is a large and accumulating mass of testimony that the power of protecting the unacclimated against yellow fever has been discovered and proven in the inoculation of the essential germ or cause of the disease, by methods distinctly formulated and available, these aforesaid declarations, and numerous instances cited in corroboration, emanating from medical scientists at the head of the biological departments in the highest institutions of learning in Mexico and Brazil, authorized by and bearing the indorsement of their respective Governments: Therefore,

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That a commission be appointed for the purpose of making a complete investigation of, and reporting, after a thorough examination, the methods pursued, their effectiveness in protecting the unacclimated against the yellow fever infection, together with all *associated* observations and experiments that may be *ascertained*.\*

SEC. 2. That the said commission shall consist of three persons, one of whom shall be of known ability and special attainment in biological research, particularly in the department of microscopic investigation and culture of the essential germs causative of infectious and contagious diseases. The other two members of the commission shall be medical men of recognized ability, based upon long and ample experience, competent to give expert consideration to all phases of the symptoms and course of yellow fever in any form wherein the phenomena of the disease may present themselves, whether induced in the course of pestilential invasion or in purposely devised inoculation.

SEC. 3. That this commission aforesaid shall proceed at the earliest possible moment to Rio de Janeiro, as the first field of its labors. Having completed there its work, it shall also proceed to Mexico, and, if necessary in the accumulation of testimony, to Panama, Colon, and Havana.

SEC. 4. That the sum of thirty thousand dollars, or so much thereof as may be actually required to pay the necessary and unavoidable traveling and other expenses and the salaries of the members of the commission, be appropriated.

SEC. 5. That the sum of five thousand dollars shall be paid as a recompense to each member of the aforesaid commission.

\* Italics, Dr. Holt's.

## THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.—Published monthly at \$3 per annum in advance.  
Single copies, 30 cents.

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Correspondence, notes and queries upon medical matters and clinical reports are invited from every source and will receive prompt attention. Information concerning deaths, marriages, removals, etc. of physicians, and all matters of local or general interest relating to medicine are solicited from the Profession of the South.

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## LEADING ARTICLES.

## CARMONA'S YELLOW FEVER INOCULATIONS.

Through the courtesy of the author, we have been able to examine and carefully study the work of Dr. M. Carmona y Valle, of Mexico. This book of about 300 pages, written in French, was published at Mexico in the latter part of 1885; it contains the results in full of all of Carmona's experiments on the etiology and prophylaxis of yellow fever. The author is apparently an excellent clinician and a very good lecturer, and we find much to admire in his work; on the most essential points, however, we believe him to be altogether opposed to sound logic and accurate observation.

We may here state, that we have not entered upon the study of this book with preconceived ideas or a biased mind. We are no opponents of the germ theory and though no enthusiasts we look upon this theory as the only one offering a plausible explanation for many, if not all, infectious and contagious diseases, yellow fever included. We cannot admit though, without closely scrutinizing the evidence, that one who sees a microbe when looking over pathological specimens, has really discovered a pathogenic microbe; and much less that inoculation with attenuated and modified microbes must necessarily grant immunity from all varieties of *germ* diseases.

However much we may hope that in some near future a true preventative will be found against these dreaded scourges; and believing at the same time, that prophylaxis in person,

that is, vaccination or inoculation, apparently offers the most logical means for attaining this desirable end, we are not so blinded as to be prepared to accept as true all conclusions and deductions based on insufficient data or want of accurate observations, which can only serve to vulgarize and bring into discredit methods of investigation which give promise of ultimate success.

That Professor Carmona, notwithstanding his many other high attainments, is not particularly fitted for this kind of work, is made evident in the very introduction of his book; for we learn there that his experience in yellow fever is very limited, living as he does in a locality where the disease does not originate, and that outside of 3 or 4 cases of yellow fever introduced into the City of Mexico, he depends for his researches upon specimens sent to him from a distance or upon observations made by others. Even the descriptions of his methods are very meagre and wanting in that minute accuracy which should characterize a subject of such importance. Indeed, the lecture form, in which he treats his subject, seems to us to be more suitable for clinical teaching, and is quite objectionable where a subject of such scientific interest is being discussed.

As to his germ, the peronospora lutea, which he asserts to be so easily seen and recognized in all organs and fluids of yellow fever cases, even when the preparations have been left exposed to the air for a considerable period of time, we have endeavored, but in vain, to detect it in a number of preparations of undoubted cases of yellow fever at our disposal. A peronospora having such distinctive characteristics and differing so widely from other fungi of the same family, ought certainly to be easily detected and could scarcely have been overlooked by investigators who have made a special study of microbiology. We may state candidly, that after carefully reading Dr. Carmona's work we feel assured that what he describes as different phases of evolution of a single microbe, is really nothing else but a number of fungi belonging to different classes. The microphotographs accom-

panying this work do not give by any means a clear idea of the peronospora lutea: for they show no detail whatever and seem to be merely made up of different masses of shadow and light.

Referring to our esteemed friend Dr. H. D. Schmidt, the pathologist of the Charity Hospital, Carmona gives the doctor due credit for being an accurate and competent observer and microscopist and says that even such an anti-germist as Dr. Schmidt mentions in his work on yellow fever the fact of his having found a peronospora in one of his sections of the liver, and although Dr. Schmidt proves very conclusively to our mind that the fungus he saw had been introduced from without, Carmona brings forward this fact as a strengthening argument in favor of his theory, but he forgets to lay stress on this point, that the peronospora was only seen by Schmidt in a single section out of the upwards of a thousand preparations of yellow fever organs and fluids which he examined. A point which, it would be reasonable to suppose, ought to have led Carmona to abandon this fact altogether as more contradictory to his theory than otherwise.

The inoculations, notwithstanding the amount of ingenuity brought forward by their author to explain their salutary influence, confer no immunity from yellow fever, for of 380 vaccinated soldiers, garrisoned at Vera Cruz during the summer of 1885, 26 contracted the disease, and of this number 17 died.

Before concluding we wish to call special attention to a paragraph in the appendix to Dr. Carmona's book. When speaking of the benefit conferred by his inoculation, among other facts proving the efficacy of his method, he states that by permission of the Mexican Government he was allowed to vaccinate over 100 persons sent by Mexico to the World's Exposition at New Orleans during the winter of 1884-85, and though these inoculated persons remained in our city until yellow fever had made its appearance amongst us, none of them contracted the disease. If all of the Doctor's statistics are like the above we can see

how much importance is to be attached to them. We state most positively, that for many months previous to, during, and after our World's Fair, there was not a single well authenticated case of yellow fever in our city; besides, had the city been infected he does not explain how it happened, that without the benefit of inoculation the tens of thousands of strangers and the two hundred and twenty-five thousand inhabitants of New Orleans escaped the disease.

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### THE YELLOW FEVER COMMISSION.

In our January number we carefully reviewed the work of Domingos Freire and asserted that we thought it so devoid of all evidences of value as to make the sending of a commission to investigate the results of his labours, the part of anything but wisdom.

In this issue we present an equally impartial and careful review of the evidence brought forward by Carmona to support his claim of having found the micro-organism productive of yellow fever and of having perfected a method for its protective inoculation. It will be seen that we have found nothing to make us change our former opinion. That opinion may be clearly and briefly stated thus:

Certain friends of ours, prominent among them Dr. Jos. Holt, the President of our State Board of Health, have asserted that in Mexico and South America a vast mass of evidence has been collected, indicating that the germ productive of yellow fever and a method of protective vaccination for the disease have been discovered. So important are these claims and this evidence, said our friends, that we think a commission should be erected by the Congress of the United States to examine into and report upon them. To this we replied: We have examined the claims of Drs. Freire and Carmona (having procured copies of their complete works) with candour and coolness, and find them, upon their own showing, so utterly devoid of all scientific value, that we regard it as both foolish and extravagant to expend upon their investigation one single cent of money.

Our friends answer: We have considered what you have said concerning Freire and Carmona and are constrained to admit that it is true, but our proposed commission is to have other functions than the mere investigation of these men's claims; this investigation is, indeed, the reason for the commission's being, but once in the fever haunted zones, it is to be empowered to make in the latest scientific mode full and complete investigations of its own into all the questions at issue.

That this is a perfectly fair statement of the case, witness the courteous and complimentary letter of Dr. Holt, given at another page, and Senate bill 604, appended thereto.

Dr. Holt says in his letter, that with a sense of justice which has ever been the mainspring of his actions, he shall insist upon the names of Freire and Carmona occupying conspicuous places in the bill. We must confess that we fail utterly to see wherein consists the *justice* of making a set of experiments and results admitted on all sides to be without value, the pretext for the formation of a scientific commission. Has not Dr. Holt misapplied this much abused word?

The valueless nature of Freire's and Carmona's work being granted then, and the futility of sending a commission to investigate it and the consequent *injustice* of making it the excuse for the sending out of a commission being established, what reason at all can exist for sending a commission at this season to investigate yellow fever? We are at a loss to say.

Remembering the commission of 1879, and its thorough but unsuccessful hunt for the germ, the only reason which suggests itself to our mind is that recent improvements in staining and culture methods foster the hope that the hunt may now-a-days prove more successful. If this be the reason it certainly strengthens our original position. We have maintained from the first, and still maintain, that we should send upon this errand not a commission, but a single man, Dr. Sternberg, a world-acknowledged expert in all that

pertains to bacteriological lore and a physician of no small experience with yellow fever. Already in the employ of the United States, he might be sent on a man-of-war to the South, there to remain until he had thoroughly satisfied himself concerning the questions in dispute, at no additional outlay to the general government beyond that of his daily expenses.

This idea of attaching to the bacteriologist two physicians to examine and certify to the genuineness of every case upon which he is to pursue his investigations, reminds us of the proposition made some years ago by the *London Punch*, that as all the qualities necessary for the detection, pursuit, and capture of a criminal were rarely found in an individual, all policemen should be sent out in bands of three; one of great mental development and with senses of exceeding acuteness to detect the criminal and plan his capture; a second of transcendent fleetness to overtake him; and a third of gigantic strength to overpower and subdue him. Has medicine reached such a pass that the pathologist can no longer recognize a disease save in stained and mounted preparations upon the stage of his microscope? Must all the game upon which he is about to bring his weapons to bear be set and flushed by a pack of clinical pointers? And supposing this to be necessary, assuming for the sake of argument that Dr. Sternberg does not know a case of yellow-fever when he sees it, could he take with him from this country any one more thoroughly acquainted with the disease than the medical men of the countries to which he is going?

We would submit too that a single expert bound upon such a mission is apt to do more real scientific work than a commission consisting of several individuals. He is less beset by perturbing influences in the shape of public receptions, dinners, suppers, etc. Especially is this true of one belonging to the government service and accustomed to feel responsible for a full and exact performance of his duties to the members and officers of that service.

It has been said that the public at large would feel more confidence in the verdict of a commission than in that of a single person. In this opinion we do not concur. France sent Brouardel to investigate Ferran and his swindling cholera inoculations, and not only all France, but the whole world felt the most perfect confidence in the result of his investigations. Dr. Shakespeare is at this very time investigating on behalf of our government all the facts connected with the late cholera epidemic in Spain. Does any one suppose that either the profession or the public will feel a lack of confidence in his report when made?

Having gone over the whole ground then we say finally: Freire and Carmona are not worth investigating; there are no especial reasons for sending a commission at this time to South America; if any is to be dispatched upon such an errand it should be Dr. Sternberg, or any equally competent bacteriologist (preferably one already in the service of the United States, if such could be found), who should be permitted to remain until he had satisfied himself either that he had discovered the pathogenic microbe and a method of protective vaccination, or that these were not to be discovered by any of the means and methods at present known to science.

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### THE SPHERO-BACTERIUM OF DENGUE FEVER.

Through the courtesy of Dr. J. F. Y. Payne, Professor of Therapeutics in the Medical Department of the Tulane University of Louisiana, we have been shown a letter from Dr. J. W. McLaughlin, in which the latter claims to have found and isolated the bacterium of dengue fever—the Dengue Sphero-bacterium.

Dr. McLaughlin is a busy practitioner of Austin, Texas, but has found time to devote much attention to matters microscopical, and is at present the President of the Texas State Microscopical Society.

The limited space of a letter, says Dr. McLaughlin, forbids his going into the details of his methods of culture



and staining, but he asserts that he has used every precaution in obtaining the blood, always from the living subject, and in making the cultures to insure against accidental contamination. He uses Grunow's histological microscope, Abbé's illuminator, 1-6 dry and 1-12 H. I. objectives.

The Sphero-bactria have been invariably found in the blood of patients suffering from dengue and *within* the blood corpuscles. Dr. McLaughlin claims to have made pure cultures of the organisms through many generations, and to have watched their development with Holman's life-slide.

For diagnostic purposes the organisms may be shown by the following simple method: Wash the patient's arm clean, dry, and puncture with a sterilized needle. Spread the blood thinly on a sterilized cover-glass and dry it in the flame of a spirit-lamp. Apply to the blood-slide a drop of commercial sulphuric acid, wash it away in two or three minutes, and then apply the following solution: Potass. iodide, 1; iodine, 2; distilled water, 300 parts. Dry and mount in Canada balsam or sat. sol. potass. acetate.

Accompanying Dr. McLaughlin's letter is an excellent microphotograph made for him by Dr. R. Menger, of San Antonio, Texas, from stained specimens in blood from dengue patients. The sphero-bacterium can be clearly seen alone or in groups apparently within the blood-cells.

Dr. McLaughlin will doubtless soon give to the profession an extended report of his methods and results. Should these results be confirmed, Texas, and indeed the whole South may well feel proud of the discovery.

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#### SEI I KWAI.

Of all the exchanges that come to our table, the *Transactions of Sei I Kwai*—the Society for the Advancement of Medical Science in Japan—is invested with the most peculiar interest.

In our youthful Western arrogance we can not help dreaming of the people of far away Japan as a curious,

semi-barbaric, upside down and outlandish folk. But as medical men we can best estimate and appreciate the progress of a people when informed as to the state of their knowledge of the science we profess, and of the rules, laws, and customs, regulating among them the practice of our art. Thus it is that this little blue-covered journal of medicine has given us a truer idea of the wonderful people, who have in a few years learned almost all that Western civilization has to teach, while we in same time have been able to catch up a hint or two merely of their exquisite perfection in the arts and handicrafts, than all the books of travel we ever read, or all the miles of Japanese *curios* by which we ever tramped.

The *Transactions of Sei I Kwai* have, since January, 1885, been published in two parts; one Japanese, and one English (supplement), many of the English articles being translated from the Japanese by native physicians whose command of our tongue is truly admirable.

We always read the English part, and seldom without finding something interesting, while a glance over the Japanese part never fails to excite our longing curiosity and fill us with a maddening sense of impotency.

Thus, No. 44 now lying before us, contains in its English part the report of a very elaborate and successful rhinoplastic operation by Dr. S. Sato, Professor of Surgery in University College, Tokyo, translated by S. M. Suzuki; and No. 45, The Recent Epidemic of Measles, a paper giving a tabulated report of 2726 cases and much interesting historical information. We learn that the first recorded epidemic of measles in Japan, occurred 1299 years ago, or A. D. 586, while the Chinese, from whom the Japanese are supposed to have received the disease, have descriptions of small-pox and measles dating back to 1000 B. C. Another table gives the dates of 18 epidemics of measles which have occurred on the islands of Japan from the above mentioned date (586 A. D.) to the present year.

One case is recorded in which the child of a woman suffer-

ing from measles was born with the disease, several in which an attack of chicken-pox preceded the onset of the measles by several days, and the case of an old man who escaped scot-free in two other great epidemics only to be severely attacked in this one.

In number 46, is a note by Dr. J. C. Berry, of Okayama, on the preparation of *mizu ame* or Japanese maltine, from which we quote the following :

1st. Malt (*moyashi*), made by putting barley into a pail with a perforated bottom, and then moistening with water for two weeks, by which time (varying with the weather), the barley germinates. Spread and dry, rub off the sprouts, winnow and grind, when it is ready for use.

2d. Of *mochi-gome* (the very glutinous rice from which the *mochi* is made), one *to* (1 *to*=10 *sho*=1097 cu. in), cook the rice by steaming in a wooden box until moderately soft. Remove to a pail and add: malt, 450 *mome* (120 *mome*=1 lb. av'd.), water 5 *sho*. Then with the hand thoroughly mix the whole, squeezing and crushing the rice until it assume a hard jelly-like consistence, then allow it to remain for 12 hours, during which time stir three times. (If weather is very cold, it is covered with straw mats; if very warm, it is kept in a cool place.) Remove and place in hempen bags, put into a strong box and press out the liquid with firm pressure. Lastly evaporate to proper consistence over a slow fire.

*Mizu ame* was never used in Southwestern Japan other than as an article of diet for babies, weakly children and old people, until recently, and at present its use is largely confined to those who have been brought in contact with, or instructed by foreign physicians. I have used it considerably during the last five years, more especially in cases where food medicines are required; and, after being properly diluted, frequently prescribe it with dialysed iron and with cod-liver oil. I use it more or less on my table as an article of diet, instead of syrup or honey, especially with one of my children who has a weak stomach. I imagine that its one single advantage over malt or maltine is its more easy digestibility.

In the table of contents of the Japanese parts we note the following of which we would have been only too glad to have translations: A Case of Elephantiasis—of what interest would be a description of this malady from a Japanese pen, the Japanese ideas on treatment. A Case of Leprosy with Syphilis—many Western authorities deny that leprosy and syphilis can coëxist. A Curious Case of Intestinal Worms; Discussion on the Results of Marriage—do not these excite your curiosity? Clinical Experiment, On a Case of Poisoning by Fig-leaves—*ibid.*—and Questions and Answers on the Cause of *Kakke*. We have asked ourselves the question, What is *Kakke*? every time we have read the weekly report from the Tokyo-Fu Sanitary Office with which each English supplement closes, for it seems that a goodly number of Japanese subjects are carried off every week by *Kakke*, and as Florence, in the “Almighty Dollar,” says about “dodo,” “We don’t know what *Kakke* is, but it sounds like something *narsty*.” Should these lines come to the eyes of our confrères on the staff of Sei I Kwai, will they not enlighten our ignorance by an article upon this disease in an early issue of their English supplement?

In conclusion let us add that Sei I Kwai is a flourishing society of ten honorary and one hundred and thirty-one ordinary members, embracing many distinguished native and foreign medical men. The society owns its own fire-proof building in which its meetings are held and in which it is collecting a library of Japanese and foreign medical works. Contributions to the library are invited from every source, and the Editors of the Transactions will be glad to exchange with all reputable medical periodicals; at least so we understand the following advertisement:

“Donations of Books, Pamphlets, Journals, etc., may be sent directly to the Library, No. 6, Shin Sakana Cho, Kyobashi Ku, Tokyo; or to the New York Agency of the Yokohama Specie Bank, No. 7 Warren Street, New York City; or to Jno. Tod, Esq., care Messrs. Sam’l Harris & Co., No. 5 Bishops-Gate Street Without, London.

## CHEMICAL CONSTITUTION AND PHYSIOLOGICAL ACTION.

The *Pacific Medical and Surgical Journal* for December, 1885, brings us a paper from Dr. Blake, in which he replies to statements made concerning his researches on the above subject by Dr. L. Brunton, in the work of the latter upon Pharmacology. The inadvertencies of Dr. Brunton will not be regretted by the medical public if they result in bringing before us in full the investigations made by Dr. Blake so long ago as 1841. Papers published in the transactions of European Associations are not easily accessible, and the subject is of sufficient importance to merit reproduction and further study.

To the average student of medicine the subject of isomorphism is a profound mystery. It has for him no definite meaning, and consequently investigations based upon such a chemical characteristic have but little interest. Dr. Blake's criticisms of Dr. Brunton's statements exhibit a conviction on the part of the former that the ideas of the latter are not as clear as they should be upon the subject. Nevertheless, if a clear conception of isomorphism is attained, the student will feel that it is most probable that a fixed relation does exist between the physiological action of bases which give identical crystalline forms in their kindred compounds.

A simple illustration of isomorphism may assist in making plain the direction of Dr. Blake's researches. The sulphate of magnesia ( $\text{Mg SO}_4 + 7\text{H}_2\text{O}$ ) and the selenate of magnesia ( $\text{Mg SeO}_4 + 7\text{H}_2\text{O}$ ) are isomorphous, that is they have the same crystalline form. Here magnesium is the common base, while sulphur, in the one salt, belongs to the same group of chemical elements as does selenium in the other. As the sulphuric acid ( $\text{SO}_4\text{H}_2$ ) and the selenic acid ( $\text{SeO}_4\text{H}_2$ ) in these two salts possess the same combining value ( $\text{H}_2$ ) and have the same amount of oxygen ( $\text{O}_4$ ) with one atom of sulphur in the one to one atom of selenium in the other, the isomorphism seems only a natural expression of this identity of constitution.

A simple example of isomorphism is shown in ferric oxide ( $\text{Fe}_2\text{O}_3$ ) and aluminic oxide ( $\text{Al}_2\text{O}_3$ ) in which the oxygen is the common acidic radical while iron and aluminium are the different though kindred bases.

In both of the above examples we have instances of isomorphism. In the first, the base, magnesium, is the same, while the acids differ. In the last, the acid radical (oxygen) is the same, while the bases differ.

When the chemist sees, as in the first instance, the same base giving isomorphous salts with different acids, similarity in constitution and chemical action is inferred concerning the *acid*. When he sees, as in the second instance, the same acid radical giving isomorphous salts with different bases, affinity in chemical properties is inferred concerning the *bases*.

Dr. Blake seemed to conceive, and has shown by experiment, that isomorphism indicates also affinity in physiological action. This is an exceedingly important induction, and while there must be some exceptions to the law, yet it is broad enough to be of importance and value.

The point insisted upon by Dr. Blake that the same base has a different physiological action according to the valency with which it acts is founded upon solid chemical grounds. Every chemist knows that iron, copper, mercury and other bases act with two combining powers, giving two classes of salts which differ widely in their chemical relations. Iron acts as dyad in ferrous oxide ( $\text{FeO}$ ) or as a tetrad in ferric oxide ( $\text{Fe}_2\text{O}_3$ ); copper acts as a dyad in cupric oxide ( $\text{CuO}$ ) and as a monad in cuprous oxide ( $\text{Cu}_2\text{O}$ ); mercury acts as a dyad in mercuric chloride ( $\text{HgCl}_2$ ) and has a monad value in mercurous chloride ( $\text{Hg}_2\text{Cl}_2$ ). These are established chemical differences, and Dr. Blake shows in the case of the iron salts that the physiological actions also differ.

The isomorphous relations of any of these bases will change as they act with one valency or the other; that is, iron acting as a dyad would assimilate in isomorphous form to the dyad groups, while iron acting as a tetrad would

furnish crystalline forms akin to those of other tetrad bases. We would naturally expect therefore that the physiological effects of dyad iron would resemble the action of kindred dyad bases, while tetrad iron would act physiologically as do tetrad bases. In other words the known relation between crystalline form and chemical properties seems to be a perfectly sound basis for an induction concerning the relation between isomorphism and similar physiological action.

The relation, in the same isomorphous group, of toxic effect to atomic weight is a much more difficult and delicate subject than that of isomorphism to physiological action. From an *à priori* standpoint there seems to be no inherent reason why atomic weight should affect the toxic action of bases. Weight, as such, would seem to have no relation to poisonous or non-poisonous properties. This is a subject in which experiment must establish each fact, for no sound basis for induction seems to lie in the suggestion itself. We venture this expression with diffidence upon purely speculative grounds, since Dr. Blake's paper of 1873 is unknown to us.

We trust that in a new edition of Dr. Brunton's valuable work the actual results of Dr. Blake's researches in both directions may be stated more fully. We cannot imagine that any intentional injustice has been done him.

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### MEDICAL TREATMENT.

Two addresses lately delivered, one in England and one in the United States, deserve notice, as showing the direction in which real advance in therapeutics must be made, to free medical treatment from the opprobrium of being styled the "ars conjecturalis."

Dr. Samuel Wilks in an inaugural address before the Midland Medical Society on "Medical Treatment," insists upon the folly of considering diseases as so many entities suddenly grasping the healthy individual, to be met with specifics, found and to be found. The conditions that

drag the system down to the level of disease should occupy the attention of conscientious physicians, and prevention should be the goal to be striven after. Dr. Wilks makes a happy comparison of physical to moral depravity, saying "that it was just as impossible for a healthy man to die of a ruptured heart or apoplexy, as for a gentleman of unblemished character to commit murder or pick a pocket."

He goes on to say that pathological research is the only road to the acquisition of this knowledge, and thus to rational therapeutics. The study of pathology does not lead to skepticism in the use of medicines, but is the school in which their proper use must be learnt. Vomiting produced by a gummy tumor in the brain would have been combatted in vain by all the antiemetics known, had not pathology stepped forward and suggested iodide of potassium.

We will not attempt to give a summary of Dr. Wilks' address as it is long and all so interesting, that one would be at a loss where to abbreviate. The Dr. enters a protest however against the constant rush after new drugs. He says that "what we need is a more complete knowledge of the use of those we have. Nor would he want them more powerful. He finds daily cause for being thankful they are not more powerful. For instance, he sees a lad with a pleuritic effusion which has pushed down the liver; the medical man had overlooked the presence of water in the chest, but had discovered the liver below the ribs. He considered this to be enlarged and gave the boy mercury to reduce it. Again, in "osteitis deformans," iodide of potassium is given to absorb the deformity. Now is it not a blessing that the liver structure is not absorbed by mercury or bony structure by iodide of potassium, or what inroads would be made on the livers and skeletons of the human race."

Now however sound may be the principle of narrowing down to a few well tried drugs, the use of which is well understood, we would be sorry to give up the hope that we are to be blest in the future with more perfect drugs;



an anodyne, for instance, without the objections of opium, a hypnotic without the dangerous eccentricities of chloral, an antipyretic that we might give without the fear of depression.

While Dr. Wilks acknowledges the physiological action of drugs to be a necessary study, he considers the action of drugs in disease of greater importance, and this is only to be learned at the bedside.

In the address of Dr. Inglis on "The Future of Therapeutics," he holds the same view concerning the necessity of bedside observation to determine the value of drugs in disease, and a scientific method in doing so is most strenuously insisted upon. Accurate dosage and single medicines should be used. We should all ridicule the experiments of physiologists made with medicines of uncertain dosage and composition, yet we are constantly seeing the same done in therapeutics without exciting even comment.

The tenor of the two papers coming as they do, about the same time, from the old and new world, show an advance in the true direction, and give promise that the great progress made in pharmacology is only a brilliant prelude to an era of scientific therapeutics.

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## EDITORIAL COMMENTS.

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### THE INOCULATION OF "ROCIO," OR DEW, AND OF SNAKE VENOM AS PRESERVATIVES AGAINST YELLOW FEVER.

In our last number we spoke with some emphasis against the proposed commission to investigate the "discovery" by Freire of a method of protecting against yellow-fever. When we had fairly and honestly gone through the 650-page book of Freire and had found therein no evidence of the truth of his declarations, we regarded it as idle to think of investigating him in Brazil, and we felt that our friends, Drs. Holt and others, had gone into this commission-project without having made a critical examination of the scientific value of Freire's statements. We believe the

alleged discovery of Freire no less absurd than the discovery claimed in 1864 by Drs. Masnata and Frascieri. They claimed that they could protect against yellow-fever by the inoculation of "rocio," or dew, and they requested an investigation of their methods. Two members of the Havana Academy of Sciences reviewed and tested the experiments. The substance used was not a natural dew, but artificial, obtained by the condensation of the vapor of water contained in the atmosphere of the closed room of a yellow-fever patient, collected on the surface of bottles. In one experiment made by them distilled water yielded "more remarkable results" than inoculation with "rocio." And yet this "rocio" had been much vaunted as a prophylactic against yellow fever—with just as much foundation, we believe, as the method of Freire.

Again, in 1854, a Dr. William Lambert de Humboldt, who claimed to be a nephew of the great Alexander Humboldt, notified the Captain General of Cuba, of his discovery of a sure means of preventing yellow fever by the inoculation of the venom of an unspecified Mexican snake. So much excitement was caused by his announcement that the Spanish Government appointed a commission to study the subject and to test the experiments of Humboldt himself and a French commission went to Havana from Martinique; "2477 persons were inoculated from December 18, 1854, to June 28, 1855." No good results were obtained.

Humboldt's book is extant and an account of his inoculations may therein be found.

These experiments, for which we are indebted to the very valuable and readable report of the Havana Yellow Fever Commission, of which Dr. Chaillé was chairman, are worth recalling at this time in connection with this proposed commission to investigate Freire's and Carmona's alleged discoveries. We think the one about as much called for as the others, and the last not one whit less absurd than the former. We think it wrong to let our Congress appropriate the sum of thirty thousand dollars without a protest from us

against the useless expenditure of the people's money. We repeat, if this investigation *must* be undertaken, let Dr. Sternberg, now in the service of the government, be sent; let him report upon the experiments and the advisability of organizing a more extensive investigation of yellow fever in all its relations.

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THE TALE OF A MAD DOG.

In another department will be found a letter from our Paris correspondent, Dr. E. Laplace, giving a full account of M. Pasteur's method and of the inoculation of the boy Meister. Under the head of Medical News and Miscellany we mentioned in our last issue that four of the Newark children supposed to have been bitten by a mad dog had been sent to Paris for treatment by the savant. The cable has since kept us fully informed about the children and M. Pasteur.

For the benefit of the curious and for the purpose of preserving a complete record of this most remarkable episode in medical history, we publish the dispatches in their regular order:

PARIS, Dec. 13.—A son of Meissonier, the celebrated painter, was terribly bitten to-day by a rabid mastiff in his father's garden. The victim was immediately sent to Pasteur for treatment. The latter declares that the patient's recovery is certain.

PRAGUE, Dec. 14.—Herr Gener and his son, owners of the largest hotel in this city, have been bitten by a mad dog and have gone to Paris to be treated by M. Pasteur.

NEW YORK, Dec. 17.—Dr. Ludwig R. Sattler, of Newark, N. J., is going to Paris for treatment by Pasteur. He is a veterinary surgeon 28 years old, who came to this country soon after graduating from the Royal Veterinary College of Saxony. Last Saturday he was severely bitten on the hand by a dog that was subsequently killed, and yesterday, with the assistance of four other doctors, he held an autopsy on the deceased canine. Evidence of the rabies was found in the brain and spinal cord, and the salivary glands and vital organs were much congested. As Dr. Sattler raised his scalpel to cut into the stomach, he re-

marked, "This is a turning point in my life." The stomach was empty and the mucous membrane was much ulcerated, while particles of Brussels carpet were attached to it. "The dog was mad!" exclaimed the doctor and dropped into a chair. His sensation of alarm was only momentary, however, for he is not one of the kind to be frightened into hydrophobia, and the bites on his hand were promptly and thoroughly catuerized. He is acquainted with Pasteur and hails the opportunity to familiarize himself with his methods and discover, if possible, the secret of mitigating hydrophobic virrus.

PARIS, Dec. 22.—The four children from Newark, N. J., who were bitten by a mad dog and are now undergoing treatment at the hands of M. Pasteur, are stopping at the Hotel Sorbonne and will undergo a regular course of treatment. No opinion can yet be formed regarding the ultimate development of the virus.

BLOOMFIELD, N. J., Dec. 22.—On Sunday last a Scotch terrier belonging to Mr. Frank began snapping at him, and finally bit his daughter in the leg. The dog was killed yesterday. A bloodhound, also the property of Mr. Frank, showed symptoms of rabies, and was promptly killed before he had bitten any one.

It is thought that these dogs were bitten by an animal known to be mad which ran through the town a few days ago.

MATAWAN, N. J., Dec. 22.—The mad dog scare in this place is not diminished. Edward Bucklin, who was bitten on Saturday, went to Newark to-day accompanied by his father, and if Dr. O'Gorman advises the measure, will go to Paris immediately.

Charles Briton, another victim, has also consulted Dr. O'Gorman.

The dog who bit them has not yet been found, though people here have been searching for him all day. Many dogs bitten by this animal have been killed and the others are closely watched.

PARIS, Dec. 29.—Mr. Pasteur to-day inoculated Charles Kaufman, of Franklin, N. J., who was bitten by a supposed mad dog on Nov. 21. The operation was successful.

M. Pasteur severely censured Kaufman for his inattention to his injuries at the time he was bitten, but said he hoped to prevent any development of hydrophobia.

M. Pasteur will inoculate Dr. Ludwig R. Sattler, of Orange, N. J., the veterinary surgeon who was bitten on Dec. 13, once a day for eight consecutive days.

The four children, Austin Fitzgerald, Patsy Ryan, Willie Lane and Patrick Reynolds, who have been under treatment by M. Pasteur, will leave for home on Sunday next. They are all well.

PARIS, Dec. 31.—M. Pasteur to-day finally inoculated the four children from Newark, N. J. M. Pasteur says the children are progressing favorably, and he is confident that all of them will escape hydrophobia.

PARIS, Jan. 1.—M. Pasteur has undertaken, at his own cost, the cure of eleven persons bitten by a mad wolf in a village in Western Russia

PARIS, Jan. 4.—Before the departure of the Newark children for Havre, whence they sailed on the steamer Canada, on Saturday, for New York, they were carefully examined by M. Pasteur.

The vitality of the oldest two and the youngest appeared to be somewhat low, but the third was in excellent spirits.

PARIS, Jan. 13.—Sullivan and Jacques, of Boston, arrived here to-day to submit themselves to M. Pasteur's treatment for the prevention of hydrophobia.

M. Pasteur refuses to inoculate Sullivan as seventy days have elapsed since he was bitten.

Count Laubespain has made a donation of 40,000 francs to M. Pasteur.

NEW YORK, Jan. 15.—The four Newark boys who were taken across the ocean for treatment by Dr. Pasteur are safe at home again. Dr. Billings, who accompanied them, thinks that the treatment they received was successful, "if" the dog that bit them was mad. Dogs are liable, he thinks, to diseases that resemble rabies but do not necessarily make them dangerous. None of the boys have shown any symptoms of hydrophobia; so much is certain; but, neither have the two who were bitten at the same time and did not go to Paris; so it seems that Dr. Pasteur cannot yet say positively that he has prevented any patient from having hydrophobia.

As might have been expected, no sooner did the news of M. Pasteur's doings get well abroad than rabies began to rage with unwonted fury in all the civilized countries of the

world. In England, France, and the United States, almost every day brings tidings of new cases. In London and New York "Pasteur Institutes" headed by well known men, both medical and non-medical, have been organized for the purpose of cultivating the virus and spreading broad-cast the blessing of preventive inoculation with broth and spinal cords.

The French Government, it is said, will request the Chamber of Deputies to vote a sum for the purpose of erecting for M. Pasteur a spacious hospital for the treatment of patients by his method. In fact, the whole world seems to be transcendently inoculated and to have run rabies mad. The voices that have been lifted to call a temporary halt for the purpose of cool investigation have been drowned and lost in the general uproar. And yet so far the state of the case is exactly that described in Goldsmith's poem—the men have all recovered of the bites, and the dogs have all died (violent deaths) before any one could discover whether they were actually mad or only a trifle angry. In truth the whole matter wears a most unscientific air. Of course it is impossible to say that we may not be in the early days of the grandest medical discovery of our age, and we have learned to be chary of prophecies, but we feel much inclined to think with our New York contemporary that M. Pasteur is juggling with spinal cords.

The cases of the Newark children are critical tests, and should be narrowly watched. Should those inoculated escape the disease, while the two who were not fall victims to it, the evidence in favour of M. Pasteur will be very strong; should one of the inoculated become rabid while the two uninoculated escape, it will be damaging to the theory, but it must be remembered that there are four of the former to two of the later; should none of the children have hydrophobia we may safely conclude that the unfortunate dog was never mad at all, but fell a victim to "a concatenation of circumstances accordingly." The

latter hypothesis we are inclined to think will prove true in this case and has been the condition of affairs in the cures of rabies so far reported.

Meanwhile the following "very latest intelligence" cannot but prove highly interesting and invigorating to every truly scientific mind:

"Mrs. Ryan, of Newark, who went to Paris with her dog-bitten boys to have Pasteur operate on them, recently returned to America. On the way over she gave birth to a son, who has been christened Patrick Pasteur Ryan and pronounced a native of New Jersey."

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#### THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES.

The January number of this old and well-established quarterly has reached us. This enterprising journal has perfected in England arrangements which make it the recognized organ of the medical profession in that country, the position occupied by it in America for the past sixty-six years.

The January number contains an article by Sir Henry Acland entitled "Modern Medicine of the English-speaking Race," which explains the intention and scope of the undertaking; and contributions are found from Sir James Paget, W. H. Broadbent, J. Matthews Duncan, Sir Andrew Clark, Walter G. Smith, of Dublin, Jonathan Hutchinson, in Great Britain, and others from Canada and this country.

The following names appear at the heads of the chief departments of the Quarterly Summary: Anatomy, Geo. D. Thane, Professor of Anatomy in University College, London; Physiology, Gerald F. Yeo; Materia Medica, Therapeutics, etc., Bartholow; Surgery, Frederick Treves, in Europe, and Lewis A. Stimson, in America; Ophthalmology, Charles Stedman Bull; Otology, Burnett; Throat, etc., Cohen; Dermatology, Duhring and Stelwagon; Midwifery, F. H. Champneys, of St. George's Hospital, London, etc.

With such assistance the publishers may well call their journal *The International Journal of the Medical Sciences*. We think the undertaking deserves success and we consider it the duty of the medical profession to give it cordial encouragement and support. We take this occasion to call the attention of our readers to it.

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DEATH OF PROFESSOR JOHN C. DRAPER, M. D., LL.D.

This eminent scientific man died in New York of pneumonia, December 20th, 1885, at the age of 50 years.

He had held many positions of honor and responsibility, and at the time of his death was Professor of Natural History in the College of the City of New York, and of Chemistry in the Medical Department of the University of the City of New York.

Few men are as prolific with their pens as was Prof. Draper. For in addition to his three works, which have attained to the position of text-books, he was either editing or continually writing for, some of the finest periodicals of the country. Among them may be mentioned the *Galaxy*, *Scribner's Monthly*, and *Draper's Year Book of Nature and Science*.

He was the oldest son of Prof. John W. Draper. He himself left a widow but no children.

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ABSTRACTS EXTRACTS AND ANNOTATIONS.

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MEDICINE.

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THE MITRAL MURMURS.

In a very interesting and instructive paper in the January number of the *American Journal of the Medical Sciences* Dr. Austin Flint reviews the knowledge of the murmurs generated in disease located at the mitral valve. His experience justifies him in enumerating four initial murmurs as follows:



1. The systolic regurgitant.
2. The systolic non-regurgitant, or intraventricular.
3. The presystolic.
4. The diastolic.

The writer gives very carefully the points for differentiating these murmurs and gives the best possible explanation of the mode of production.

The importance of the systolic non-regurgitant murmur is not generally recognized and its frequent confusion with the systolic *regurgitant* murmur makes it worth while abstracting some of the distinguished author's remarks. With regard to its production, it is most probably intraventricular. Prof. Janeway, at an autopsy on a case in which he had detected during life the murmur, found a tendinous chord extending across from a point in the left ventricle to the opposite wall. Dr. Andrew H. Smith has suggested an occasional cause to be friction of roughened mitral curtains upon each other during systole of the ventricles. The deposit of fibrin upon the ventricular aspect of the valves Dr. Flint thinks an adequate explanation of this initial mitral murmur in rheumatic endocarditis, and a probable supposition in chorea, and in other cases where the murmur is developed. Finally, it may be the result of an abnormal state of the blood. The following propositions regarding the murmurs, formed from a perusal of his article, we add as being of practical importance.

#### REMARKS.

1. Practically (prognosis), a very *little* regurgitation may give rise to a *loud* murmur.
2. Mitral incompetence may be *well* tolerated for an indefinite period—life may continue for a quarter of a century or longer.
3. A mitral *non-regurgitant* murmur *is the rule* in a primary attack of rheumatic endocarditis, in chorea, in certain cases of anæmia, and sometimes when it has no apparent pathological connections.
4. A mitral *non-regurgitant* murmur may persist for a short or a long period and *disappear*, leaving behind *no symptoms or signs of cardiac disease*.
5. The two systolic murmurs, regurgitant and non-regurgitant, may be combined into one murmur, continuous, but consisting of two parts differing in quality or pitch—

the explanation of such a murmur is that there are two murmurs, one produced in the ventricle, the other at the mitral orifice.

6. The lesion indicated by the presystolic murmur may be tolerated ten or fifteen years, or longer, possibly. This lesion is stenosis from adhesion of the mitral curtains forming a button-hole-shaped mitral opening.

7. Whereas the mitral presystolic is produced by a direct current during auricular contraction, the diastolic murmur is the result of the direct current prior to auricular contraction. It is a rarer sound.

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#### SASSAFRAS OIL.

Dr. Thos. J. Miller, of Roanoke, Va., in an article in the *Virginia Medical Monthly*, has much to say in praise of sassafras oil in the treatment of certain affections, especially neuralgia. A lady who had been suffering for some weeks with pains in her chest and constant cough, took a tablespoonful of oil in several tablespoonfuls of water. She became so exhilarated that the doctor was sent for. He found her "sitting in a chair surrounded by her husband and children, laughing and talking incessantly, and appearing, as it were, overflowing with the most benevolent and tender sentiments." Her pulse was reduced in both volume and frequency, and her pupils were dilated, but she was entirely free of pain and remained so. She was still happy and cheerful in the morning, but was soon well.

Since that time Dr. M. has used the oil frequently, usually in teaspoonful doses in cases of neuralgia and always with success so far as the pain was concerned, the patients also becoming cheerful and exhilarated.

He ends by urging that the drug be investigated as to its therapeutic qualities and its doses.

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#### ON CERTAIN ELECTRICAL REACTIONS.

In Daniel's *Texas Medical Journal* for December, Dr. F. T. Paine, asserts that he has so invariably found certain electrical phenomena associated with female troubles, that he has been enabled to establish thereby a certain set of tests, as a system of diagnosis. These phenomena are general neurasthenia with electrical anæsthesia over the feet and ankles, over the fundus, over both ovaries and the

breasts. The external and internal genitalia very frequently take part in this anæsthesia. He says: "For instance, when a female applies at my clinic for treatment, I ask permission to touch her ankle with an electrode. If the ankle responds to the current, I now go no further in that line; but if there is anæsthesia, then I apply an electrode to the breasts, and if this gives no response, I am sure of finding anæsthesia of the ovarian regions—and have never yet been disappointed." He finds this state in delayed puberty, dysmenorrhœa, menorrhagia, leucorrhœa and all aberrations of the ovarian and uterine functions. Dyspepsia and loss of sexual feeling, attend this electrical condition.

Where he found a man, and it was rare, in whom anæsthesia of the ankles or breast was present, he has acknowledged to sexual excesses or masturbation.

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#### CHOLERA INFANTUM.

Dr. Meinert, of Dresden, in an article entitled "The Disproportion between the Calibre and the Contents of the Vessels in its Relation to Etiology and Therapeutics" strongly denounces the practice of withholding food, but especially drink from children suffering from cholera infantum. All forms of cholera, including cholera infantum, are attended by excessive loss of the watery parts of the blood and there is induced a want of relation between the size of the vessels and their contents. Death in these diseases is caused by cardiac paralysis resulting from incomplete filling of the vessels. He asserts that he has saved the life of many an infant by giving fluids constantly, urging them steadily upon the child, when vomiting occurs, until tolerance is effected.—*New York Medical Record*.

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#### THE PAINFUL POINTS IN SCIATIC NEURALGIA.

Prof. Hardy, recently, in a lecture on Sciatica, delivered at the Charity Hospital, Paris, said: There are always certain *points* which on pressure will augment the pain. They are situated as follows: 1st, in the vertebral column just above the sacrum; 2d, above the coccyx; 3d, at the level of the great sacro-sciatic notch; 4th, between the great trochanter and the ischium (this is the most frequent of all the points; 5th, just where the popliteus divides; 6th, behind the external malleolus; 7th, on the dorsum of the foot; 8th, on the calcaneum. You will generally find two or three of these points in every patient, rarely more. Paris letter to *Philadelphia Medical Times*.

## SURGERY.

## NEW METHOD OF TREATING FRACTURE OF THE PATELLA.

Dr. Thos. G. Morton has employed a new method of treating fracture of the patella, which he thinks will afford bony union. His apparatus consists of a slender drill in a movable handle (very much like Brainerd's drill). With this the fragments, after being placed in position, are transfixed from below upwards, parallel with the axis of the limb, until the extremity emerges from the skin, above the joint. A steel cap is then slipped on the end and fastened with a screw, so as to prevent the bones from becoming separated. The joint is then enveloped in an anodyne lotion, and elevated as before. The results have been excellent. There is no inflammatory reaction, there is not even redness, and not a drop of pus; the fragments are in perfect apposition, so that one can scarcely, after careful examination, tell where the line of fracture was. The idea is that the increased supply of blood attracted towards the part by the screw is of advantage in bringing about union. No bandages are required. The patients' temperature (in Dr. Morton's case, a man of 50) has not been above normal. In order to insert this drill no anæsthetic was needed, as it gave very little pain. Of course the joint must be kept quiet and extended on a splint. There appears to be no more risk with this instrument than with Malgaigne's hooks, and thus far he has been better pleased with it than with the hooks. It is a very much easier instrument to apply than any other form of apparatus. The screw should be applied, as a rule, within a few days after the fracture, because the exudation which is thrown out between the fragments may prevent perfect apposition and thus hinder union. In order to get firm osseous union the bone must be adjusted as accurately as possible. If considerable swelling exist, the surgeon must wait until it subsides.—*Philadelphia Medical Times.*

[One of our staff had the pleasure of seeing in Dr. Morton's ward at Pennsylvania Hospital two cases in which the treatment above described was practiced and we can testify that there was remarkable absence of inflammatory reaction. The cases had not at the time of our visit been long enough under treatment to determine the ultimate results, but there was perfect apposition of fragments and the cases promised well. We feel constrained, however, not

withstanding the favorable results in these cases, to express our conviction that the mode of treatment is by no means an absolutely safe one, though possibly not so dangerous as the treatment by wiring the fragments. Dr. Stephen Smith and others indeed regard wiring as a safe operation, but in view of a few fatal results and some amputations consequent upon the operation, we do not see how it can be so considered. The cases of Dr. Morton are, we must admit, highly encouraging, especially if the promise of bony union be fulfilled as seemed likely when we saw them—EDS.]

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LIGATURE FOR ANEURISM, ASSOCIATED WITH GENERAL ARTERIAL DEGENERATION.

A patient suffering from aneurism of the right popliteal artery presented himself at the surgical clinic of Dr. Creus (of Madrid); his heart and large arteries had all the changes resulting from alcoholism; the carotids beat unequally, and various congestions appeared during his stay in the ward. The treatment at first consisted in compression by weights; but the pains in the groin were so severe, his general condition so bad, and the aneurism becoming worse rather than better, Dr. Creus had to abandon compression, and resort to Reid's Method [compression, below and above the aneurism, by the elastic bandage of Es-march—*Ets.*], which was carried out in two sittings under an anæsthetic, the elastic bandage being kept on as long as possible. However, the benefit was only temporary, for in a few days the tumor regained its former size and beat with greater force. Notwithstanding the bad condition of the arteries, the femoral artery was tied at the apex of Scarpa's triangle; the wound healed quickly. The catgut ligature was left in place. A small drainage-tube had been inserted, but was soon withdrawn as unnecessary. The skin of the leg slightly desquamated, and the big toe and the last phalanx of the second toe sloughed: these were the only ill effects of the operation, for the patient was seen a year and a half after, and he was in very good condition as far as his leg was concerned, although he presented all the evidences of a far advanced cardiac lesson.

A second case came under the notice of Dr. Eucinas. The patient was a young drunkard, who had a diffuse aneurism of the femoral and popliteal arteries, for which the operation of Antyllus [laying open of sac, removal of

contents and application of a ligature above and one below the sac.—*Eds.*] was performed. In two or three days, when the wound had commenced to cicatrize, the upper ligature came away, causing an abundant hæmorrhage; the vessel was tied again, but the carelessness of the patient made the second ligature give away, and Dr. Eucinas tied the external iliac. All of the wounds quickly cicatrized, and in a year the man was found at his old occupation. Two or three years after, he returned to the hospital, asking the doctor to *tie an aneurism of the celiac axis* (to use the patient's own words). He had been to Montpellier, and after being examined carefully, he was told he suffered from that affection; and he, remembering the good effect of the ligature upon his old aneurism, resolved to seek a surgeon who would ligate his celiac axis. The arterial system of this individual was found to be full of calcareous rings, but, notwithstanding, the collateral circulation was perfectly reëstablished.—*El Dictamen.*

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#### HOW TO STOP NASAL HÆMORRHAGE.

From the *Medical News* we extract the following practical suggestion of Prof. John Chiene, taken from the *Edinburgh Medical Journal*, December, 1885.

In persistent hæmorrhage from the nasal cavity, plugging the posterior nares should not be done until an attempt has been made to check the hæmorrhage by firmly grasping the nose with the finger and thumb, so as completely to prevent any air from passing through the cavity in the act of breathing. This simple means, if persistently tried, will in many cases arrest the bleeding. The hæmorrhage persists because the clot which forms at the rupture in the blood-vessel, is displaced by the air's being drawn forcibly through the cavity in the attempt of the patient to clear the nostrils. If this air is prevented from passing through the cavity, the clot consolidates in position and the hæmorrhage is checked.

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#### AMPUTATION AT THE KNEE-JOINT BY DISARTICULATION.

At the meeting of the Royal Medical and Chirurgical Society, on December 8, Mr. Thomas Bryant read a paper on this subject. \* \* \* \* Finally, the author summarized the advantages of this form of operation over amputation through the thigh, in the following words: (1) The lessened shock of the operation. (2) The lessened section

of tissues and the non-exposure of the muscular interspaces of the thigh. (3) The escape from the necessity of sawing the femur with its attendant dangers. (4) The preservation of the attachments of the thigh muscles, and consequently the greater mobility of the stump. (5) The useful character of the resulting stump.—*Med. Times and Gazette. Journal of the American Medical Association.*

[Mr. Bryant advocated Stephen Smith's method by lateral hooded flaps, which he thought well adapted to amputations of the leg also; this method covers the condyles well and places the cicatrix well behind the condyles of the femur. Mr. Bryant leaves the articular and the semi-lunar cartilages and does not remove the patella.—*Eds.*]

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## OBSTETRICS GYNÆCOLOGY AND PÆDIATRICS.

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### THE PRESENT STATE OF THE ERGOT QUESTION.

Dr. Rudolph Kobert gives in the *London Practitioner* for December, the following results of his experiments on the action of the active principles of ergot.

“Ergotinic acid when administered internally, even in the largest doses is well borne, without the supervention of uterine contraction and without any material disturbance of the mother. At most the stools become semi-fluid. When injected subcutaneously, relatively large doses cause complete narcosis lasting from twenty-three to forty-eight hours, during which reflex action ceases; nevertheless neither contraction of the uterus nor expulsion of the young occurs.

“After very large doses the blood pressure falls very low, and as a consequence the young die but are not expelled.

“From these experiments it will be seen that ergot of rye does not owe its ecbolic power to the ergotinic acid contained in it, and that we may consider as clinically worthless all preparations of ergotinic acid, and of sclerotinic acid (so called), and all aqueous extracts which do not contain those principles which are soluble in alcohol. Hence it follows, that the extractum secalis cornuti of the pharmacopœia Germanica, Editio 2, is worthless.

“Cornutine is now prepared and supplied commercially by Gehe and Company (Dresden): and is not to be confounded with the very different ergotinine of Tanret. The latter is quite inert. The former, however, produces, uterine contractions both in animals which are pregnant,

and in those which are not pregnant, with this difference, that in the latter the contractions are accompanied by coincident vomiting, diarrhœa, salivation and irregularity of the pulse; but in the former the irritability of the uterus is much increased and as a consequence the uterine movements come on after doses so small that no other symptoms at all appear. Consequently, it was always possible, in dogs and cats, to bring about the expulsion of the fœtus without seriously jeopardising the life of the mother, when the cornutine was injected subcutaneously. It was a matter of no consequence whether the young were mature or not. The amount necessary to this result was less than an eighth of a grain. Gehe's preparation, not being a chemically pure one, must be administered in larger doses.

“*Sphacelinic Acid* is a resinous body insoluble in water, and consequently must be administered by mouth in the form of an emulsion. In dogs and cats a sufficient dose never failed to evoke powerful labour pains in the pregnant uterus followed rapidly by the birth of the fœtus; yet not one of the mother animals lost her life in consequence. The contractions after this substance we may describe as being tonic, and after the cornutine as being clonic.

“From the foregoing it will be seen that in the ecbohic action caused by ergot both cornutine and sphacelinic acid take part.

“As hinted at in my previous communication to this Journal, cornutine acts by influencing directly the centre for the uterine contractions situated in the spinal cord; but sphacelinic acid acts directly on the uterus itself. And the combined actions of these two substances is necessary if we wish to produce the action of ergot upon the uterus and yet avoid any other untoward effects. Therefore, the only rational preparations for use in cases of parturition, is one which contains all the cornutine and sphacelinic acid but no ergotinic acid; for the latter is very injurious to the stomach and has no influence upon the uterus. At my desire, Gehe & Co., Dresden, have been good enough to prepare and supply commercially an article answering the above indications (extractum secalis cornuti cornutinosphacelinicum Kobert). This is, of course, not in any way identical with other ergotines now in the market. Internally administered, it was, *when fresh*, exceedingly active, producing abortion with certainty in pregnant animals. In the form of pills it has been employed with success in man to stop hemorrhages in various organs, and also in the treat-



ment of vascular dilatation in cutaneous diseases. Unfortunately, it does not keep well for more than six months, and must each year be prepared afresh; a preparation a year old is almost absolutely worthless. It is necessary to state that neither ergot itself, nor any of the numerous commercial and European and American preparations which I have examined, have retained their therapeutic powers for more than twelve months. Of course, the ergotinic acid remains unaffected, but this is valueless.

“The preparation of an active extract depends upon the solubility of cornutine and sphacelinic acid in absolute alcohol, in which latter ergotinic acid is insoluble.

“It is only necessary to bruise well the fresh ergot and to exhaust thoroughly with the strongest alcohol. After evaporation of the alcohol at a low temperature, there remains a residue consisting of the inert fatty oil and the whole of the cornutine and sphacelinic acid. A portion of the oil may be previously got rid of by extracting with ether, but at the sacrifice of a small amount of the active substances. The extract thus prepared is not well suited for subcutaneous injection. The dose cannot be foretold, because the proportion of active principles present in ergot varies exceedingly with the year and the district.

“As the extract of ergot is usually prepared in November, it is to be hoped that this article will be of the greater utility.”

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#### THE REACTION OF VAGINAL SECRETIONS IN HEALTH AND DISEASE.

Some time ago we published an abstract from an article written by M. le Dr. Martineau in which it was asserted that acidity of the vaginal secretions was diagnostic of specific trouble, as the normal and the non-specific vaginal discharges were always alkaline. We have just received a pamphlet entitled “The Variations of Composition and Chemical Reactions of the Normal and Morbid Secretions of the Female Genital Canal,” by Dr. P. Ménière, who finds that, contrary to the opinion of Dr. Martineau, (1) the fact of the vaginal secretions being acid does not prove at all that they are or are not specific; (2) that it remains to be proved that alkaline secretions are ever found coming from vulvo-vaginal inflammations; (3) secretions having an acid reaction may be caused by a transformation of pus, a transformation known to take place on the surface of wounds

and consequently dependent upon the blenorrhagic inflammation. The Doctor ends his pamphlet with the following conclusions:

1st. The human organism is essentially alkaline.

2d. Woman is less alkaline than man.

3d. The vulvo-vaginal secretions tend to become more acid as the constitution becomes more debilitated.

The uterine secretions, under the same circumstances, become less alkaline.

In health there is a slight acidity of the vulvo-vaginal secretions (with the exception of that of the glands of Bartholini) and a slight alkalinity of the uterine secretions.

4th. The changes of composition are proved by:

Clinical facts,

Chemical analysis,

Microscopical examination,

And particularly by the fact that certain thermal springs will cure sterility due to this acidity.

5th. Whatever the changes in composition,

The mucus secreted by the vaginal mucous membrane always preserves an acid reaction.

The mucus from the cervix and body of the uterus and that of the vulvo-vaginal gland remains invariably alkaline.

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#### SASSAFRAS AS AN ABORTIFACIENT.

At a meeting of the Chicago Gynæcological Society, November 27th, Dr. John Bartlett read a paper entitled "Remarks on the Toxic Properties of Sassafras." After enumerating the toxic effects of sassafras which he likens to the combined effects of opium, strychnine, and ergot, and speaking of the reputation that strong sassafras tea had among a certain class of midwives as an ecboic, he relates a case in his practice showing how essential it is to remember this property of the drug. We quote the gentleman as follows: "A year or two later I was called to a woman two months pregnant. For several days she had had symptoms of miscarriage of so pronounced a character that arrest of the process was doubtful. I found the patient very anxious to have a child; she disclaimed the intention of producing abortion, and to all my inquiries as to a possible cause of the hemorrhage, she gave answers which left me no further question except this: 'Have you been drinking sassafras tea?' Surprised, she

replied that she had been drinking it for a week past for breakfast and supper. The proper remedies for her condition were prescribed, the possibly offending tea left off, and in twenty-four hours all was quiet *in utero*."

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## OPHTHALMOLOGY.

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### AN ARTIFICIAL VITREOUS BODY

The most remarkable surgical operation on the eye proposed during the past year, is that to which the attention of the British Medical Association was called at its last meeting in Cardiff, Wales, by Dr. P. H. Mules, of Manchester.

Not yet quite satisfied with the improved stumps left after the operation of *exenteratio bulbi*, which he has done so much to place upon a firm footing, Dr. Mules now proposes to replace the contents of the eviscerated bulb with a *small glass sphere*. The exenteration is done in the usual way, but under the most thorough antiseptic precautions—hand-spray, corrosive sublimate solution irrigation, etc.—When the sclera has been thoroughly cleansed of all adherent choroid, and bleeding is stopped, the sclera is slit vertically until that glass sphere which will fill the cavity of the bulb, can just be introduced. The sclera is now firmly and evenly sewn over the glass sphere with strong chromicised catgut, and the conjunctiva stitched over at right angles to the scleral wound. The wound is now antiseptically dressed with iodoform and salicylic wool in a double layer of Lister's gauze. The patient is kept in bed three days, and dressings renewed under the hand-spray. There should be almost no reaction. Dr. Mules has performed the operation several times. One patient has been using an artificial eye for eleven months, another for eight months. The results are said to be perfect.

[While we can readily imagine that the results of such an operation must be exceedingly gratifying from a cosmetic point of view, we should fear that the glass sphere would in time become rough, as does an ordinary glass eye, and acting as a foreign body cause irritation. Breakage of the sphere would be another danger to be dreaded.

It will be interesting to watch the patients provided with the artificial vitreous bodies; only years of successful experimentation can establish the operation.—*Eds.*] *British Medical Journal*, Dec. 19, 1885.

## AFFECTIONS OF THE EYE ACCOMPANYING MUMPS.

In the *American Journal of the Medical Sciences (International Journal)* for January, 1886, Dr. Swan M. Burnett reports the case of a negro boy aged 15, who, on the third day of a slight attack of mumps, got wet. Two days after his right eye was affected. Dr. Burnett saw the boy on the fourth day of the trouble. There were swelling of the upper lid; chemosis; moderate dilatation of the pupil; paralysis of accommodation; diplopia in the upper, lower, and extreme left fields of fixation and the upward and downward movements of the eye were visibly restricted. There was noticeable exophthalmos. Vision was reduced, and there was marked tortuosity of the retinal veins. Recovery in about a week after simple bathing of the parts in hot water.

The only mention of the affection Dr. Burnett has been able to find are ten cases recorded by Hatry and one by Talon. In Hatry's cases the symptoms were conjunctivitis, redness of disc with circumpapillary haziness, engorgement of retinal vessels, dimness of vision and photophobia. All recovered perfectly in from seventy to five days.

In Talon's case, in which the symptoms were similar but more severe, the disease went on to optic nerve atrophy. Dr. Burnett remarks that this observation of Talon suggests the possibility that some of those atrophies of the optic nerve, especially when unilateral, which are accidentally discovered, and the origin of which cannot be traced to any of the hitherto recognized causes, may be due to a metastasis of mumps in childhood.

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 TOXIC AMBLYOPIA FROM THE PROLONGED INTERNAL USE OF IODOFORM.

In the *New York Medical Journal* of January 2d, Dr. E. Hutchinson, of Utica, N. Y., reports the following case. A gentleman of temperate habits who did not smoke at all, had been taking for about a year under the direction of Bouchard, of Paris, for phthisical symptoms, pills containing creasote and iodoform. He took daily six grains of the former, and nine grains of the latter drug. The patient consulted Dr. H. on account of failure of vision. The eyes looked well, there was no pain, field of vision and colour perception normal, but vision 1-100 only, in each eye. Nothing abnormal to be seen with ophthalmoscope save grayish-white discolouration of discs. The pills were stop-

ped and hypodermatic injections of strychnia sulph., gr. 1-10, a day, were given. In three months vision was greatly improved, but the patient's cough having grown worse he was allowed to resume the use of creasote but not of iodoform. This produced no bad results, for in another month vision was still better—nearly normal. Dr. Bouchard wrote that in an experience with iodoform in many thousand cases, he had never before known of its impairing sight, but advised that the iodoform be left out of the pills in the future. Of course the case may be merely one of coincidence. Many cases of optic atrophy from various causes may, if recognized early, be greatly benefited by the subcutaneous injection of strychnia.

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## REVIEWS AND BOOK-NOTICES.

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*Mind Your Eyes! Good Advice from a Near-Sighted Man to his Fellow-Sufferers.* Translated (with the author's permission) from the French of Francisque Sarcey, by Henry Dickson Bruns, M. D., Visiting Oculist to the Charity Hospital, N. O. New Orleans Medical Publishing Association. [Wharton Bros, 5 Carondelet Street.] Price, 50 cents.

This is a small volume of seventy-eight pages and full of matter both entertaining and instructive. The name on the title page is that of the distinguished French journalist and literateur. The author insists that he was *born* myopic, and only discovered the fact by playfully putting on his father's spectacles. From this hour of boundless ecstasy over visions only dreamed of before, along through all the trials of near-sightedness and, finally, the ordeal of a cataract operation, the author relates his experience most graphically. The volume is dedicated to his short-sighted brothers, but really contains a number of valuable and practical suggestions as useful to people of good eyes as to his fellow-sufferers for whose special benefit the story is told.

The work is translated from the French by Dr. Henry Dickson Bruns, Visiting Oculist to the Charity Hospital of New Orleans, and so delightfully rendered as to lose not a bit of the charm of the original.

This book bears on its title page the imprimatur of the New Orleans Medical Publishing Association, under the auspices of which this JOURNAL is edited and published. The printer's work has been neatly done, and now the book is presented to physicians and laymen alike, with our special and cordial endorsement.

A. B. M.

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*Comparative Anatomy and Physiology.* By F. Jeffrey Bell, A. M. Manuals for Students of Medicine Series. Lea Brothers & Co., Philadelphia. [Armand Hawkins, New Orleans.] Price \$1.50.

This is another of the students' manual series that we have to commend highly.

An excellent and interesting account of the main facts of comparative anatomy and physiology is given within 548 short pages, divided into fourteen chapters. Chapter I, deals with characters of living matter; the cell; evolution; etc. Chapter II, contains a sketch of the life of a very simple organism, the amœba being selected as the type. Chapter III, presents a condensed, general view of the animal kingdom, no arbitrary plan of classification being followed (a most sensible idea, saving the student much unprofitable weariness of soul), but the groups being arranged according to the genealogical or evolutionary theory. The remaining chapters discuss the modes in which the vital processes are accomplished in different organisms, together with an account of the organs by which the functions are performed. A study of such a book at the outset of our career would have organized our knowledge, given us a juster idea of the science we were undertaking to master, and made clear many points that remained dark for years. Perhaps when teachers of medicine shall have become as intelligent in their methods as instructors in mechanics, they will lead the student gradually from an analysis and synthesis of the simple engine (organism) to a thorough and comprehensive knowledge of the more complex. Nothing can surpass the folly of the present method of forcing upon totally untrained minds the study of that most complex machine, the human body, leaving to the precarious future the chance of acquiring some information of its simpler forms and gradual evolution.

H. D. B.

*Applied Medical Chemistry.* A Manual for Students and Practitioners of Medicine. By Lawrence Wolff, M. D., Demonstrator of Chemistry, Jefferson Medical College, etc. Philadelphia: P. Blakiston, Son & Co. 1885. Pp., 170. [New Orleans: Armand Hawkins, 196½ Canal St.]

This small work is eminently practical, the arrangement is the result of the author's experience as a demonstrator of chemistry. The work opens with a description of the apparatus and reagents necessary for the student in pursuing his chemical studies. Then follow sections on poisons, physiological chemistry, excretions and concretions, and sanitary chemistry: and in each section the author dwells chiefly on those points that serve to guide the student in making an analysis. As a practical guide, the work can be recommended.

A. McS.

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### MARRIAGES.

PRIOLEAU—RHETT, at Summerville, S. C., Nov. 18th, 1885, at the residence of the bride's mother, by the Rev. F. Le Grande Guerry, Dr. Samuel Prioleau to Miss Marianna Rhett, second daughter of the late Dr. Benj. S. Rhett.

DR. T. J. BENNET of Austin, Texas, was married on December 30th, 1885, to Miss Amanda, eldest daughter of T. C. Hume, Esq., of the same city.

Dr. R. S. JOHNSON, late assistant physician to the State Lunatic Asylum at Austin, was married January 1, 1886, to Miss Maybell Dever, of Washington County.

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### Deaths.

DR. T. GAYLE, died at his residence near Jackson, Tenn, November 5th, 1885.

DR. JNO. PITMAN, of Memphis, died October 18th, 1885.

DR. D. B. HAMILTON, of Shreveport, fell from the platform of a south-bound train of the Louisville & Nashville R. R., January 4th, and his head striking the track he sustained a fracture of the skull from which he died when the train reached the neighbouring city of Montgomery. Dr. Hamilton's death occurred under peculiarly distressing circumstances. He was returning home with the body of his young grandson, Alf. Morrison, who had been accidentally

shot and killed at Calleoko, Tenn., on January 2nd. The bodies of grandfather and son were sent on to Shreveport where they were buried, January 6th. Dr. Hamilton had been for many years a well-known and beloved practitioner of Minden, La., but had of late retired from practice and moved to Shreveport.

DR. THOS. CALLAWAY, died at Blooming Grove, Texas, January 4th, 1886, from the effects of an overdose of chloral; whether taken with suicidal intent or accidentally, is not known.

DR. W. A. EAST, died at Hallettsville, Texas, December 9, 1885. Dr. East was one of the most distinguished physicians of the State.

DR. JENIFER GARNETT, died at his home in Richmond, Va., December 2nd, 1885, after suffering from cancer of the stomach since last March. Dr. Garnett was about 40 years of age, a graduate of the Medical College of Virginia, and one of the original members of the Medical Society of Virginia.

DR. THOMAS W. KEEN, a member of the Virginia House of Delegates from Danville, fell dead on the floor of the House, January 16, a few minutes before 1 o'clock.

He had just taken his seat after addressing the House. Deceased was about 65 years of age, and is said to have died from heart disease.

DR. DON CARLOS CASE, died at his home in Ocean Springs, Miss., January 7, 1886, aged 67 years. Dr. Case was a native of Liverpool, received his professional education at the Medical College of St. Louis, under the Presidency of Dr. McDowell, and settled at Ocean Springs in 1878. He was a successful practitioner, and greatly beloved by the members of his community.

DR. ALBERT H. SMITH.—After many months of patient suffering, Dr. Alb't H. Smith, died at the age of 51 years, at his home in Philadelphia, on the 14th of December last. Dr. Smith, who was a founder and ex-president of the American Gynecological Society and of the Philadelphia Obstetrical Society, was at the time of his death, one of the leading obstetrical practitioners of his city. He was the writer of many practical and interesting papers, and the inventor of several gynecological instruments; his useful modification of Hodge's pesary, has done more than anything else to gain for him a world-wide reputation.



## MEDICAL NEWS AND MISCELLANY.

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SINCE our last issue France has lost by death, the eminent Professor Rabuteau.

GRAY'S Anatomy has been translated into Chinese by Dr. Jno. Dudgeon.

WHEN Humphrey Davey was asked what he esteemed his greatest discovery, he replied "Faraday."

NEW POLYCLINIC COLLEGE BUILDING.—The new building for the Philadelphia Polyclinic College on Broad street will soon be ready for its occupants. The attendance at the college by the students from all parts of the country has increased beyond the capacity of the present quarters at Thirteenth and Locust streets. The new building will contain more hospital wards and private rooms for pay patients, and the dispensary service will be given more attention. The journal edited by the faculty will be doubled in size after the first of the year.

DR. JOSEPH HOLT, President of the Louisiana State Board of Health, has been appointed a member of the Council of the Section on Public Health and Hygiene of the next International Congress. Dr. Jos. Jones, of New Orleans, ex-president of our Health Board, is Chairman of the Council.

THOSE of our visitors who remember the very wide and deep gutters of New Orleans, will not be surprised to read the following extract from one of our daily papers:

"About 10 o'clock Friday morning, a colored child named Emma McPhilips, aged three years, fell into the gutter, corner Thalia and Willow streets, and before assistance could reach her was drowned. The body was recovered soon after, and taken to its parents' residence, at the above corner, where it was viewed by the Coroner, who gave a certificate of death in accordance with the above facts."

THE FRIEDRICHSHALL APERIENT NATURAL MINERAL WATER.—We are in receipt of a pamphlet and samples of this water which has deservedly the reputation of being one of the least objectionable of all purgatives for constant use.

Its purgative power depending principally upon sulphate

of soda gives it the same advantage over those containing sulphate of magnesium, as sulphate of soda possesses over the latter salt. The water is not unpleasant and has a very efficient and gentle chologogic action.

THE DEATH OF DR. J. ORNE GREEN, of Lowell, Mass., is announced as having taken place on December 23. Dr. Green was born in Malden, Mass., on May 14, 1799, and was therefore in his eighty-seventh year. He was graduated from the Medical Department at Harvard in 1882.—*Journal of the American Medical Association.*

DR. W. P. HOWE, of Charleston, Mo., writes to us saying, "that *lime* procured from barrels that have stood open for some time, sprinkled upon chronic ulcers will cure them when everything else, usually prescribed, fails.

Cleanse the ulcer with warm water and soap every two days and fill the sore with lime: no more bad odor, no more pain, and a remedy so cheap that it is within the reach of everyone."—*Ibid.*

THE 96th anniversary meeting of the Medical Society of South Carolina was held at the Charleston Hotel on the evening of the 14th of December (The hall of the Society, situated in the centre of the Roper Hospital building, was badly injured by the late cyclone, and the repairs to it are not yet quite completed. Therefore the Society met elsewhere.)

Dr. J. S. Buist, the retiring President, delivered an address pregnant with many good suggestions, after which the following officers were elected:

President, Dr. H. W. DeSaussure, Jr.; Vice-president, Dr. Manning Simons, who will serve for the next two years; Secretary, Dr. P. Gourdin DeSaussure; Treasurer, Dr. C. B. Lanneau; Librarian, Dr. W. C. Ravenel, who will serve for one year.

After the business meeting was over, the usual annual supper claimed the attention of the members of the Society, who enjoyed not only the good things which mine host of the Charleston Hotel had spread so temptingly before them, but also that more cheering "feast of reason and flow of soul" which impart additional pleasures to such occasions.

When the centennial of the Society shall be celebrated four years hence, may all be present again around the festive board.

## MORTUARY REPORT OF NEW ORLEANS

FOR DECEMBER, 1885.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total
Fever, Yellow.....							
“ Malarial.....	8	6	11	3	13	1	14
“ Congestive.....	3	1	2	2	3	1	4
“ Continued.....	1		1			1	1
“ Intermittent.....							
“ Remittent.....	1	1	1	1	2		2
“ Catarrhal.....							
“ Typhoid.....	2	1	2	1	3		3
“ Puerperal.....	1	2		3	2	1	3
Fever Typho Malarial .....							
Fever Enteric.....	1		1		1		1
Scarlatina .....	1	1	2			2	2
Small-pox.....							
Measles.....							
Diphtheria.....	20	4	9	15	1	23	24
Whooping Cough.....	1	2	2	1		3	3
Meningitis.....	9	5	10	4	7	7	14
Pneumonia.....	31	17	33	15	36	12	48
Bronchitis.....	21	4	6	19	16	9	25
Consumption.....	34	35	37	32	68	1	69
Congestion of Brain.....	5	2	3	4	2	5	7
Diarrhœa.....	3	4	5	2	7		7
Cholera Infantum.....	2			2		2	2
Dysentery.....	7	1	4	4	8		8
Debility, General.....	2	3	1	4	5		5
“ Senile.....	14	22	18	18	36		36
“ Infantile.....	5	10	11	4		15	15
All other Causes.....	177	107	154	130	201	83	284
TOTAL,	349	228.	313	264	411	166	577

Still Born Children—White, 34; Colored 22; Total 56.

Population of City.—White, 171,000

“ “ Colored, 63,000

Total, 234,000

Death rate per 1000 per annum for month.—White, 24.49.

“ “ “ “ “ “ Colored, 43.43.

“ “ “ “ “ “ Total, 29.58

W. H. WATKINS, M. D.,

Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—DECEMBER.

STATION—NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Temperature.	Daily Max. Temperature.	Daily Min. Temperature.	Daily Rain fall, inches.	GENERAL ITEMS.
1	30.124	49.7	56.6	44.0	....	Highest Barometer, 30.491. 11th.
2	30.260	45.4	57.8	40.8	....	Lowest Barometer, 29.602. 8th.
3	30.186	49.1	62.0	37.8	....	Monthly Range of Barometer, 0.889.
4	29.905	61.9	72.7	47.2	....	Highest Temperature, 73.5. 23d.
5	30.164	46.5	63.0	42.5	....	Lowest Temperature, 30.4. 15th.
6	30.083	49.3	60.7	34.6	....	Greatest daily range of Temperature, 26.1.
7	29.897	59.1	65.2	44.0	.15	Least daily range of Temperature, 7.0.
8	29.684	69.6	71.4	62.9	.19	Mean daily range of Temperature, 16.8.
9	29.896	55.0	73.0	49.6	.12	Mean Daily Dew-point, 45.9.
10	30.276	43.9	49.7	40.0	....	Mean Daily Relative Humidity, 77.8.
11	30.424	43.4	51.3	34.7	....	Prevailing Direction of Wind, N.
12	30.097	58.1	65.0	43.3	.20	Total Movement of Wind, 5,813 miles.
13	30.018	49.4	62.8	41.0	3.20	Highest Velocity of wind and direction, 29—S. E.
14	30.302	37.7	41.5	34.5	....	No. of Foggy Days, 0.
15	30.387	37.5	45.0	30.4	....	No. of clear days, 17.
16	30.366	49.6	58.0	38.0	....	No. of fair days, 7.
17	30.321	57.5	68.0	47.9	....	No. of cloudy days, 7.
18	30.299	59.8	72.1	49.9	....	No. of days on which rain fell, 8.
19	30.262	59.0	67.0	50.2	....	Dates of solar halos, 0.
20	30.322	54.3	59.0	49.4	....	Dates of lunar halos, 19th.
21	30.352	56.6	62.2	49.9	....	Dates of frosts, 3d, 6, 14, 15, 16, 27, 28.
22	30.276	60.5	69.0	54.2	....	COMPARATIVE MEAN TEMPERATURE.
23	30.168	63.7	73.5	55.9	....	1873.....56.0 1880.....53.0
24	30.143	62.1	67.0	57.7	.04	1874.....58.8 1881.....59.2
25	30.253	55.3	61.5	49.9	....	1875.....61.5 1882.....54.0
26	30.355	46.0	53.4	39.4	....	1876.....48.0 1883.....60.3
27	30.337	44.1	53.2	34.8	....	1877.....55.0 1884.....58.7
28	30.172	49.8	62.2	36.8	....	1878.....51.2 1885.....53.1
29	29.968	57.3	61.4	47.7	.02	1879.....59.8
30	29.873	62.2	70.5	58.9	.46	COMPARATIVE PRECIPITATIONS.
31	30.026	52.9	59.7	46.9	....	(Inches and Hundredths.)
Sums	.....	.....	.....	4.38	.....	1873..... 1.79 1880..... 6.45
Means	30.168	53.1	61.8	45.0	.....	1874..... 3.27 1881..... 6.62
						1875..... 5.15 1882..... 4.21
						1876..... 9.57 1883..... 3.47
						1877..... 4.96 1884..... 8.01
						1878..... 8.69 1885..... 4.38
						1879..... 2.90

M. HERMAN, Sergeant, Signal Corps, U. S. A.

NEW ORLEANS

MEDICAL AND SURGICAL JOURNAL.

LIBRARY  
MARCH, 1886.

ORIGINAL LECTURE.

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

**Clinical Lecture.**

By DR. ROBERTS BARTHOLOW, of Philadelphia.

INDIGESTION.

I bring before you, gentlemen, a case that affords some very interesting points, and that gives me the opportunity of urging upon you the importance of attention to dietetics in the treatment of disease. In the first edition of my text book on materia medica, I devoted considerable space to the discussion of this subject, and my subsequent experience has convinced me that its importance was not over-estimated. I believe that we can do a great deal, not only in dyspeptic disorders, but in various chronic diseases, by noting and using this important weapon. It is a well known fact that by a rigid adherence to a dry diet we can accomplish oftentimes wonderful results in cases of chronic exudations, especially of a fluid character.

Now, this woman before you, had been for some time accustomed to use largely a starchy diet, she consumed very little meat; in time digestive disorders were developed, she was unable to properly digest this excess of starch, and acid dyspepsia was the result. She, in consequence, suf-

ferred from anæmia, all mucous membranes were pallid and her nutrition was much impaired. In this form of indigestion there is a fermentative process established, as the result of which we have the formation of acetic acid and carbonic acid gas. The indigestible article may be fat, when we will have the liberation of fat acids, when, in the eructations, we will have the characteristic disagreeable odor and taste of butyric acid. If the eructations are simply of carbonic acid gas, they will be inodorous, hence we have an easy means of diagnosis between saccharine and fatty indigestion. Now, in such cases, all remedies will be absolutely useless without a rigid regulation of the diet; we must make a careful study of the diet from the point of view of the various disorders. In this case, as soon as the diet was modified so as to exclude the offending articles, the patient commenced to improve, but as sure as she forgot her caution and used that food, which she preferred, her bad condition became aggravated. In addition to regulating the diet, I ordered a mixture of carbolic acid, creasote and bismuth, suspended by glycerine. The glycerine here serves a double purpose, first, by arresting the fermentation (for it is, in itself, a good remedy for flatulency), and, secondly, it serves to hold the other drugs in suspension. This is an excellent combination for stomachal and intestinal fermentation.

#### CHOREA.

This boy, as you see, has choreic movements of all the voluntary muscles of the body; the heart is not involved in the choreic movements, nor is there any disease of that organ. This is an important point to note, since there has recently been much discussion in reference to the cardiac origin of chorea. Jackson, of London, advances the theory that chorea is due to minute emboli in the corpus striatum, but I think the majority of cases are against his view. This boy belongs to a neurotic family, and while he has never had rheumatism himself his family presents a well marked history of this disease. Now, I do not think

that the importance of a neurotic temperament can be over-estimated as an etiological factor. I will not dilate further on the symptoms of the case, as they are apparent to you, but will proceed to the treatment. The experience of Guy's Hospital, London, seems to indicate that rest, seclusion and nutritious diet are the sheet anchors in treatment, in nearly all cases these measures did good and in some cases they arrested the disease. Such children should be removed from school, where they are annoyed by the attention which their disease attracts from their companions. All sources of excitement must be avoided, and, while giving them plenty of exercise, they must be screened as much as possible from public observation. As for drugs, if they are anæmic, the ferruginous preparations are called for; this boy is not anæmic, and I think iron would do him very little good. Since Harley, of London, has recommended succus conii so highly, Squibb, of Brooklyn, has kept on hand a large supply, and this drug seems to do good in many cases. Gelsemium is also good, but I think no single drug has so much in its favor as arsenic. In this case we will give Fowler's solution, three minims thrice daily, in combination with the fluid extract of gelsemium.

Here we have another case of chorea in a little girl, who has been so afflicted for three or four years; she also comes from a family where the neurotic temperament is strongly marked. At times she gets much better, almost well, then the disease recurs with all its former vigor. There is more anæmia here than in the latter case and the appetite is capricious. We will carefully regulate the diet and give the girl tincture of calumba, one drachm thrice daily, and Fowler's solution, three minims thrice daily, this she will take before meals, and after each meal she will take one of the officinal pilulæ ferri iodidi.

#### LABARYNTHINE VERTIGO.

This is a curious case of vertigo that came on suddenly some days ago, associated with impairment of hearing.

Let us remember that the semi-circular canals have something to do with our position, they play an important part in the preservation of the position of the head in space. In Meniere's disease, we have a hemorrhage or a sudden effusion into these canals, and the patient may even fall unconscious. When consciousness returns there may exist an inability to perform voluntary movements. From this grave form there may be all grades of severity down to the simple form that we have before us. When we have presented to us a case of vertigo, with impairment of hearing, that continues, we must always look to the condition of the auditory canal, and we will do well to enlist the services of an aurist. Charcot first called our attention to the great benefits to be derived from the use of quinine in these cases, and before that time we were able to do but little to relieve them. Now we have several remedies, all of which have somewhat the same action as quinine. We thus can use quinine, salicylic acid or salicin. All of these drugs, when used in large doses produce more or less buzzing and vertigo. This fact was well illustrated sometime ago, in the case of a clergyman, who was undergoing trial on a charge of drunkenness; his defence was that he had just taken a large dose of quinine before the occurrence of the the actions for which he was being tried. I was called as an expert witness, and was asked whether quinine could produce such phenomena as he presented, which were closely allied to those produced by alcohol. I answered in the affirmative and it was chiefly on my evidence that he was acquitted. He had taken a large dose of quinine, but he had also taken a large dose of whiskey, for his physician had ordered him quinine and whiskey, which to avoid publicity, was put into a black bottle, labelled *poison*. In these cases quinine seems to antagonize the local morbid process, especially if it be of the nature of effusion and congestion of the mucous membrane. Quinine causes this buzzing because it occasions a condition of anæmia of the parts, it lessens congestion and so favors absorption. We



will order it here, but it must be given in large doses, not less than five grains thrice daily, and, if the patient will bear it, more good will be derived from ten grain doses, continued for three days, then five grain doses for the balance of a week, when its use, should be suspended, to be resumed, if necessary. I would repeat, to impress upon you, the importance of carefully inspecting the ear. Remember that this is not truly Meniere's disease, though the name is sometimes applied to it. These cases are much milder, and the term should be strictly confined to those cases where there is hemorrhage, unconsciousness and extreme vertigo.

#### BRIGHT'S DISEASE.

I have frequently called your attention to the pre-albuminuric stage in chronic kidney disease, which I deem to be a matter of great importance. In such a state the patient will pass large quantities of a pale, limpid, watery urine, of low specific gravity; she will be compelled to rise at night to urinate, will complain of rather persistent headache, thirst, dyspeptic troubles and tumultuous and irregular action of the heart. In fact, all the usual signs of fibroid kidney will be present, yet, upon examination you will fail to find the slightest trace of albumen. The vast majority of cases will present albumen, yet you will occasionally meet cases without it, and it is of importance that you should remember this fact, else, you may be misled in your diagnosis. This woman, before us, has had fibroid disease of the kidneys for three or four years, yet even now there is not more than five per cent. of albumen in the urine. She has had some œdema, but never much; the arteries are hard and rigid and we can detect evidence of high tension in the vessels. We have reason to believe that changes in the vascular system precede the albuminuria. Her heart acts rapidly and this rapidity is increased by slight exertion; she gets out of breath, but has not true renal asthma. She suffers with headache and dizziness, which I believe to be due not to true œdema of the brain, but rather to a

greater or lesser increase of fluid in the peri-vascular lymph spaces, which may occur without œdema of the brain. She has also digestive disorders.

Now, I have a very strong conviction that two classes of remedies are indicated in this case. The first, to relax vascular tension, which can be best accomplished by the use of nitro-glycerine, not, as is usual, in pill form, but in solution. To secure the beneficial effects of this drug it must be carried to the point of its physiological manifestations. We will here order the centesimal solution, that is one drop of nitro-glycerine to one hundred drops of alcohol, and of this solution we will commence with one minim thrice daily and add one minim to each dose until it produces headache, frontal or general, coming on about fifteen minutes after the dose and lasting for a few minutes. The physiological effects are evidenced by this headache, flushing of the face and increased action of the heart, and until such effects are noted the drug is doing no good. The dose required will vary much in different cases. Three minims will suffice in many, in a few five will be required, and I have now a young lady under my care who is taking eighteen minims at a dose. There is a very great variation in the susceptibility of different individuals to the drug. The second indication is to check the overgrowth of fibroid tissue, and this, I believe, can be accomplished by the use of chloride of gold and sodium. For many years I have recommended this drug, and my faith in its efficacy is stronger now than ever. I am quite sure that I have seen cases cured by its use. The dose to commence with is 1-20 of a grain increased to 1-10. I prefer to give it in pill form, though it may be prescribed in solution, if preferable to the patient. In chronic fibroid kidney, the question of diet is of paramount importance; large, solid meals are injurious. The diet should consist of milk, animal broths, but few vegetables, and those of a succulent nature, and some fruit. The patient should dress warmly, avoiding, especially, exposure of the feet and ankles,

avoiding vicissitudes of temperature, preferring a uniformly high to a low one. Remember that in many cases there is a syphilitic history, I believe in at least ten per cent, and in such cases, with the remedies already indicated, I would combine the corrosive chloride of mercury in doses of one-fortieth of a grain.

PECULIAR CASE OF LEAD POISONING.

When I looked at this man's swollen hand, outside, a few minutes ago, I was struck with the resemblance it presented to a case of plumbic rheumatism. For several weeks his hands have been swollen as you see them, commencing in the right and extending to the left. The joints very much resemble the condition seen in lead-poisoning, but when we inquire about his trade, we learn that he is a shoemaker; now how could a shoemaker become poisoned by lead? When we inquire critically about the tools of his trade, we learn that the tacks which he uses are coated with lead, and that he is in the habit of keeping them in his mouth. When I look at the gums, I cannot say that I see a positive blue line, but they possess a bluish grey tint. These two facts and the absence of signs of any other diseased condition, incline me to the view that he is suffering from plumbism. In these doubtful cases, the correctness of the diagnosis can be determined by the results of treatment. The iodide and the bromide of sodium both form soluble combinations with lead, while the bromide will also afford some relief to the uneasiness occasioned by the swelling. He will also take sulphuric acid lemonade, and the contents of his bowels will be kept soluble by sulphate of magnesia. The joints will be kept at rest, and, if he can afford it, he will take sulphur baths. If our diagnosis be correct, he will feel worse for a day or two, when he will commence to improve. In these doubtful cases we can often settle the question by urinary analysis, when if it be lead-poisoning we will find the salts of lead.

## ORIGINAL ARTICLES.

**The Treatment of Diphtheritic Angina.**

By CHARLES C. TURPIN, M. D., New Orleans.\*

Before entering upon the treatment of diphtheritic angina let me draw your attention to a few points in its history.

Diphtheritic or pseudo-membranous angina is a disease typically specific and of a contagious nature. It is the manifestation of diphtheria upon the throat in contra-distinction to croup, which is its manifestation upon the larynx.

It is developed by direct contagion, by inoculation and particularly by mediate contagion, which takes place by means of contaminated air, the true factor of all epidemics. According to the latest researches, the diphtheritic poison is due to the presence of micrococcus spores in the false membranes and in the blood. Whether this be true or not, however, it has all the characteristics of a specific disease.

Notwithstanding the opinion held by many American and English physicians and by Virchow, Jacoué, Schönlein and others, that this disease is at first local and only secondarily becomes systemic, our experience leads us to the opposite conclusion, as nearer the truth.

If, on the one hand, you take into consideration the numerous cases of malignant diphtheria reported by Professor Trousseau, in which the patients succumbed to a true septicæmia, and certain cases, in which the disease from its inception is fulminant, and if, on the other hand, you have read the observations made by Dr. U. Rogers upon diphtheria characterized by *slow evolution*, you will be also obliged to admit the infectious principle of this disease. You must not be surprised to find, that any case of diphtheria, however light, can assume at any mo-

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\*Read before the Orleans Parish Medical Society.

ment the gravest form. Your prognosis should be very guarded, as in this disease everything depends upon the degree of virulence of a poison which you cannot always appreciate.

The form characterized by slow evolution described by Dr. U. Rogers presents this peculiarity, that towards the 8th or 10th day after an apparently most promising remission, the infection resumes its progressive march, throwing the patient into a condition of extreme prostration which finally ends fatally (Laviran Tessier). In this form of disease the symptoms denoting reaction are little marked.

The diagnosis is not always as easy, as one would suppose, and in epidemic years, when a mistake may cause serious consequences, either for the physician or for the patient, one may be allowed a moment's hesitation. And as diphtheritic angina and herpetic or pultaceous angina are often confounded, both being accompanied with false membranes, I consider it necessary to recall the characteristics which served to distinguish the one from the other.

In herpetic angina the initiatory phenomena are more marked and accompanied by a fever of 3 or 4 days duration. The presence and persistence of small greyish vesicles, about the size of the head of a pin or a small pea, upon the soft palate, the pillars of the throat or the tonsils may render the diagnosis easy, but if they have disappeared it will be necessary to look for them elsewhere, on the eyelids, the lips, the tongue, the prepuce, the labia majora and minora, in order to avoid all chance of mistake.

The false membranes are smaller, thinner and more adherent than in diphtheria. They look opalescent and gray, scattered usually upon a number of disconnected points or sometimes in plaques, if the vesicles have been confluent. This last disposition is the one, which, without a history, will cause the most embarrassment. When they are torn off, small round ulcerated spots are seen, which do not exist in diphtheritic angina.

However, when in doubt we will do well to imitate the

practice of Trousseau who recommends energetic treatment in such cases. According to him herpetic angina does not exclude diphtheritic angina, which can develop later with all its characteristic symptoms. I can confirm the justice of his observation for I have met two cases of this nature in my practice. Finally, the submaxillary ganglia are painful, but do not become prominent.

The great number of remedial agents, suggested up to the present time for the treatment of diphtheritic angina, have not realized the hopes entertained by their authors. I believe their lack of success is due to the fact that they have not taken into consideration the elements of infection which underlies this affection. We regret that the limits of this paper will not permit us to pass these agents in review, in order that we may better appreciate their respective value. It is for the purpose of combating this element of infection that I have decided upon that general medication, in which the iodide combined with the bromide of potassium plays in my opinion a very active part, acknowledging at the same time the benefit, importance and efficiency of local applications.

The treatment which I adopted as far back as 1859 and which I have continued to the present day, is based upon the antagonism which exists between the iodide and the bromide of potassium. The first is a stimulant to the circulation, the latter is a depressing sedative of the whole nervous system acting through the vaso-motor nerves, whose action is augmented by it, and acting against the febrile excitement. In combination they correct each other. The most important action of the iodide of potassium is to produce disassimilation, to liquify the blood and the other fluids of the organism, to favor the absorption of *neoplastic products* and to bring them back into the circulation. The bromide of potassium is the antagonist of the iodide in regard to its stimulating properties only. According to Gubler "their combined administration is fully justified by induction and experience, which show that they can be associated in alterative medication; thus the absorbent action

is increased and the objectionable action upon the circulation is prevented." The same author adds further, "there is no reason for not combining with iodide of potassium those remedies which are antagonistic with respect to its stimulating properties; on the contrary, there is reason for associating them, with the exception, however, of those which are capable of altering its chemical composition, in which class we find the acids which, by liberating the iodine, can act as local irritants." However excessive the dose in my plan of treatment may appear, I can assure you that one and a half and even two drachms a day of iodide of potassium have been given in certain cases without the slightest untoward symptoms. In diphtheritic angina I have not hesitated to act accordingly, my object being to saturate the patient in as brief a period as possible, nor do I fear its exciting action, which is almost lost by its combination and is compensated by the alcoholics indicated in this plan. This mode of treatment is never followed by iodic intoxication, nor by iodism, a mild cephalgia, more or less persistent, being the only bad symptom observed by me. The accumulative action of the drug is prevented by its elimination by the lachrymal, salivary, buccal, mucous and sebaceous glands, and especially by the kidneys. Its elimination by the saliva and urine is the more rapid when large, almost toxic doses are administered. Gubler explains this fact thus: "It is necessary," says he, "that a certain degree of saturation of the blood by iodine should be reached, in order that the excreting organs may act upon the drug, and, secondly, it is necessary that a certain amount should be present in the excretions in order to be detected by the reagents. As for the bromide it is eliminated by the urine and saliva.

My mode of treatment is as follows:

(1st.) administering the following prescription:

Bromide of potassium.....	} aa ʒi
Iodide of potassium.....	
Syrup of orange peel.....	ʒiiss.
Water.....	ʒiv.

[Until the false membranes stop extending and diminish in thickness or become loose.] One tablespoonful every two hours during the day and every two and a half hours during the night. The intervals between the doses are gradually increased, this medicine to be continued four times a day for two or three days after the throat becomes free from false membranes.

(2nd.) Perchloride of iron should be used as a gargle a few minutes after each dose of the medicine. The proportion of the gargle is  $\mathfrak{z}i$  of the perchloride to  $\mathfrak{z}viiij$  of water.

(3rd.) If this gargle in some cases is not efficient the following gargle must be substituted for it:

Bromide and Iodide of Potash aa  $\mathfrak{z}jss$ ; distilled water  $\mathfrak{z}viiij$ .

(4th.) Every five hours the affected parts are swabbed with the perchloride of iron, either pure or diluted half and half with glycerine: this is preferably done with wads of charpie.

(5th.) As for diet, all kinds of meat can be allowed, together with milk, eggs, farinaceous food, etc. etc. Several whiskey toddies must be given in the twenty four hours. Acids are forbidden. The food should be taken one hour and a half after the medicine. (The spoons used to administer the medicine should be washed immediately after using, in order to prevent the action of the medicine upon them.)

(6th.) If there is any delay in the detachment of the false membrane, which should take place from the fourth to the sixth day the foregoing gargles must be changed for the following:

Tinct. Iodine..... $\mathfrak{z}jss$

Tannin.....grs. v to grs. xviiij

Aqua distill..... $\mathfrak{z}xvj$ .

Pot. iodide q. s. for sol. of iodine. Should the patient complain of much heat in the throat, the tincture of iodine is reduced to  $\mathfrak{z}j$  or even  $\mathfrak{z}ss$ .

It must be understood that gargles are only ordered for those patients who know how to gargle.



*Tannin.*—Should the progress of the false membranes be rapid, invading the pharynx in spite of the local applications recommended, insufflations of tannin must be made, however troublesome, three or four times in the twenty-four hours. By causing contraction of the affected parts, the expulsion of the newly formed false membranes is favored. In order to prolong the action of the tannin, the mouth must not be rinsed immediately afterwards. The medicine must be taken two hours after the insufflation. If the nasal passages are invaded, they should be injected 5 or 6 times a day with a solution of tannin, ℥ss to ℥viij of distilled water.

*Ice.*—Ice may be allowed in small pieces; its use always renders deglutition more easy and less painful.

For the enlarged submaxillary ganglia, two applications of tincture of iodine should be made daily; these, however, should be stopped, if the skin becomes excoriated and the following ointment substituted:

Iodide of potash. . . . . ℥j

Ext. of Belladonna. . . . . ℥j

Adipis p. r. n.

(7th.)—In order to succeed in this treatment, the physician must be energetic and seconded by intelligent, trained and responsible nurses who understand its necessity and importance, and the probable consequences of their negligence.

N. B.—For the examination of the throat at night or in a dark room, I make use of a silver spoon held with its concavity behind the light of a candle; this gives invaluable services, acting as a reflector.

### The Treatment of Eczema.

By DR. GEO T ELLIOT, New York City,

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The treatment of eczema is and has always been a field of experiment, in which the individual results have eminently satisfied the individual practitioner, whose combination of remedies, external or internal, has brought about

the result desired by him. But these same remedies do not and have not always given the same satisfaction to others, and in looking over a list of them, one is astonished at their number and at the praise bestowed upon each. The range of treatment extends from purely symptomatic to constitutional, from entirely local to systemic alone, and though new methods and remedies are continually being proposed and tried, yet almost invariably a return to the old formulæ is preferred, the newer ones sinking more or less into oblivion.

It is difficult to lay down any narrow and precise rules in the treatment of eczema. Every case presents peculiarities of its own, and should be regarded as an entity. Rarely are two cases presented with exactly the same degree of the disease, and scarcely any two will yield and react to a chosen remedy in precisely the same way. The acute stages have grades of acuteness, the chronic grades of chronicity, which must materially influence the character of the treatment and the choice of remedies. An erythematous eczema caused by some irritant, as for instance bad soap, would scarcely be treated in the same way as a pustular and impetiginous eczema depending upon the presence of *pediculi capitis*, and thus through all forms of the disease, a variation in the remedies used must be made, and the one suitable for each individual case be sought. The first principle in the treatment of an eczematous eruption is to seek out its cause and as far as possible to remove it. Should it be from a poor quality of soap, or from having the hands continually in water, or from some occupation requiring the use of irritant fluids, or from animal parasites, or from the application of some one of the many patent liniments, whose sole end would almost seem to be that of furnishing work for the dermatologist, or from any other deleterious substance, then that probable cause should be immediately removed. In a few cases some systemic condition as gout, rheumatism or diabetes may be the causal factor, and these will therefore have to be treated with means appropriate to them. Anæmia or any other consti-

tutional affection, which may be present, should also receive proper attention, but only exceptionally will a case be met with which requires any one of the long list of alkalis, bitters, refrigerants, etc., with which patients' stomachs are drenched, in the belief that they are purifying their blood and expelling the humor, which has caused the eczema, whereas in the large majority of cases the cause is purely an external one. A few days' proper local treatment of an impetiginous eczema of the scalp, caused by the pediculus, will cure the affection, while a year's administration of alkalies, etc., would have no effect whatever upon the course of the disease. But on the other hand, an eruption upon the legs of a gouty subject would call for treatment of the systemic trouble, before your patient could be cured. Again, infantile eczema is very often associated with gastric and intestinal troubles and with dentition, and naturally these should receive proper attention in the same way as they would were there no eczema present. It should not for a moment be thought that there is any specific against eczema; the broad principles which exist for the treatment of systemic disturbances in general are as applicable when eczema is present, as when it is not. Care should be taken not to regard a mere local affection as one dependent upon any dyscrasia, and not to fall into the error of ascribing to the blood, which is unfortunately made to bear so many sins of which it is not guilty, those changes on the surface of the skin which are due in the large majority of cases only to irritation.

Of all remedies employed in the treatment of eczema, the most important are those used locally. In describing them let me say that I give only those, which in my practice have proved themselves of the greatest value, and that the formulæ are those most used by me. There are undoubtedly many others, which will give equally good results, but I prefer to give those only which have stood good testing in my hands. A slavish adherence to the formulæ given, however, is very undesirable, it being intended that they should serve only as a basis to start from, and the

amounts of the several ingredients should be varied according to the necessities of the case. The degree of inflammation present, the irritable reaction of the skin, etc., will all have to serve as guides and must be considered in making a choice of an application.

For brevity's sake, I will arbitrarily make three divisions of eczema in general, viz., the acute, with its various stages, as erythematous, vesicular, etc.; the impetiginous, or those forms accompanied more especially by the formation of crusts; and the chronic, with its various phases, all accompanied by more or less infiltration and thickening of the skin. It should be borne in mind, that they may all be present at the same time, and that no one of the forms is strictly limited to the above classes. The divisions of the disease are merely intended to facilitate the description of the treatment, and we will take them up in the order named.

If an acute eczema is present, whether erythematous or vesicular, or if the surface implicated has already been deprived of its epidermis, and the condition known as eczema rubrum or madidans is present, the first and prime factor is that of affording protection from external irritation of every kind. This may be obtained either by means of some simple ointment, or what is preferable, by some powder. This latter may be either amyllum, lycopodium, corn starch flour or ordinary flour, either alone or in combination with various substances. The one preferred by me consists of:

R    Acidi salicylici . . . . . gr. v.  
       Pulv. oxidi zinci . . . . . ʒiij.  
       Amyli . . . . . ʒv.  
       M.    Sig. External use.

In applying this, it is not sufficient to simply to take a powder-puff and gently powder a thin layer over the surface. It must be applied to the depth of at least one-fourth inch, and in order that it remain continually in contact with the affected surface, it should be covered with a piece of linen or cotton batting, over which a roller bandage is laid,

This may be renewed as often as necessary. If there has been much exudation there will be a certain amount of caking, which, if inconsiderable, may be left alone or removed by the application of simple lard for a short time. Water and soap in any form must be absolutely dispensed with as long as any irritability of the skin remains, and it is better to do without it until the eczema has entirely disappeared. Many cases which are almost well, will, after one washing, burst out again in all their pristine acuteness, and necessitate a renewal of treatment from the very beginning.

On those parts of the body where it is difficult or nearly impossible, to apply the powder properly, an ointment may be used. One answering all requirements consists of:

R̄     Amyli.  
          Pulv. oxidi zinci, aa ʒiij.  
          Adipis, ʒi.

M. et ft. ungt. Sig. External use.

The result to be obtained in using this ointment, or, in fact, any other, depends, to a large extent, upon the manner in which it is used. It should not simply be rubbed on, but a piece of stout linen or muslin should be cut to fit exactly the surface to be protected. The ointment is spread out evenly upon this, about one-eighth inch in thickness, and care should be taken that no portion of it remains uncovered. Being then applied to the eczematous surface, it is kept in place by means of a bandage, and it should be renewed at least once in twenty-four hours. If these applications have been properly made, it will be found that in a few days the acuteness of the attack has, to a great extent, subsided, and there remains only a desquamating surface, which is, however, still irritable and easily excited to inflammation. A change in the application should now be made, and remedies chosen which have no macerating effect and which do not injure the young epidermis formed or forming. A slightly astringent application either in the form of an ointment or a wash, will be found useful.

R Pulv. oxidi zinci.  
 Pulv. lapid. calaminaris aa ʒi.  
 Ungt. aq. rosae ʒi.

M. et ft. ungt. Sig. External use.

R Pulv. oxidi zinci.  
 Pulv. lapid. calaminaris aa ʒi.  
 Aq. distillat. ʒiv.

M. et sig. lotio.

Either one of these so applied that the part is well protected and continually in contact with it, will quickly bring the skin again to the norm. The wash is at times very drying, and after a few days use it will often be found advantageous to substitute for it either the above ointment or one of the following ones. Should the itching be only slight, the addition of a drachm or two of oleum hyoscyami coctum will be beneficial, but if severe, then some preparation containing tar will be indicated. It is very important to allay the itching as thoroughly as possible. One of the most active agents in keeping up and producing an eczema is the scratching which it induces. Of the forms of tar applicable to this stage of an acute eczema, a suitable one would be the addition of *pix liquida*, as found in the officinal unguentum picis, to the ointment just given in the proportion of ʒi-ʒij. A stronger addition will scarcely be found necessary, and especially in the eczema of children has this combination yielded me the most satisfactory results. Where any little infiltration of the cutis remains after the acute symptoms have subsided, the following ointment will be found very serviceable :

R. Ungt. picis.  
 Ungt. oxidi zinci.  
 Ungt. diachyli aa. partes æquales.

The unguentum diachyli is not only useful on account of its softening properties, but from the fact that if freshly and properly prepared it removes almost entirely the objectionable odor of tar. In the acute squamous form of eczema nothing has yielded me such excellent results as the above

ointment, used from the very beginning of the outbreak. In the acute eczema of children salicylic acid exerts a most beneficial effect. In the strength of from gr. x-xxiv ad. ʒi combined with the ordinary unguentum oxidi zinci, or added to the ointment first given in this article, it will be found to be of the greatest value. Liq. plumbi subacetatis diluted one-half with water and glycerine, is also at times useful. These are the most important points in the treatment of the acute stages, but, as I have already said, a careful attendance to the requirements of each case of eczema is indispensable, and the removal of the cause of the outbreak, if found, will go further toward curing the affection than anything else.

The second arbitrary division which I made in the beginning of the article is that of impetiginous eczema, or that form characterized by the formation of crusts. This may be acute in its character, the pustules appearing as an acute outbreak and drying up rapidly, forming crusts, or their appearance may be accompanied by only low grades of inflammation. For its cure, however, it requires a more energetic treatment than the one already given. What I have previously said in regard to internal treatment, holds good here also. It is out of the question to expect a specific action from any remedy or set of remedies, but any disturbance of the general system, which may be present, is to be attended to in the usual way and with appropriate remedies, the eczematous eruption receiving proper care independently of such disturbance. The first step required for the successful treatment of an impetiginous eczema, is to remove all the crusts which are present. This may be done by the application of sweet oil, oil of sweet almonds, etc., or some simple ointment, or even lard. If the oil is used it must be poured upon the affected surface in such quantity as will completely soak it, and the application repeated until the crusts are soft and easily removable. The ointment is to be used in the way already described under acute eczema. When the crusts are all soft, a rapid washing with soap and warm water will remove them with ease.

The surface is then to be carefully dried and is ready for treatment.

The use of an ointment is unavoidable in this stage, and none of the proposed applications, such as gelatine, etc., give as satisfactory results.

It would however, be as well for me to mention here, that ointments must always be absolutely pure and sweet. Rancid and decomposed unguenta produce incalculable irritation, and must be avoided. Freshness can always be obtained by ordering only small quantities at a time, or by incorporating with it some antiseptic which will retard decomposition. Of these Gum Benzoin (gr. x ad. ʒi) is very serviceable. Of all excepients lard is undoubtedly the best, and if means are taken to prevent its decomposition it yields far superior results to either vaseline, cosmo-line or any of the other substitutes for it, which have been proposed.

To return to the treatment of this form of eczema. The crusts having been removed, it will be found that the surface has lost already, through the means employed, a portion of the inflammatory symptoms which were present. The choice of applications will naturally depend upon the amount of inflammation, the condition of the skin, its irritability, etc. When the skin is not very much denuded of its epidermis, and the amount of serous exudation is not large, the most serviceable application will be :

R           Ungt. Picis.  
              Ungt. Oxidi Zinci aa. partes æquales.

This is to be used in the way already described, and will greatly diminish the itching and inflammatory symptoms remaining. The amount of the ungt. picis may be lessened or increased according to the judgment of the necessities of the case. Should there still be much exudation or inflammation, the above ointment may be preceded until these subside, by either :

R           Pulv. lapid. calaminaris.....ʒi  
              Aq. lauro-cerasi.....ʒiiss  
              Ungt. oxidi zinci.....ʒi  
              M. et ft. ungt. Sig. external use.



- R<sub>y</sub> Acid carbolicæ.....gr. v—x  
 Ungt. diachyli .....ʒi  
 M. et ft. ungt. Sig. external use.

When the condition is more squamous in its character, very itchy, and with only a moderate amount of inflammation present, the following will give good results :

- R<sub>y</sub> Ol Rusci.....ʒss ad ʒiss  
 Ungt. oxidi zinci.  
 Ungt. diachyli ..... aa ʒi  
 M. et ft. ungt. Sig. external use.

- R<sub>y</sub> Acid. carbolicæ.....gr. xv ad xxv.  
 Ungt. picis.....ʒss ad ʒi  
 Ungt. oxidi zinci.  
 Ungt. diachyli..... aa. .... ʒi.  
 M. et ft. ungt. Sig. external use.

These should all be used in the manner already described. In this form of eczema, as well as in the preceding and the chronic also, when the affection is situated upon two surfaces which are in apposition to each other as in the axilla, around the anus, etc., the opposite portions of the skin must be kept separated one from another by the interposition of cotton or by other means. If the eczema is situated on the fingers, each one of them must be done up separately, and an old glove can then be drawn over them.

If the eczema is situated upon the scalp or upon portions of the body which are usually covered with hair, it is to be treated in the same way. Only the ointments will have to be applied directly to the affected portion, and not be spread upon a piece of linen. On the scalp this can be done without much difficulty, after the crusts have been removed, by separating the locks of hair one from another. The beard, axillary, or pubic hair may be shaved or cut close, but it is absolutely unnecessary and unpardonable to cut off a woman's hair, when with a little more care and trouble, as good a result can be obtained. One of the most frequent causes of eczema impetiginosum of the

scalp is the presence of pediculi capitis. To determine this it is not necessary to find a pediculus, the nits are sufficient to demonstrate their presence. When these are found in the hair, the treatment is rather different. They are first to be destroyed before any cure can be expected. I have seen many and many a case of eczema of the head and face, which has been treated with a little of everything without any improvement, but as soon as steps were taken to destroy the pediculus, the cure of the eruption followed in a marvelously short space of time. The most satisfactory application for this condition, though certainly not so pleasant as it might be, is as follows :

R. Olei petri venalis.

Ol. olivarum aa. partes æquales.

M. Sig. external use.

A sufficient quantity of this to saturate all of the hair even to its very tips should be poured upon the head, and manipulated so that it comes in contact with every portion of the surface. The head is then bound up with a towel or hood, care being taken that the patient does not come too near a fire or lighted candle, etc. The application is to be renewed twice, at intervals of 10 or 12 hours, and after a further 12 hours, the head is to be thoroughly washed with soap and warm water. If the treatment has been properly carried out, the pediculi and nits will all have been destroyed, and the eczema will heal rapidly under any bland ointment. When the pediculi have been present for a long time, however, the eczema may require some special treatment even after the insects have been killed. In such a case recourse should be had to some one of the methods already given. In children and young people an impetiginous eczema of the cheeks and other parts of the face is often found associated with the presence of pediculi on the head. These eruptions, however, will usually disappear rapidly under any simple ointment, the head having been first properly attended to.

More agreeable applications may be used in destroying the insects, but these are slower in their action and not as conclusively satisfactory as the oleum petri. Of these, are a 10 per cent. to a 20 per cent. solution of salicylic acid in alcohol, or an ointment of the same strength; a 3 per cent. to a 5 per cent. solution or ointment of carbolic acid; or a 1½ per cent. alcoholic solution of naphthol; or a 50 per cent. ointment of semen sabadillæ. None of these, however, will destroy the nits as rapidly as the oleum petri, and should not be used unless the petroleum is very much objected to.

In taking up chronic eczema, I would state that it presents itself under so many various forms and combinations that it is impossible to discuss them individually, but I shall limit myself only to the principal ones. The others are merely grades of these, and will not require any specially different method of treatment.

The most common types of chronic eczema are the squamous, the rubrum and the papular. These are each accompanied with more or less thickening and infiltration of the cutis, fissures and excessive itching. They are very prone to be continually rendered worse by acute outbreaks, and these latter are usually excited by the scratching, which the violent itching of the affected surface induces.

The squamous is possibly the form most usually met with. It will be present either alone or combined with various other manifestations of eczema. We will consider this form first. In regard to the internal treatment, I shall refer you to what I have said at the beginning of this article, but I would state in addition that in some cases, especially in children, arsenic in small doses seems to exert a beneficial effect. The local treatment is, nevertheless, not only a *sine qua non*, but absolutely the most important. The amount of infiltration, the irritability of the surface, will have to act as guides to the choice of the manner of treatment.

Should there be a decided grade of inflammation, great

irritability and tendency to acute outbreaks, the surfaces very itchy and perhaps fissured, it would be advisable to use some soothing and softening application. Of these the ungt. diachyli is most certainly superior to all. Used alone or in combination with ungt. picis (3i-3ii) or salicylic acid (2 per cent. to 5 per cent), and in the manner already described, the effect in a few days will be surprising. All the irritability will disappear, the fissures heal and a soft though infiltrated cutis alone remain. In some cases, the use of this ointment will be sufficient to produce a cure, but this will only be exceptional, in the majority of patients further special treatment being called for. When the skin has been brought to the condition just described, tar in some form is especially indicated. Those most used are the pix liquida, the oleum cadeni and the oleum rusc. These may be applied in their full strength, or incorporated to the desired percentage with an ointment, or diluted with olive oil, or again, the oleum rusci, made with equal parts of ether and alcohol into a tincture.

In applying these to a surface, the seat of chronic eczema, a procedure differing from the one already given is necessary. A certain amount of massage or friction is advisable in order to stimulate and thus improve the nutrition of the part. For this purpose, a piece of flannel or a stiff varnish brush will do, the application being briskly rubbed on the surface by their means. This is to be done twice a day, the part being protected in the intervals by a well applied roller bandage, preferably of flannel. In using tar, it would be well always to begin with a small surface, to see how it is borne by the patient, and it must always be remembered, that it can be absorbed, and if not properly used can produce alarming symptoms of poisoning and even death. The best forms of tar are the pix liquida and the oleum rusci. They are to be used preferably in the form of an ointment. They may be also used pure, but will be usually found too irritating. In the proportion of 1-1, 1-4 or 1-8 or even less, they will give the best results,

If the eczematous surface is indolent, with only slight tendency to acute outbreaks and very much infiltrated, caustic potash in solution will prove very beneficial. One can begin with a 10 per cent. or 15 per cent. solution, or even weaker, and gradually work up to one of 30 per cent. or 40 per cent. It is to be applied with a brush and allowed to remain until the epidermis is seen to swell and points of denudation show themselves. The surface is then to be quickly washed over with water, and then dressed with an ointment, as for instance the diachylon. This is to be repeated every day for from 2 to 6 days, or until a condition of acute inflammation has been excited. Its use is then stopped until the acute symptoms have subsided. When this has occurred the caustic potash is to be applied again in the same way. Instead of the potash, *sapo viridis* may be used, it being either rubbed on with a piece of flannel, or applied as an ointment would be, viz. : spread upon a piece of linen and bound down upon the surface. In this form of eczema I have derived much benefit from the following:

℞ Acid. salicylici . . . . . gr xij.  
 Saponis alb. . . . . ℥i.  
 Olei terebinth. (Venetian) . . . ℥iss.  
 Ol. amygdalar. dulc. . . . . q. s. ut. ft.  
 Pasta mollis.  
 M. Sig. External use.

It is to be applied in the same way as an ointment, and its macerating effect is truly marvelous. The surface becoming acutely inflamed, it is to be dressed with ungt. diachylon, to which ℥i to ℥ij of ungt. picis has been added. This latter to be superseded by the emplastrum saponis, as soon as the acute symptoms have subsided. This change of application is to be repeated until the desired cure is obtained.

Where there is only a moderate amount of thickening of the skin, and a more subacute grade of inflammation, the ungt. hydrarg. ammoniat. will be found useful. I generally use it as follows:

- R   Ungt. hydrarg. ammoniat. . . . . $\mathfrak{z}$ i- $\mathfrak{z}$ ii.  
       Ungt. diachyli. . . . . $\mathfrak{z}$ i.  
 M. et. ft. Ungt. Sig. External use.

If the itching be severe,  $\mathfrak{z}$ i to  $\mathfrak{z}$ ij of the ungt. picis may be added to this. It should be well rubbed in twice a day.

The condition known as *eczema chronicum rubrum* is characterized by a denudation of the epidermis and more or less exudation of serum, the corium being infiltrated and thickened. Under these circumstances, our object is to bring about the formation of epidermis upon the surface, and to reduce the eczema to a squamous one. This may be done by application of the ungt. oxidi zinci to which a few drops of carbolic acid has been added, or the ungt. aquæ rosæ and subnitrate of bismuth ( $\mathfrak{z}$ ii- $\mathfrak{z}$ i) may be used, or any of those mentioned under acute *eczema rubrum*. It may be as well to mention here, that where the surface is bereft of its epidermis, tar in any form, is contra-indicated. After the surface has become again intact, then tar may be used in the way already described. This form of eczema is very often met with on the legs of women who suffer from varicose veins, and is most usually associated with more or less ulceration. For these cases after the epidermis has covered the denuded surface, there is no better application than the ungt. picis and ungt. oxidi zinci, partes æquales. A diminution in the amount of the ungt. picis can be made, if necessary, but the above will be found suitable in the majority of cases. Applied in the usual way, the leg being bandaged with a roller bandage from the instep to above the knee, healing ensues rapidly under it. This method has always given me the very best results, and rarely have I ever found it necessary to use any other. Rest in bed, the leg being elevated, will materially hasten the healing process. Instead of a roller bandage, a rubber one may be used, but I have not found that it possessed any material advantage over the former, either from my own observation or from the experience of

patients. After the eczema has been cured and the ulcers have healed, an elastic stocking made according to the measurements of the leg, will be very useful as a support to the dilated veins, thereby preventing fresh outbreaks. When the eruption is situated on the hands, rubber gloves or fingers will give good results, and even a whole limb may be encased in it. The white rubber is the best for this purpose.

The chronic papular eczema does not call for any particularly different methods of treatment from the others, except in a few cases. Where the papules are discrete, very indolent and hard, the application of poultices to soften them will be of service. These are not to be kept on too long, but should be alternated with the free use of ointments. In some cases, good results will be obtained by applying the pure oleum rusci and then making the patient remain in a warm bath for an hour or two afterwards. He is to be then thoroughly dried, and the surface upon which the tar was painted is to be dressed with ungt. diachyli. Washing of the surface with alcohol is also at times beneficial. All the forms of chronic eczema, it matters not how manifested, require most careful watching and the greatest discrimination in the choice of remedies. Patience and a strict adherence to the treatment is demanded on the part of the physician, as well as on that of the patient, and when these are observed, the efforts made to remove the affection will rarely be followed by any but satisfactory results. In conclusion, it is to be remembered that the scope of this article is more general than special, more intended to serve as a basis for operation than as a fixed and unchangeable position. Should the use of the methods here detailed be followed by any one, I trust that they will obtain from them as decided satisfaction and as good results as I have in both private and hospital practice.

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**Two Cases of Pityriasis Rosea.**

BY HENRY WM. BLANC, M. D.,

House Physician New York Skin and Cancer Hospital.

The two following cases have recently come under my observation in the clinics of Dr. Geo. H. Fox, at the New York Skin and Cancer Hospital:

CASE I. Maggie R., age, 18 years; occupation, telephone operator. General health good, but suffers with constipation just before and after her menstrual periods. During the week previous to application for treatment she had been indulging occasionally in strong drink. No history of contagion. On presenting herself for treatment, November 28th, 1885, she displayed an eruption on chest, back, and hips, which she had first noticed in the interscapular region one week before. The eruption, which itched occasionally, was confined to the body, being entirely absent from the extremities, with the exception of one patch on the left arm. The face and hairy scalp were entirely free. The body was quite thickly covered with numerous patches placed close to one another, but having no tendency to group themselves into any particular shape. The lesions were maculo-papular in character, more or less circular in shape, varying in size from a pin head to a nickel piece.

The smallest ones, consisting of pinkish papules, had a small scale in the center, while those a little larger, consisting of rose-colored rings slightly elevated above the normal skin, had a yellowish center composed of dry, horny scales, easily detached by scratching. In fact the majority of the middle-sized patches showed the branny scales already broken and partially detached. The largest lesions were irregularly circular rings inclosing healthy skin slightly pigmented, and lined on inner border with a few adherent scales. The scales had a greasy feel and appearance, and were not unlike those of pityriasis versicolor.

It will be seen that the most recent patches were the smaller ones with the scales in the center, and the oldest



were the larger, with scales still clinging to the periphery. The patient was given a two per cent solution of salicylic acid in oleum ricinum, to rub on patches, and was so much improved when last seen on December 8th, that the outline of the patches could be made out with difficulty, the friction in applying the oil having removed the scales produced a more homogeneous coloration of the skin.

CASE II. Mary D., age, 21 years; occupation, factory girl. When first seen on Dec. 3rd, 1885, patient had had the eruption for three weeks.

Examination disclosed a number of clearly marked patches on chest and back, but none anywhere on the extremities, the eruption being confined almost exclusively to the thorax.

There was no history of contagion, and the patient did not know whether the patches first appeared on chest or back. Her general health did not seem to be very good, but she gave no history of disease. The lesions on the chest, though fewer in number, were larger and more distinct than those on the back, some of them attaining the size of a fifty-cent piece. They all had the same characteristics as those of Case I, but were larger and less numerous, and seemed to have a greater tendency to coalesce, forming sometimes a complete ring, and sometimes a ring divided into two segments.

On the back there was occasional itching, especially in the interscapular region where the patches were more numerous; but, as in Case I, there was no itching in the axilæ, though the eruption in that location was marked. The patient was under observation several days before treatment was instituted, and the eruption was seen to progress, but did not return after receiving the salicylated oil—the same treatment as that given to Case I.

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The name adopted here was given the disease by Gibert, but Bazin \* was the first to describe it, giving it the title of "pityriasis rubra maculata et circinata," and cases have

\* Affections Cutanées de Nature Arthritique et Dartreuse. Paris, 1868, p. 200.

been reported by other French writers under the name of "pityriasis circiné." Duhring † has given an excellent description of it in which he says that "spontaneous involution sets in in from one to three months," and his experience coincides with that of a number of French writers who believe pityriasis rosea to be a disease of short duration. Wilson, however, says that if not treated it becomes chronic, and describes a case under the name of "lichen annulatus serpiginosus" which lasted for three years; and Jamieson ‡ describes, under the name of "pityriasis maculata et circinata," a case that lasted the same length of time. Kinnier, of Mass., says that it may get well in four months, and relapse within the next six to fifteen months.

It has been described as occurring most frequently in children, but it certainly is found quite often in young adults, especially those who are reduced in health. The disease is non-contagious, and attempts to inoculate it have failed. Its etiology is unknown, though it has been found to occur very often after profuse perspiration. The appearance and general course of the affection have led to frequent attempts to find a microscopic parasite as a cause, but without success, though Vidal (Int. Med. Cong., 1881,) claims to have found a special fungus of "pityriasis maculata et circinata" consisting of very small spores, and which he has named "mikrosporon anomæon s. dispar." He gives the following as characteristics of the fungus :

1. Extreme minuteness and irregular shape.
2. Circular disposition of spores around an epithelial cell.
3. Rarity of chains of spores.
4. Almost total absence of mycelia (the existence of which he doubts.)

Vidal claims to have found this fungus not only under and in the epidermis, which it raises and causes to exfoliate, but also at the orifices of the hair follicles, which, however, do not become inflamed.

† Amer. Jour. of Med. Sci., Oct., 1880.

‡ Brit. Med. Jour., 1882, vol. I., p. 517.

The parasite thus described has been supposed to be identical with the *torula vulgaris* commonly found in the scales of desquamative diseases; and I could find none other in the scales carefully examined by me from the two cases reported above. My microscopic examination, though negative in its results with regard to the so-called "mikrosporon anomæon," was useful in showing the absence of the *trichophyton tonsurans*, the fungus of a disease for which pityriasis rosea might most easily be mistaken.

Pityriasis rosea is usually found upon the body only, beginning upon the chest or shoulders and rapidly extending itself over the greater portion of the trunk. When found upon the extremities it occupies the flexor sides by preference. It is rarely found upon the face or scalp, seldom produces much pruritus, does not disappear on pressure, and on healing leaves for a short time a slight amount of pigmentation. When affecting the scalp the hair remains unchanged.

In making the *diagnosis* this disease may be mistaken for *ringworm*, but its yellowish-pink color, diffusion over a large surface, and smooth scales, together with absence of vesicles when on the body, and broken and loose hairs when on the hairy scalp, are enough to make a clinical distinction. The absence of the *trichophyton* fungus under the microscope will settle the doubt, if there be any.

In *erythema annulatum*, which Rayer supposed this affection to be, the lesions are less extensive, more prominent and profound; while in *psoriasis* the plaques are thicker and more injected, rounded and glistening, and the scales are larger.

T. C. Fox suggests that it might be confounded with the *roseolous syphilide*, but the absence of desquamation in syphilitic lesions, and the dark-red color of the ring, will serve to distinguish them.

Bazin differentiates *pityriasis rosea* from *pityriasis versicolor* on the ground that the latter has larger plaques, "café-au-lait" in color, and more extensive; full, not circinate, with irregular contour, offering not a desquamated

ing surface, but a dirty, crumbling, greasy appearance. The microscope will disclose the *microsporion furfur* in the scales brushed or scratched away.

The *treatment* is simple. The bowels should be looked after, and if costive, as they usually are, a mild laxative should be used. Cascara sagrada has been employed at this hospital in such cases with only good results. Luke-warm, alkaline baths, frequently repeated; mild mercurial ointments, and parasitocides in general are recommended as having proved useful.

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## HOSPITAL REPORTS AND CLINICAL NOTES.

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We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

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### A CASE OF PROLAPSE OF THE RECTUM, TREATED WITH SULPH: STRYCHNINÆ HYPODERMATICALLY— RECOVERY.

Reported by S. A. SCOTT, M. D., Grand Lake, Ark.

In the summer of 1876 I was called to a child, aged 18 months, suffering with complete prolapse of the rectum. The bowel was swollen and looked as if it were bruised. I replaced it immediately, but found that the child could protude it with almost as much force as it could extend the leg. I again replaced the gut and, while an assistant held it in place, I injected 1-80 gr. sulph. strychnia into the sphincter ani; I then applied a wet compress.

After this the child had no further trouble, although it suffered with constipation several months after the above treatment.

I have had no opportunity of trying the remedy again, and publish this to the profession to see if the practice has been employed by other physicians, and with what success.

## A CASE OF MORPHINE NARCOSIS.

Reported by WILL. HARNAN.

Resident Student, Charity Hospital, New Orleans.

D. S. G., aged 63 years, by occupation a trader, came to New Orleans recently and put up at the Gregg House on Canal street. On the night of January 13 he retired as usual. Late next morning, as he had not made his appearance, some of the inmates of the hotel went to his room to ascertain what was the matter. Finding him in a profound stupor, and not knowing what to do, they telephoned for the ambulance. The ambulance surgeons found him in a semi-unconscious state, capable of being aroused, but immediately dropping off into a deep sleep. He arrived at the hospital about 1, P. M. The respirations were then quite irregular, shallow and not quite four to the minute; the pulse one hundred and forty; the pupils were extremely contracted; though he could be awakened he would quickly relapse into the same heavy slumber.

Believing the case to be one of opium poisoning, though no history could be obtained, we treated him accordingly.

At 1:15, P. M., the respiration then being not over four or five to the minute, 1-60 grain of atropiæ sulph. with 10 minims tincture of digitalis was administered hypodermatically. The faradic battery, as a rousing agent, conjoined with occasional flagellations, was employed with good effect. At 1:45, the respirations not having improved much either in volume or in frequency, 1-120 grain of atropiæ sulph. was injected. This was repeated at about 2:15, P. M., making in all 1-20 grain injected in the course of the first hour after admission. Black coffee was given in small quantities frequently, but great difficulty in swallowing was experienced, owing to the extreme dryness of the throat induced by the atropia. The respirations gradually improved in depth and frequency, making it unnecessary to give any more atropia. He was allowed to sleep at intervals, but was aroused whenever the respirations became too shallow or too infrequent. It was observed in this case that whenever he was allowed to sleep for a

length of time, the respirations would become alarmingly bad, and that when he was occasionally awakened the breathing sensibly improved. He was made to walk the floor at intervals, but we were very careful not to fatigue him by unnecessary exertion.

The temperature rose gradually under the influence of the atropia until it reached  $101^{\circ}$  Fah., at 6, P. M. At this hour the respirations were 14; pulse 130. An attendant was now placed by his bedside and directed to wake him frequently, but not to keep him awake for more than a moment at a time. The patient improved steadily, slept nearly the whole of the 15th, and in 36 hours after admission was practically out of danger.

Patient told us subsequently that he was in the habit of taking morphine, having contracted the habit while under treatment years ago for dysentery. When he had recovered from the dysentery he found himself the slave of morphine, which he had taken at intervals ever since. On the night of the 13th, feeling unwell, he took some morphine, which proved to be an over-dose. The most active factor in overcoming the narcosis was undoubtedly the hypodermatic administration of the atropia; but we believe the assistance of the other agents, in rousing the inactive respiratory centre, made it unnecessary to employ larger doses of the drug, which might otherwise have been demanded.

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#### TWO INTERESTING CASES OF PNEUMO-PYOTHORAX.

Reported by L. G. LEBEUF,

Resident Student, Charity Hospital, New Orleans.

William Calvin, colored, 26 years old, had been consumptive for three years. Growing weaker, he left Morgan City, his home, for New Orleans. On his way in the cars he was suddenly taken with dyspnœa and an acute pain in the left lung. On admission patient was found in great distress; orthopnœa well marked; extremities cold; pulse rapid; he had a short, suppressed cough and expectorated thick, tenacious and nummular sputa. Physical signs: left side bulges more than the right; about one inch difference

in measurements; resonance over left lung down to the 6th or 7th intercostal space, where the note becomes dull; flatness also over portions of right lung; loud amphoric breathing at apex of left lung, and posteriorly, plainest at the lower margin of scapula; marked bronchial breathing is heard near the apex of the lung; no râles on the left save loud gurgling râles at apex; moist râles all over right lung; succussion sounds distinct. Patient continued in this condition without any rest or cessation of dyspnoea. Tincture of digitalis and carb. ammonia, syr. morph. sulph., stimulants and warm applications were of no avail, and patient died three days after admission.

*Post-mortem Examination:*—While cutting through the chest on the left side there was an escape of air from the pleural cavity. The left pleural cavity contained two pints of sero-purulent fluid, with large flakes and bands of fibrin. Lung completely carnified, bound down by adhesions to posterior thoracic wall and much reduced in size. At the apex posteriorly, under the scapula, was a tubular perforation, presenting the appearance of a fibrous ring as large as the little finger, connecting the pleural sac through two small cavities with a larger one of the size of the fist. Both lungs were covered with miliary tubercles.

Charles Jones, colored, 25 years old, had been losing flesh, appetite and strength for one year. Had diarrhoea when first seen and tubercles in both lungs; loud cavernous breathing at apex of right lung. February 1st, patient was walking around the ward as usual, not suffering much, and with a temperature never above 100°, quite comfortable in fact, when suddenly he said his chest pained him. Placed in bed, he gave no sign of dyspnoea and suffering was not very intense. Examination then made revealed resonance on percussion all over right lung, as low down as about midway of the chest. A sound similar to the splashing of water in a closed jug was produced by shaking him. Cavernous breathing disappeared, and in place a deep, hollow amphoric breathing could be heard over lung, most plainly at apex. A beautiful metallic tinkling was

plainly heard, resembling the sound of pins or small shot falling into a metallic plate; about the upper limit dull percussion. The relation of the flatness and tympanitic resonance changed with the change in the position of the patient. Patient went into collapse and died on the morning of February 5.

*Post-mortem Examination:*—Air in right pleural cavity, and about four pints of sero-purulent fluid; both lungs consolidated with tubercles; right lung bound down by bands of adhesions: at apex of the lung, a large cavity of the size of two fists opened into the pleural cavity through several irregular openings.

*Commentary:*—In spite of the rarity of these cases, four have been seen this winter in the hospital, all well defined, authenticated cases. We can readily understand how these perforations take place, when we consider the active suppuration and destruction of tissue which takes place in tuberculous lungs. We can only wonder such cases do not occur oftener. The thickening of the pleural walls, and their adhesion to the lungs, are great protections from perforations.

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#### GLYCERINE LOTION FOR ICHTHYOSIS SIMPLEX.

By A. B. MILES, M. D.

A gentleman, about fifty years of age, a high liver, of full habit, consulted the writer one year ago. He suffered of simple ichthyosis, evidently congenital. Aside from this disease, his general health was very good.

Nothing noteworthy appears in the family history. However, the patient recalls among his earliest recollections the manifestations of the disease in himself. The eruption was observed by his mother not long after he had drunk some indelible ink, and to this incident she ascribed the cause of the disease. This is only mentioned here to prove that the disease certainly appeared at a very early age, the only excuse for such an indiscretion.

At the time of the writer's first observation, the eruption was well nigh universal. There was not a patch on



the whole surface, the size of a man's hand, that was perfectly free of eruption. The trunk and the extremities were covered with the furfuraceous scales, in some places yellowish-looking, in others grayish or greenish. Indeed, the eruption was characteristic, and particularly so on the extremities, as usually occurs. The face and hands, subjected to more frequent washings, presented a dusky or copperish-looking hue, resembling very much the thickening and bronzing of the skin preliminary to the invasion of leprosy. However, in a man naturally florid and usually a little sunburnt, the appearance of the face and hands would easily have escaped notice.

The efficacy of the glycerine bath, as recommended by Duhring, was at once suggested. For one year the bath—a sponge bath—has been applied daily in the proportion of one to three or four parts of water. The result has been very gratifying. The skin, of course, still bears the tracings of the disease, but they are very slight, and, save by a practiced eye, would pass unobserved.

While the reporter recognizes the incurability of ichthyosis of fifty years standing, his observations in the present case warrant a strong indorsement of the glycerine lotion, applied as a sponge bath daily, as a palliative which insures relief from most of the inconveniences and discomforts of the disease.

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#### CASE OF URETHRAL STRICTURE TREATED BY DIVULSION.

Reported by J. D. BLOOM,

Resident Student, Charity Hospital, New Orleans.

W. W. B., aged 42 years, a farmer by occupation, was admitted into the Charity Hospital on the 13th of January, 1886. He gave the history of irregular habits; chills and fevers in years past; typhoid fever in 1861; gonorrhœa in 1866 and again in 1871. Since 1878 he has been troubled with a stricture of the urethra; since December 1st, 1885, has suffered of an induration of the perineum, about the size of a lemon. This induration came on in the course of twenty-four hours. This impeded the flow of urine very

considerably, and caused his confinement in bed for ten days. The stream of urine has gradually diminished in size, and at the time of admission passed with great difficulty and pain. Unless under strong pressure, the urine passed by drops.

At the time of admission the general condition of the patient was fair, although somewhat pale and anæmic. Patient walked with difficulty, owing to the pain caused thereby. The induration of perineum above mentioned extended half-way to the scrotum. The first attempt at catheterization was ineffectual. The stricture would admit only a small filiform guide-bougie.

On the 21st of January, Dr. A. B. Miles divulsed the stricture with Prof. Bigelow's divulsor, and immediately passed into the bladder a No. 16 solid sound. The only hemorrhage came apparently from an incised stricture near the meatus, which was relieved before the divulsion of the posterior stricture was performed.

On the evening of the operation the temperature reached 100° F., but on the following day descended to the normal line and so remained.

Patient was discharged on the 2d of February, able to void the urine comfortably. The induration of the perineum was gradually diminishing. He was instructed in the use of a No. 16 conical-pointed solid sound.

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#### THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

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### LEADING ARTICLES.

#### HYDRONAPHTHOL, THE NEW ANTISEPTIC.

Hydronaphthol, or the naphthaline hydroxylate, belongs to the phenol series. Its manufacture adds still another

to the various coal tar industries. If all the good things said of it are true, and it is as useful in surgery as its advocates claim, the new industry will surely grow to be one of exceeding importance.

The commercial hydronaphthol is a silvery white, or grayish looking powder, composed of fine, soft, crystalline scales. It has a slightly aromatic taste and odor. It is sparingly soluble in water, but freely soluble in alcohol, benzole, chloroform, ether, glycerine and the fixed oils. In hot water it is soluble in the strength of 1-100; in cold water, 1-2000. A solution of 1-1100 is saturated.

Before its introduction into surgical practice by Dr. George R. Fowler, of New York, its germicidal and antiseptic powers were practically and thoroughly tested. As a germicide it is unreliable, mainly because of its insolubility. As an antiseptic, however, it arrests the development of bacteria, even when used in the strength of 1-6000, and only fails in its antiseptic powers when used in the proportion of 1-8000. The advocates of hydronaphthol simply claim for it antiseptic power—the power of preventing putrefaction. A saturated solution is said to preserve animal tissues and fluids for an indefinite time. It has preserved urine perfectly so Dr. Fowler says, for four months, by the addition of one part of the antiseptic to one thousand parts of urine.

Hydronaphthol has been practically tested in the surgical service of St. Mary's General Hospital, Brooklyn, under the direction of Dr. Fowler, and more recently in the Pennsylvania Hospital, of Philadelphia, under the very strong advocacy of Dr. R. J. Levis. The recommendations of these gentlemen command attention.

The saturated solution is said to be non-irritant to tissues, without any toxic effect whatsoever, and non-corrosive to instruments. If true, these are decided advantages over the antiseptics in ordinary use, carbolic acid and the bichloride of mercury. It is inodorous, so that it does not disguise the odor of putrefaction, as carbolic acid does; nor is it decomposed and rendered inert by the products of

putrefactive decomposition, as is the bichloride of mercury. Even in the proportion of 1-8000—1-6000, hydronaphthol is said to rank in the comparative tables next to the mercuric bichloride. In this strength, its antiseptic power is one-fifth that of the bichloride; twelve times as efficient as carbolic acid, and more stable, as it is less volatile at the ordinary temperature of the atmosphere; thirty times as powerful as both boric acid and ferric sulphate; sixty times as strong as the biborate of soda; and six hundred times the antiseptic power of alcohol.

The following are the various ways in which hydronaphthol is now being used in surgery. As a powder it is used as a dry dressing dusted over wounds and indolent ulcers. For this purpose, it should be triturated with the carbonate of magnesia, or preferably, with the oxide of zinc, in the proportion of 1-50. When applied pure it acts as an irritant. This powder acts very much like iodoform, not, however, as disadvantageously as iodoform sometimes does in drying up the serum escaping from cavities and crusting over the exits for drainage. It certainly obviates one chief objection to the use of iodoform, its all pervading odor, which so restricts the usefulness of this excellent drug; not so much because of the disagreeableness peculiarly its own, as of the odium growing out of its prevalent use in special diseases. Indeed, only a man of irreproachable virtue can be iodoformized without exciting suspicion.

The hydronaphthol solution is used for cleansing and purifying wounds, for washing the hands of the operator and assistants, the surface site of the wound, and rendering antiseptic the sponges, towels, instruments, etc.—similar uses to which carbolic acid and the mercuric solution are applied. It is also used in the preparation of surgical dressings. The hydronaphthol crystals cling to the absorbent gauze, cotton, jute, sawdust, moss, paper, wool, etc., without the aid of stearin, paraffin or resin, which carbolic acid requires.

In a ten per cent. alcoholic solution hydronaphthol sterilizes silk; also sterilizes, hardens and perfectly preserves

catgut. Hydronaphthol rubbed up with simple cerate, in the proportion of half a drachm to the ounce, makes a stimulating ointment recommended in the treatment of indolent ulcers.

Purulent cystitis is said to be benefited by injecting into the bladder a saturated solution once or twice daily.

Hydronaphthol ointment is recommended as a valuable agent in cutaneous therapeutics, more especially in eczema of the scalp. This ointment has been used in the Vienna Skin Clinics for some months.

Dr. George A. Fowler, Surgeon to the St. Mary's General Hospital, Brooklyn, who introduced hydronaphthol into surgical practice, thus summarizes the results of his experience in its use: "1. It is an efficient and safe antiseptic and anti-putrefactive agent. 2. This is accomplished in very dilute solutions; consequently it compares favorably in expense with carbolic acid, and it is especially as a substitute for the latter that its use is urged, not only on the score of cheapness, but of safety. 3. Its saturated solution is only of the strength of 1-1100, and consequently no mistakes can occur in its use. In this strength of solution it is at least five times above its antiseptic limit, and yet is non-poisonous, non-corrosive, and generally speaking, non-irritant."

Dr. R. J. Levis concurs in the following opinion: "As a true germicide, for use where septic conditions already exist, the bichloride of mercury is the most efficient agent; for simple antiseptics or inhibitory or preventive action, hydronaphthol appears to be preferable for general use, and may well displace carbolic acid."

Whether hydronaphthol will meet with the universal favor among medical men, which its advocates so confidently predict, is as yet problematical. However, that it will in the future rank among the accepted antiseptics we have strong reasons to believe. In a coming number of the *JOURNAL* we hope to give the results of further observations on its use in surgery, with some notes of our own experience.

## DIPHTHERIA IN NEW ORLEANS.

Diphtheria has been quite prevalent in New Orleans this winter, and by causing death in several special cases has been brought prominently to the attention of the public in general as well as the profession.

A few years ago it was so little known here as to lend color to the opinion held by some that it is not a contagious affection, but one in every way identical with membranous croup or acute laryngitis with exudation. The events of the past few months will, we hope, serve to convince those doubters that few diseases are more clearly transmissible and more clearly demand the exercise of every precaution likely to prevent its spread.

The following table taken from the records in the office of the Board of Health will show how firm a hold the disease has secured among us, and how necessary it is that we should make use of all measures known to us to check the progress of such an eminently infectious and contagious disease, before it becomes so rooted in our midst as to triumphantly defy us.

Year.	Total Cases	White.	Colored.	Deaths reported.	Recoveries reported.	Result not reported.
1883	15	10	5	3	..	12
1884	110	96	14	95	..	15
1885	166	152	14	151	3	12
1886*	22	21	1	20	..	2

\*To February 15th only.

In January, 1883, 0; 1884, 4; 1885, 18; 1886, 15.

But this table shows something more than the alarmingly rapid growth of the affection. It shows, and to the shame of our physicians be it said, it shows that the medical profession of this city are almost openly refusing obedience to the laws and ordinances, which require that all cases of a contagious nature be reported to the Board of Health. In substantiation of this statement look at the report for 1885. Taking the 12 cases in which the result is not reported as having recovered, we are asked to believe, that during the year there were only 15 recoveries against 151 deaths

from diphtheria. No one will contend that this disease in this country at least, is so extraordinarily fatal as these figures would indicate.

More than this, the growth itself of this affection is only too good proof that our assertion is true. It is a hard charge to make in this age of preventive medicine, the charge that physicians are encouraging, aiding and abetting a disease, but this is the natural outcome of a failure on their part to notify the Board of Health, and thus enable these conservators of the city's health by disinfection and other means to stamp out this miserable enemy.

We should be democratic enough in our ideas to believe in that good old principle, "the greatest good to the greatest number," even though by so doing an individual or two, or even a family or two, be put to some temporary inconvenience. In furtherance of this belief, we would urge upon the President of the Board, that he again call this matter to the attention of physicians, and we would even further suggest, that if his requests and warnings are alike disregarded, he make an example of one or more of the offenders against public health, and prosecute such under the existing laws.

In connection with the subject of diphtheria it is well to place on record the fact, that seldom has there been so much "sore-throat" in this city as during the last three months. Hardly a person has escaped a more or less severe attack of inflammation of some part of the upper air-passages.

In the majority of instances it would amount to nothing more than a slight pharyngitis or tonsillitis, in others the attack would be attended by great swelling or pain extending from the anterior pillars of the fauces down to and involving the trachea. At the same time, too, there would be high fever and much prostration. Indeed, some of the cases were so severe as to almost warrant a diagnosis of diphtheria, lacking, of course, the membrane. To make any theorizing in regard to this condition the more interesting, it should be stated that in more instances than

one it has seemed to be contagious, passing from one member of a family to another, until all had had it. Was it an epidemic influence of a diphtheritic nature? or was it the meteorological conditions which induced a tendency to catarrh of the mucus membranes of the airpassages?

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### FREIRE AND CARMONA.

We give below extracts from the works of Freire and Carmona, which form only a small fraction of the statements of these observers, upon which we have based our editorials in the January and February numbers of the JOURNAL.

We abstain from making comments except in so far as they may help in the proper understanding of these extracts; but we wish to remind the reader that, however groundless and devoid of logic the observations of these investigators may appear, those quoted form only an infinitesimal part of their misstatements; and again, that in their works, faults of omission far exceed those of commission.

Beginning with Freire, we quote thus:

“Though it is extremely easy to detect the yellow fever microbe in urine and bile, it being only sufficient to place a drop or two of these fluids on a slide under the microscope and examine with a magnifying power between 450 and 740 to 780 diameters; this process cannot be followed in examining the blood. For, by proceeding in this manner, the blood globules would almost entirely hide the microbes, and the observer would wrongly conclude that the latter are very scarce in this organic fluid. Not only the shape of the microbes resemble somewhat that of the red globules, but on the one hand those globules, when conglomerating together, envelop the microbic cells, and on the other hand they throw a certain play of light on those cells, which causes the latter to disappear from the field of the microscope. But, if a small drop of blood is diluted with a solution of sulphate of sodium, and is then placed under the microscope, the microbes will become visible in large numbers.”



“It is also necessary to prepare beforehand for examination the cerebral mass and the muscles. This is done by triturating the same in a sterilized mortar, and mixing it with distilled water, absolutely free from organisms, then filtering through linen passed rapidly over an alcohol lamp, and placing on the slide a drop of this filtered liquid. For, if we were to take up a small particle of the brain matter or a muscular fibril, even after trituration, nothing abnormal would be perceived under the microscope.”

It appears very strange that this yellow fever microbe, the *cryptococcus xanthogenicus*, should differ so widely from other pathogenic microbes, for whose detection no such trituration and filtration are required. However carefully such pounding may be done, it leaves open a great many gates through which foreign germs from the atmosphere may be introduced.

Describing the examination of a muscle prepared as he above directs and the examination of yellow fever blood, he says:

“A number of organisms, round, very small, granular, and in motion, filled the muscle striæ. Larger round cells of a greenish color with a black border could also be seen. Under the field also appeared yellow masses scattered over with granulations and transparent whitish masses. Finally amorphous black masses.”

“In the blood I have found an exceedingly great number in full evolution. The smallest (magnified 740 times) resembled grains of sand or small pin-heads and moved rapidly. The larger organisms were motionless. Their color was more or less grayish, with greenish or red reflections, others surrounded by a dark or black ring, with shining specks in the centre, which reflected light strongly. Small islets of light yellow pigment, to which small granulations adhered, could also be seen.”

“In some of the microscopical observations mentioned above we have drawn attention to the adhesion of these microbes to the blood-globules, which latter were seen to be profoundly altered. The former elements of the blood seem then to be sought after with avidity for aliment by the *cryptococci*.”

This description of the evolution of a single microbe is indeed incredible. The three forms mentioned by Freire

as having been found in the same preparation, appear to us much more like three different germs, than successive stages of evolution of one germ; especially as the author does not mention transitory forms between such widely differing organisms, we are inclined to believe with Carmona that the cryptococcus xanthogenicus is not a single microbe but in reality a trinity of cocci. The statement made that these organisms feed on the colored blood-corpuscles is altogether opposed to the investigations of Dr. C. Finlay of Havana, a most competent authority and microscopist, who has found these corpuscles not altered in shape and increased in number in yellow fever. [Vide editorial *N. O. Med. & Surg. Journal*, Oct., 1883.]

Speaking of Carmona he says:

“In fact Mr. Carmona has made his microscopical studies in the plateau of Mexico, where yellow fever does not reign, and where he received his material (urine, etc.,) from Vera Cruz, in badly closed bottles, and after a travel of several days. This I will prove by citations drawn from his work.”

With this we are fully in accord, and may add that all of Mr. Carmona's knowledge of this disease depends upon three or four cases imported into Mexico.

Freire states that only rabbits and guinea pigs are susceptible to inoculations, and, speaking of the non-susceptibility of chickens he thus recounts one of his experiments:

“The hen had swallowed for three consecutive days a culture of yellow fever microbes in beef broth. On the fourth day blood, drawn by puncturing the comb, revealed the presence of a few rounded microbes of medium size; the small microbes appearing as very small dots, and possessing spontaneous motion, were exceedingly scarce. Some of the spherical cryptococci showed internal granulations, and one of these contained yellow pigment. A few rods could be seen with a transparent globule at each extremity. These rods were bacteria coming from foreign germs introduced accidentally into the blood, perhaps in the act of swallowing the cultures.”

It is a wonder that the microbe should live and develop, however slowly, in animals who show no susceptibility to the disease. It would be much more logical and in accordance with scientific teachings and observed facts, to believe that the examination of such blood would show the total absence of any parasite. The last sentence, having reference to the explanation of the presence of the rod-like bacteria, is absurd. Would it not be much more reasonable to suppose that these bacteria gained access to the blood after its withdrawal from the chicken's body. This statement gives us a good insight of the ingenuity displayed by Dr. Freire to explain facts which must be self-evident to the merest tyro in microbiology.

Describing the blood of an inoculated guinea pig :

“The globules of this animal offered a singular aspect ; they were endowed with prolongations or fringes filled with black specks refracting light strongly (cryptococci in the initial stage of evolution). This proves that these organisms live at the expense of the globules, and nourish themselves from the stroma of these globules.”

He uses humus of the cemetery of Jurujuba to cultivate the microbes :

“We have placed in culture humus taken from the cemetery of Jurujuba, where are inhumed only yellow fever cadavers. We have cultivated this humus in beef broth. This culture was commenced on the 28th of March, and two days later it presented a white superficial layer and at the bottom of the flask a blackish deposit.”

“This matter is due to the pigment elaborated by the microbes, the black pigment being insoluble, is precipitated carrying with it parcels of the cells of cryptococci.”

Very logical, indeed, to suppose that because yellow fever cadavers are buried in Jurujuba, none but yellow fever microbes are present in the humus taken from this cemetery, and to ascribe the changes wrought in the broth in which this humus has been sowed, to the agency of the germ of this disease.

Speaking of the cause of the coloring of black vomit :

“Before my microscopical studies on yellow fever, pathologists thought that the black color of the vomit was

due to blood more or less altered. In my work, published in 1880, I have already placed it beyond doubt that this black color is due to the black pigment pertaining to these microscopical organisms."

Again:

"In fact typical black vomit does not contain a single blood globule, except there be at the same time some hemorrhage from the buccal surfaces, stomach, etc."

He also asserts that the yellow color of the skin and tissues in yellow fever cases is due not to bile, but to a pigment secreted by his cryptococci. thus:

"The yellow color (of the skin, etc.) being due to the growth and proliferation of the cells of the cryptococci, we have the cause of the constant occurrence of this color in those who are affected by the disease or in the cadavers of those who have succumbed."

"Since 1880, I have demonstrated in a peremptory manner that the icteric color is due to pigment secreted by the microscopical organisms, and not to the coloring matter of bile, exceptionally only in the second stage of the disease is there a true icterus."

These statements are opposed to the experience of our best pathologists who teach, that the diagnostic difference between typical black vomit of yellow fever, and the black vomit which occasionally occurs in the course of other diseases, lies in the fact that in the former are always elements of the blood more or less disintegrated, and that the yellow coloring in yellow fever is due to a hematogenous jaundice.

Speaking of his inoculations and his experiments on animals, he says:

"In a large glass-jar covered with a piece of filter paper perforated by small holes to allow the access of air, I placed in a small capsule humus from the cemetery of Jurujuba, which had first been dried in a hot-air chamber in which the temperature had not exceeded 40 to 48° C. This humus was full of cryptococci. A guinea-pig was also put in this jar to breathe this confined atmosphere, which soon became saturated with microbes on account of the restlessness of the animal. It received the necessary aliments each day. The animal died on the fifth day."

“In a guinea-pig injected hypodermically with a gramme (15 drops?) of blood taken from a rabbit which had succumbed to a previous intravenous inoculation the disease was fatal in a few hours.”

“A guinea-pig, inoculated endermically with a few drops of a mixture of water and humus from the cemetery of Jurujuba, died the next day.”

“A guinea-pig died in one day after it had been inoculated endermically with a drop of a solution consisting of 200 grammes of glycerine and 2 grammes (30 drops?) of the blood of a chicken in which a gramme (15 drops?) of ptomaine loaded with xanthogenic microbes had been injected into the axillary vein, the blood having been taken whilst the chicken was alive.”

“A guinea-pig died three days after being inoculated with the blood of a chicken, which blood contained *cryptococci xanthogenici*.”

“Another one, which had contracted the disease by breathing the contaminated air from our laboratory in the hall, where all yellow fever autopsies are held, died in two days.”

“Another one under the same circumstances died the same day.”

What do these experiments prove? At most that the animals died of septicæmia. Indeed death was so rapid in some of them that we would rather believe it caused by the operation. A fact quite astonishing to us is that Dr. Freire uses in some of his inoculations the blood of live chicken, when he has distinctly stated that these animals are not susceptible to the disease. We must say that we cannot see how such blood could have given rise to any thing else but blood poisoning.

The following illustrates fully the symptoms developed after injection into the internal saphenous vein of a rabbit of a gramme (15 drops) of blood taken from the heart of a yellow-fever cadaver.

“Five minutes after the animal began to show some distemper and anguish. A little after he fell into a stupor, still showing the same anguish. A quarter of an hour after tetanic convulsions accompanied by opisthotonos developed, the pupils were dilated, at the same time the buccal mucous membrane became discolored. A short while afterwards

the animal died, literally thunderstruck, by the poison introduced directly into the current of the circulation."

These symptoms are more those of shock than those of yellow-fever.

Speaking of the symptoms developed by his inoculations he says:

"I vaccinated five persons, two Frenchmen, one Portuguese, one Englishman and one Brazilian. The two Frenchmen had newly arrived in Brazil; the Portuguese had lived here for a year; the Englishman had lived in Brazil for a number of years. None of them had ever contracted yellow-fever with the exception of the Brazilian who had had it eleven years previously. In all of them, save the last mentioned, the following symptoms were noted: Drumming in the ears, slight elevation of temperature, acceleration of the pulse, continued pains in the lower extremities and lumbar region, in a word all the symptoms which are called yellow-fever indisposition, and which are observed during yellow-fever epidemics not only in the West Indies and Gibraltar, but also here."

Astonishing how little it requires for the author to make a diagnosis of yellow-fever.

Again:

"I am fully convinced that the persons vaccinated will be exempt from all attack of yellow-fever at the next epidemic, or that, if they are attacked, the disease will be without gravity."

This remains to be proved.

From Carmona's work we get the following, when speaking of vomited matter:

"I have collected the matter vomited by these two patients with the intention of controverting the generally accepted opinion that the black color of the vomit is due to blood. The microscopical examination has convinced me that they contained none of the elements of blood."

The same objection may be made to this statement as to that of Freiré's.

Speaking of the fatty degeneration of the kidneys, liver and other organs, he argues:

"Before terminating my last lesson, I have spoken of the fatty degeneration of all the organs in the patient's econ-

omy and I have slightly hinted at the objection raised against this hypothesis. It has been said that the so-called fatty degeneration is not compatible with the rapidity of the return of the organs to a physiological condition. It is true that a convalescent from this disease can be seen at times remaining for a long time in delicate health, and returning to a physiological condition slowly and gradually. But in many cases convalescence is rapid and the normal state of health is attained in a few days; and finally it is not rare to meet with persons who after an attack of yellow-fever enjoy better health than they did previously."

"Besides, how is it possible to suppose that a liver whose cells have been converted into fat, or a muscle, which has undergone the degeneration spoken of, can in a few days return to their normal condition. Judging by what we see in other cases of fatty degeneration we can say, that this return, if not impossible, is at least difficult."

In cases in which recovery takes place, the degenerative process must have stopped at a point short of destruction of the tissue cells, or perhaps not have begun at all, the congestion of the various organs giving way gradually to a physiological condition. Indeed this complete fatty degeneration must be found only in cases which require an autopsy.

After speaking of the yellow color of the skin and tissue he concludes thus:

"From all I have told you, you can easily deduce that in yellow-fever there is a matter pervading all the economy, whose yellow color can be the cause of the especial coloring in our patients, and this hypothesis is the more probable, for, as I have just said, the color mentioned is not due to the penetration of the coloring matter of the bile, since these matters are not found in the urine."

Same objection as to Freire.

Speaking of Freire:

"Dr. Freire of Rio Janeiro, who has made some studies on this subject before myself, says that in yellow fever small organisms exist which present themselves under the form of black dots, are endowed with motion and are capable of transforming themselves into cells. He classes these cells with the cryptococci and believing this cryptococcus to be the generator of yellow fever, he calls it the cryptococcus xanthogenicus."

“In my opinion the cryptococci are very simple organisms, which appear as simple vesicles without motion and are reproduced by budding from the older vesicles.”

He goes on to prove that what Freire saw, but observed badly, was not an alga but at least 3 different fungi and could not be the cause of yellow fever. His own germ is a fungus and belongs to the class of peronospora; he calls it the peronospora lutea, which differs from the germ of putrefaction in being aerobic, whereas the latter are anaerobic.

Speaking of his inoculation, he says :

“Up to this day the strongest objection, that has been opposed to my doctrines, is the impossibility under which I have labored of producing yellow fever in all the cases in which I have inoculated the zoospore. It is true that I have not succeeded in producing yellow fever, but in good logic it cannot be deduced from this fact that the zoospore is not the cause of the disease.”

And again :

“To say the truth we have not come to the point where we can see the introduction of the spore of the mucedina,” (a stage in the evolution of the peronospora) “cause yellow fever.”

It seems to us, on the contrary, that in good logic this is a most solid objection, for otherwise how are we to judge of the relationship between his microbe and the causation of yellow fever. All pathologists, who have ever laid claim upon the discovery of a pathological microbe, have always attempted to prove their assertion by producing the stated disease by inoculating animals with its germ.

Describing his germ, he says :

“As regards yellow fever you know enough of the properties of its microbe to understand that the system of culture in sterilized liquids is not adapted to it, for it does not reproduce itself under these conditions and we know a different way for isolating it.”

A very convenient microbe indeed.

Speaking of the cause of the delirium and other symptoms met with in yellow fever, he states :

“You have not forgotten that our microbe causes obstruc-



tion of the small renal tubes and that this obstruction explaining at the same time the diminution or suppression of urine, gives us the reasons for the uræmic condition of the blood. Which uræmia, together with the renal changes explain easily the lumbar pains, the intense febrile disturbance, the nausea, vomiting, and cerebral symptoms which generally cause the death of our yellow-fever patients."

No one had thought of that before Carmona.

His method of inoculating is as follows :

"I take urine of yellow fever patients and, with no other preparations, I leave it to evaporate spontaneously. When the residue is quite dry, I take a centigramme, 1-6 gr., and dissolve it in one gramme, 15 drops of water, and by means of a Pravaz syringe I introduce this liquid in the cellular tissue on the posterior surface of the left arm."

"Besides, I insist on the fact that I have never had recourse to any method for attenuation."

Among the special facts mentioned to show the great advantage of his vaccination, he says :

"More than one hundred persons were sent by the Mexican Government to the World's Exposition, at New Orleans, all of whom were inoculated with the residue of the urine which I have mentioned, and although those persons remained in that city, after yellow fever had shown itself, none of them have been attacked by the disease."

We repeat here most emphatically, what we stated in our February number, that there have been no well authenticated cases of yellow fever in this city for many months before, during or after our World's Fair.

Speaking of Dr. Freire's inoculation, he quotes a letter on the subject written by Dr. Araujo Goes, one of Freire's assistants, to the President of the Imperial Academy of Medicine, of Rio Janeiro, as follows :

"Sir : In one of the meetings of the Imperial Academy of Medicine, you have manifested the desire that all physicians, who had treated yellow fever persons vaccinated by Dr. Freire, should submit their information to your corporation, in order that a just opinion regarding the true value of this vaccination might be arrived at. I hasten to give the results which I have obtained from St. Isabella's Hospital. Up to this day four vaccinated patients have entered this establishment."

He goes on naming these patients and says :

“ In the Jurujuba the mortality among the vaccinated has been one in four or 25 per cent., in the non-vaccinated this mortality was 21 per cent.”

He also adds :

“ I know of many other fatal cases and I am not astonished that the vaccinations have not been successful, for I who have studied carefully, microscopically and otherwise, yellow fever for 13 months, have not to this day seen the *micrococcus xantheogenicus*.”

This is the most terrible blow given to Freire's inoculations when at such an early date 25 per cent. of those vaccinated, contracting the disease, die, whereas, in the same epidemic only 21 per cent. of the unvaccinated succumb.

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### THE YELLOW FEVER COMMISSION.

Since our last issue the Yellow Fever Commission Bill has been considered and passed upon by committees from both branches of Congress. Both committees agree that the commission shall consist of three members appointed by the President, with the advice of the National Board of Health; two of the Commissioners to be chosen from the medical officers now in the service of the United States, and one from civil life. The House Committee recommends that the entire expenditure be limited to \$25,000. A minority of the same committee reserves the right to amend or oppose the bill as reported in the House of Representatives.

Having thoroughly discussed this matter for another month, having gone over in great part the works of Freire and Carmona, and having read and considered all that has been written in the daily press and elsewhere, concerning this matter, we declare ourselves in sympathy with the minority. We disapprove of the bill as it now stands and hope that the minority may succeed in further modifying it, for we have still to learn anything which would cause us to change our original opinion.

That opinion, it will be remembered, consisted of three propositions, which together with all our reasons we deem it well to lay once more clearly before our readers.

I. The researches of Freire and Carmona are valueless.

The truth of this assertion is proven :

(a) By their own accounts. In the careful reviews of their books contained in our January and February numbers, we have pointed out examples of their errors of commission, which are many, and of omission, which are more. It is noteworthy that none of the advocates of the commission to investigate the labours of these gentlemen, have called attention to a single misstatement in these reviews. In the article immediately preceding this, we give further information concerning these researches in a series of extracts translated from the works in question.

(b) By the fact that the friends of the commission bill have not even attempted to adduce from Freire's or Carmona's books a single argument to show that their researches are of any value. The *Mississippi Valley Medical Monthly*, (Memphis), the *Atlanta Medical Journal*, the *Florida Medical and Surgical Journal*, the *Maryland Medical Journal*, the *Philadelphia Med. News* and the *N. Y. Medical Record*, are the only medical journals among our exchanges which have taken up the matter. The first four support the bill upon the strength of the vague reports concerning the researches of Freire and Carmona which have been circulated by the newspapers of the country for the past two or three months, and of the idea that it is commendable for Congress to appropriate money for any medical investigation. The *Maryland Medical Journal* in an editorial, evidently written after a careful reading of our February leader, agrees with us substantially and the *Record* takes the same view.

(c) We learn from an intelligent citizen of Mexico that Carmona has had but little experience with yellow fever, and this, indeed, he admits; that he has never ventured into fever stricken localities, and that his assertions gain

but little belief in Mexico. In corroboration of this statement we quote the following from the New York correspondence of *The Daily Picayune* of this city, a vehement advocate of the commission bill:

Dr. John Bettini di Morsa, of this city, who was in charge of the San Sabastian Hospital at Vera Cruz three years, is familiar with Dr. Manuel Carmona y Valle's method of yellow fever inoculation, but has no faith in it. Carmona bases his whole theory, according to his opinion, on the fact that the "mushroom microbe" is found in the remains of all who die of yellow fever, whereas the truth is that they are found in the remains of all who die, no matter from what disease, in warm and unhealthy climates. Carmona has never allowed himself the proper opportunities for carrying on his studies, but has remained continually in the city of Mexico, where a case of yellow fever never occurs. The corpses upon which he experiments are transported from Vera Cruz, and by the time they reach his dissecting room are not in a condition to permit of scientific and trustworthy research. So little confidence has he in his own method of inoculation that he has never ventured into Vera Cruz, which is well known to be the headquarters of yellow fever, and his theory is almost universally pooh-poohed in Mexico. The commission to be appointed to investigate his theories will no doubt have a pleasant trip, but so far as science is concerned it will be merely grasping after wind. Should the members, however, go into the matter with thoroughness, they will in all probability succumb to the fiend they pursue.—*N. O. Picayune*, Feb. 15.

II. Our second proposition was:

That the valueless nature of Freire's and Carmona's researches being readily established by a reading of their own books, it is either foolish or disingenuous to make idle rumours of their achievements a pretext for a scientific commission. As a matter of policy merely it is bad, for should our profession acquire among public men the reputation of asking the expenditure of money in reckless investigations of this and that, the time will surely come when Congress will refuse us its aid in the prosecution of some scientific work of genuine merit.

III. That if, as seems to be the case, the majority of the profession in the yellow fever States desires the inves-

tigation of the disease according to the latest methods of Pasteur and Koch, we, though not sanguine as to the result, shall offer no opposition. We insist, however, in the name of common-sense, that the Government should send upon this errand, not a commission, but a single expert bacteriologist, accompanied if necessary by a trained assistant, and that he should be allowed to remain upon the ground until he has arrived at a definite conclusion one way or another. The bacteriologist should, if possible, be chosen from the medical officers now in the service of the Government; 1st, on the ground of economy; 2d, because his *esprit de corps* would act as a powerful incentive to conscientious industry. A commission is likely to accomplish less than a single man for several reasons. Responsibility is divided; there is opportunity for wrangling; it is more liable to sundry distractions. To investigate cholera, Germany sent Koch; France, Pasteur; we, Shakespeare; England, Klein and a co-worker with whom he was in perfect accord. Brouardel was sent by the French Government to look into the claims of Ferran, and the work of all these was accomplished *cito et jucunde*.

\* \* \* \* \*

In the discussion of this subject we have maintained the dispassionate attitude befitting scientific men discussing a matter of public importance pertaining to their profession. We greatly regret that the advocates of the bill have carried the matter into the public prints, for by so doing they have incurred the danger of "vulgarizing and bringing into discredit methods of investigation which give promise of ultimate success."

The evil effects of this method of dealing with such a question may be seen in the tone adopted by the daily press of this city. It has been led by phrases loosely uttered in moments of pique, into the misapprehension that a safe and reliable method of protective vaccination has been discovered and is now in practice in Mexico and Brazil, and that our commission has but to visit these countries, learn the secret, and return in a short time bearing with it

this invaluable boon. In our opinion also, these gentlemen who so pride themselves upon their broad humanitarianism and especially fervid love for this community, by unguarded expressions implying that in the finding of some mode of protective vaccination against yellow fever lies the whole hope of our continued prosperity or even existence, are doing the community they so warmly cherish a serious injury. Should the commission return from its expedition not bearing the water of life of which it went in quest, these gentlemen who are now so gently fanning the breeze of public hope, will assuredly reap the whirlwind of public disappointment, and the enemies of our city will not be slow to hold her up as a self-stigmatized plague-spot, fit only to be abandoned to the abomination of desolation. For our part we believe our Nineveh too securely founded to fear destruction from the microbe at the root of any prophet's gourd.

It is furthermore to be regretted in the interest of our profession, that the parent and chief advocate of the commission bill should have allowed himself in the heat of debate to make against us charges so unreasonable and unfounded, that but for the public position we occupy, we should have passed them by unnoticed. In an interview published in all our daily papers of the 13th inst., this gentleman, after saying that the whole matter was one which in no way concerned us, characterizes the sending of marked copies of our January and February numbers to the members of the Committee on Commerce, as a hidden blow, unmanly and surreptitious, and asserts that as such it has awakened in the minds of the members of the committee, a deep feeling of resentment. In order to make good his point he likens the committee to a special jury. Finally, although declaring himself at a loss to comprehend our animus, he manages to leave the impression that it is not above reproach.

We submit:

1. That it is preposterous to assert that any medical question of great public importance having its fount and

origin in our city of publication, and concerning chiefly the inhabitants of the States in which our journal circulates, does not concern us.

2. That it is equally absurd to speak of an argument in public print as a hidden blow.

3. That the sending of marked articles in papers, journals, etc., to Congressmen is too common a matter to need comment.

4. That the author of these charges was verbally informed as to the contents of the leaders in our January number fully a week before the publication of that number, and his copy of the issue was sent to him many days before a single copy was sent to Washington. Advance sheets of our February editorials were mailed at the same time to this gentleman and to our senior Senator, at least five days before the appearance of the February number and the dispatch of any copies to the Committee on Commerce.

5. That the comparison of a congressional committee to a jury in a court of law, is, to say the least, far fetched, but that, admitting the comparison for the sake of argument, the position of the gentleman while in Washington must have been that of an advocate pleading in the defense, and that we, as the representatives of an opposite view, were fully justified in submitting our brief in writing. The appended charge that the committee was composed of lawyers and other non-medical men, therefore not proper recipients of a medical journal, can scarcely be replied to with gravity. Did the committeemen suddenly suffer a change of profession after listening to the addresses of the advocates of the measure?

6. That the chairman of the sub-committee of the Committee on Commerce having the matter in hand, in a letter dated from the House of Representatives, February 4th, says: "I desire to express to you my high appreciation of the aid rendered by your journal in this matter."

7. That the gentleman in question is not fully convinced of the soundness of the opinions he has expressed, for he

has more than once distributed reprints of articles of his own, published in this JOURNAL, among non-medical men, and during this very month has sent marked copies of newspapers containing his letters, etc., upon this subject to many physicians in the city, while hundreds of his non-medical fellow-citizens might, and doubtless did, read his views upon the subject, by purchasing for five cents the paper containing them.

Finally, we are proud to say that it is too late a day for any man, whoever he may be, to smirch by inuendo the characters of the gentlemen composing our staff. We hold it to be the duty of every citizen of a Republic to have as clearly defined and well-founded opinions upon every subject of public concern as he can possibly attain to; that furthermore, when convinced that from the relation of the question to his particular calling in life, his opinion may be of use to his fellow-citizens, it is his duty to lay that opinion before the proper authorities, so that they may be able to consider both sides of the question and decide upon a course of action productive of the greatest good to the greatest number. These duties press with particular force upon those engaged in journalistic work, and the principles above stated are those which actuate every honourable publication, lay or religious, legal or medical. They are those upon which this journal has been conducted since our first connection with it, and they shall continue to control its utterances and actions until that connection is severed.

“To medical men belong medical matters,” and upon all medical subjects, we pledge ourselves to our subscribers now and forever to speak the naked truth as we believe it, and to use all honourable efforts to make it prevail.

This is our animus.



## EDITORIAL COMMENTS.

## DEATH OF DR. ASHBEL SMITH.

On January 21, at his home in Houston, died Dr. Ashbel Smith, one of the most distinguished and useful citizens of Texas, and an eminent member of our profession.

Dr. Smith was born in Hartford, Conn., graduated at Yale College, and adopting the medical profession, took his degree and emigrated to North Carolina. He remained there, however, but a short time, going over to Paris for purposes of study, and on his return to the United States he settled permanently in Texas, where he was soon appointed Surgeon General of the Republic. After resigning this position he practised for some years in Galveston and published an interesting description of the yellow fever epidemic of 1839, in that city.

President Houston, his life-long friend and admirer, appointed him Minister from Texas to France and Great Britain, and he represented Texas at those courts with marked ability until that State was annexed by our Government.

He was with the United States army in Mexico, was twice appointed on the Board of Visitors—once as president—to West Point, and served several terms in the Legislature of Texas, as a member from Harris county. When the civil war broke out he was prompt to volunteer in the Confederate service, raised a company, and was shortly after made commander of the Second Regiment of Texas Infantry, and he was in command of the port of Galveston at the end of the war.

He was sent to Paris in 1878 as Commissioner to the World's Exposition, and in 1881 was made President of the Texas State Medical Association. At the age of 72 he was re-elected to the Legislature for two years, but after that time he took no active part in public affairs.

Dr. Smith was a man of marked individuality in appearance, manner and personal habits. He was small and very

erect, with a curious precision of bearing and utterance, his language giving the impression that he was reading instead of speaking spontaneously. During the time of his residence in France as Minister, he was known everywhere, not only for his distinguished ability, but by some peculiarities of costume, and he always delighted to remember and repeat the sobriquet there given him of "*L'homme au chapeau blanc*," an allusion to his Texan sombrero.

He was full of interesting anecdotes and original thought, his life having been singularly divided between years of action in crowded scenes and times and long seasons of solitary and profound study. His tastes and habits were singularly simple for a man who had so often lived in the most artificially luxurious and conventional circles, and his charity and kindness were almost boundless, his professional services being constantly given to the poor and friendless.

In January, when he died, he was in his eightieth year, but so full of vigor and life, that his sudden death from an attack of pneumonia, seems almost untimely.

He was a brave soldier, a profound scholar, a distinguished diplomatist; as a good and learned physician we are proud to place him upon our Roll of Honour.

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DEATH OF DR. ALF. C. POST.

Dr. Alfred C. Post, a noted surgeon of New York, died on Sunday, February 7, at the ripe age of eighty. Dr. Post was born in New York, January 13, 1806, graduated in Arts at Columbia College in 1822, and in Medicine in 1827, at the College of Physicians and Surgeons. He spent two years abroad, in England, Ireland, Scotland, Germany and France, prosecuting his studies. After his return, in 1829, he was appointed House Surgeon of New York Hospital, and in 1830 was elected Surgeon to the Eye and Ear Infirmary. In the same year he became Assistant to the Professorship of Surgery in the College of Physicians and Surgeons, and in 1851 the Professor of

Surgery in the Medical Department of the University of the City of New York. This he held till 1875, when he became Emeritus Professor.

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DEATH OF DR. JAMES H. WHITTEMORE.

Dr. James H. Whittemore, of the Massachusetts General Hospital, Boston, died on the 6th of January last, aged forty-six years. His professional life was devoted to hospital work and hospital management. He served the trustees of the McLean Asylum and Massachusetts General Hospital for twenty years—ten years in charge of the asylum and ten more as resident physician of the hospital. For so many years in charge of a service where thousands are annually treated as inmates, and many thousands more come for outdoor relief, Dr. Whittemore became widely known, and no medical man in all New England was more respected and beloved. His service at the Massachusetts General Hospital was eminently successful and satisfactory. He was the genius of this institution, which stands, to-day, as the result of his labors, second to none in the United States. He was especially well suited to the varied duties incumbent upon the manager of a great hospital. Competent and thorough-going as an executive officer, with comprehensive grasp of the interests in his charge, ever ready to receive a suggestion or impart information to others, kind hearted to those who came under his official care, and gentle and genial in his manners to a remarkable degree. Dr. Whittemore was exceedingly courteous and obliging to medical visitors to his hospital. His cordial welcome made many a friend, who will receive the intelligence of his death as we did, with a sense of personal sorrow.

Truly a useful man has passed away. The world is better for his having lived in it, and his death is deeply regretted by his friends; by none more sincerely than those who live in the South.

## ABSTRACTS EXTRACTS AND ANNOTATIONS.

## MEDICINE.

## NUX VOMICA IN PROLAPSUS ANI.

M. Schwartz has employed, during the last ten years, with good result, extract of nux vomica to combat procidentia of the rectum, not only in children, but also in adults, and even in those cases in which, from neglect and want of care, the disease has become chronic. He dissolves one or two grains in a glass of distilled water, and gives seven to ten drops every four hours, and he asserts that the prolapse disappears in twenty-four hours. For children, as a rule, the dose is five drops, and for children one or two years of age, only two or three drops. To prevent relapse the nux vomica should be given for eight days after the cure, two doses being administered daily. If the prolapse be of long standing and do not at first yield to the nux vomica, one drachm of extract of krameria should be added. The nux vomica overcomes the paralysis of the intestine, and the astringent krameria controls the diarrhœa which the relaxation of the intestine provokes.—*El Dictamen*.

## A NEW THEORY OF MALARIA

In the *Gazetta degli Ospedali*, Prof. A. Cantani gives a new theory of malaria. He says that the microbe germinates in the spleen. This organ enlarges, and its nutrition becomes perverted by the presence of the organism. When the capsule of the spleen is very elastic, the enlargement of the organ undergoes no change, hypertrophy takes place, and no febrile attack results. When the capsule possesses its normal degree of elasticity, it is stimulated by the presence of the malarial germs, it contracts and forces the microbes into the blood-stream, thus giving rise to the characteristic febrile paroxysm with its stages of chill, fever, and sweating. During the fever the micro-organisms are destroyed or eliminated, giving rise to a period of repose, during which the germs which remain in the spleen proliferate, again irritate the capsule, which again contracts and produces another paroxysm, followed by a period of repose. When the spleen possesses its normal degree of excitability, the febrile paroxysm is daily, but if it be less sensitive, the paroxysm is not repeated until

the second or third day, which explains the different types of the disease.—*Revista de Ciencias Medicas of Barcelona.*

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## SURGERY.

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### INODOROUS IODOFORM.

From an article on Recent Progress in the Treatment of Chancroid, by Dr. Charles W. Allen, published in the *Journal of Cutaneous and Venereal Diseases*, we abstract the following methods of deodorizing iodoform:—Tincture of musk, one drop to each forty grains, or oil of thyme with a little thymol.

One grain of carbolic acid and two drops of the oil of peppermint rubbed up with one hundred and fifty grains of iodoform.—*Dr. Schenk in the Pharm. Zeitung.*

The addition of the tonka bean fragments to the iodoform bottle.—*Dr. Catillon.*

Cumarin, a derivative of the tonka bean, added in the strength of three grains to the drachm.—*Dr. Andrew, of Staten Island, N. Y.*

Balsam of Peru, to a certain extent, disguises the odor.

Forty or fifty per cent. of well triturated, freshly roasted coffee will deodorize absolutely.—*Dr. Oppler.*

One part of sulphate of quinine and three parts of charcoal to one one hundred parts of iodoform will accomplish the same result.—*Dr. Gillette in the Lancet.*

A few drops of the ethereal oil of sassafras; two drops of the non-etheral oil to the drachm of iodoform, completely substitute the odor of sassafras for that of iodoform.—*Dr. Kreiger, New York Medical Record, January 2, 1886.*

All these methods are advocated. Reader, take your choice. None of them can equal the plain, pure iodoform.

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### REMOVAL OF BLADE OF TOOTH-FORCEPS FROM THE RIGHT BRONCHUS.

The following case was reported to the Odontological Society of Great Britain, by Sir William MacCormac, and published in the *British Medical Journal*.

In an attempt to remove the right upper second bicuspid, the palatine blade snapped off close to the joint and disappeared. "The patient was at once seized with difficulty of breathing and lividity of the face, and it appeared for a time as if she would die of suffocation. It being evident that the fragment had entered the larynx, prompt measures

were taken to favor its expulsion: the patient was inverted, and an emetic given, but without success. The alarming symptoms gradually passed off, and, during the next five or six weeks, the patient suffered only from paroxysmal cough, pain on the right of the sternum opposite the second intercostal space, and dyspnœa on exertion. These symptoms becoming more marked, with bloody expectoration and evident loss of strength, the patient was at last, seven weeks after the accident, sent to London, and admitted into St. Thomas' Hospital. The auscultatory signs pointed to the presence of the foreign body in the right bronchus. Chloroform having been administered, Sir William MacCormac exposed the trachea from the cricoid cartilage almost to the sternal notch, divided the isthmus of the thyroid body, and made an opening an inch and a half long into the windpipe. On passing down a probe, the steel fragment could be distinctly felt in the right bronchus, at a distance of about four inches from the lower end of the wound, and about an inch and a half beyond the bifurcation of the trachea. A polypus-forceps was then introduced, and, after a great deal of difficulty, caused by the wedge-like shape and smooth surface of the fragment, it was at length seized and extracted. It measured an inch in length. The patient had some slight broncho-pneumonia, but made an excellent recovery."

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#### AN UNUSUAL CASE OF GUN-SHOT WOUND OF THE HEART.

From the *Philadelphia Medical News* we get the following points of a case reported at the *stated meeting*, Jan. 6, 1866, of the Baltimore Academy of Medicine, by Dr. J. Edwin Michael. On Christmas night about nine o'clock he was called to see a large, stout, well-built German man, a saloon-keeper, who had received a pistol wound, while endeavoring to quell a disturbance. The ball came from a pistol of the "bull dog" pattern, 38 calibre, shot from a distance of twelve to fourteen feet, in front and a little to the right of patient. The entrance of the ball was quite close to the apex, that is, 3 inches to the left of the median line,  $1\frac{1}{2}$  inches to the right of the left nipple line and  $\frac{3}{4}$  inch below the horizontal nipple line. The condition of shock was extreme; stimulants were given and restored consciousness. Eleven hours after the accident the patient complained of severe general pain; this was relieved by morphia with atropia, hypodermatically. Twenty hours from the time of the accident the patient died.

The autopsy showed that the ball had taken an oblique direction, through the fifth rib, near the cartilaginous junction, through the pericardium, through the left ventricle, ploughing a furrow in the ventricular wall, out through the posterior ventricular wall, thence through the lower lobe of left lung, through the eleventh rib, embedding itself in the soft tissues of the back, about two inches to the left of the spinal column. The direction of the ball being oblique, the openings in the ventricular walls were valvular; this probably prevented more extensive hæmorrhage into the pericardium. There had been considerable hæmorrhage at the time of the wounding.

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#### BORAX IN ECZEMA OF THE SCALP.

Borax is the best application in scaly eczema of the scalp, not only in cleansing the head, but in arresting the desquamation. Michel recommends:

℞ Boracis.....grs. ʒ50  
 Alcoholis.....  
 Aq. rosae.....aa ʒiv M.

Boracic vaseline is an excellent preparation, which is often used at St. Louis.

℞ Bals. peruv.....grs. viii.  
 Acid. boracic. pulv.....ʒiiss  
 Vaseline.....ʒi

—*Observations on Eczema, by Deligny, in the Journal of Cutaneous and Venereal Diseases.*

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## OBSTETRICS, GYNÆCOLOGY AND PÆDI- ATRICS.

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### THE RECTUM IN GYNÆCOLOGY.

The three principal systems which occupy the pelvic cavity in women present a most intimate pathological relation to each other. The rectum, bladder and urethra, ovaries, uterus, and vagina are closely bound one to the other. The connection between displacements of the uterus and disorders of the bladder are well known. Should a woman present disturbances of micturition, inculcate the uterus and the chances are that you will find it the source of the trouble. The gynæcologist, however, is too apt to forget the rectum as a cause of pelvic trouble. A *fistula in ano* may be the cause of a utero-ovarian congestion; and

its cure may put an end to the contiguous trouble. Atony of the rectum and the catarrh brought on by the accumulation of hard fecal matter, sometimes causes retroversion of the uterus and sometimes utero-ovarian congestion. Stricture of the rectum often produces amenorrhœa. Oxyures vermicularis in the anus and rectum produce symptoms of congestion in all the pelvic organs, and cause menorrhagias which disappear with the use of parasiticides.

But though the rectum is often to blame for causing trouble in the neighbouring organs, it can on the other hand be of great use in the treatment of utero-ovarian diseases. After having been the cause of the disease it can become that of its cure. The physician too often forgets to make use of the rectum for therapeutic purposes.

Injections which act by their temperature, high or low, are very efficacious when given by the vagina, but this is not the case if a medicament is added to the injection. The vagina is rebellious to the absorption of medicaments, and it is time lost to attempt to give medicines in this way. On the contrary, the rectum absorbs with avidity and should always be used by preference.

In conclusion; do not overlook the examination of the rectum in disease of the genito-urinary system in women; and do not forget the rectum as a channel for the introduction of whatever medicaments you may need. Cortigenera, in the *Archives de Tocologie*, for November.—*Bulletin Général de Thérapeutique*, for January.

#### TREATMENT OF CHRONIC PARENCHYMATOUS METRITIS BY ELECTROLYTIC ACUPUNCTURE.

Dr. P. Menière in the *Gazette de Gynécologie* for February, recommends strongly the use of electrolytic acupuncture in chronic metritis. While he acknowledges the benefits of ignipuncture in this disease, he asserts that acupuncture has the following advantages:

1st. That it does not necessitate the same precautions as to remaining in bed, and it never gives untoward results, even though there may be periuterine or ovarian complications.

2d. That the depth and thickness of the eschars can be controlled with mathematical precision.

3d. That enormous loss of substance can be brought about, which is the only means of successfully treating chronic parenchymatous metritis.



4th. And finally that, thanks to the intensity of the currents employed, this acupuncture causes, not only at the moment, but for several days after the operation, nutrient changes in the interstitial tissue, which are exceedingly favorable to the return of the parenchyma of the uterus to its normal condition.

His mode of procedure is as follows: A needle is placed in a needle holder and connected with the positive pole; the negative pole is attached to a large metal plate covered with chamois, moistened with saltwater, and placed on the hypogastric region. The needle is buried in the neck of the uterus to the depth of about fifteen or twenty millimeters and the current gradually turned on until the milliamperemeter points to 100 milliampères. This amount is held until a large enough eschar has been formed; it is then gradually returned to zero and the needle extracted. This may be repeated several times at a sitting according to the judgment of the operator.

This procedure can be repeated every eight days, though the sloughs will not have come off then.

This operation does not leave a depressed scar as in acupuncture.

It takes two or three months for the benefits of this operation to show themselves, but the cure is then very satisfactory.

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A SIMPLE, SAFE METHOD FOR THE INTRAUTERINE TREATMENT OF CATARRH OF THE UTERUS.

In the transactions of the German Gynæcological Society as reported by the *American Journal of Obstetrics* for February, we find the report of a paper read by Kugelman, with the above title. "The speaker had convinced himself on his own person that he could rapidly cure coryza by the introduction of iodoform into the nose, and thus prevent a laryngeal catarrh which usually succeeded. This good effect on the nasal mucous membrane induced him to try iodoform also in catarrh of the mucous membrane of the uterus. He injects the agent by filling with iodoform a slightly curved catheter with solid beak, inserting it into the uterus—an easy matter—attaching to the proximal extremity a rubber hand-ball provided with a short piece of tubing, and insufflating the powder by compressing the ball. After this has been done, it is advisable to exert pressure on the uterus from the symphysis, in order to expel whatever air has entered. This painless and safe

manipulation is repeated twice a week. The results obtained by K. were very good. The secretion always diminished or disappeared quite rapidly.”

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## OPHTHALMOLOGY AND OTOTOLOGY.

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### ACUTE ATTACK OF GLAUCOMA AFTER INSTILLATION OF COCAINE.

Professor Manz, of Freiburg, reported at the last meeting of the Ophthalmological Society of Heidelberg, Germany (Sept.),\* the case of a patient who had suffered from prodromal symptoms of glaucoma, in whom the instillation of “*one drop of Cocaine*” was followed by an attack of acute glaucoma. Cocaine, it is well known, usually produces reduction of tension, but certain specimens of the drug also produce in certain persons dilatation of the pupil, and in the light of Hoeltzke’s researches on tension (see abstract in January number), we can understand how this pupillary dilatation may give rise to a secondary increase in tension. However, the case may be one of coincidence merely.

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### EXENTERATION OF THE EYE.

Dr. B. E. Fryer, of Kansas City, Mo., in a paper (*Kansas City Medical Record*, December), discussing this operation expresses himself as being inclined to doubt its superiority to enucleation. He mentions besides Knapp’s case (see this JOURNAL, October number, p. 308), a case in which enucleation had to be performed on account of sympathetic irritation, although *abscision* of the anterior portion of the globe had been done eighteen years ago. It is not stated however, whether the choroid, retina, etc., were removed at the time the abscision was done. This is *the* important point, for such removal of the contents of the globe constitutes the essence of exenteration.

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### FOREIGN BODY IN THE VITREOUS.

Dr. Meierhof reported to the Cincinal Society of Maryland (*Maryland Medical Journal*), a case in which he removed from the vitreous by means of the permanent magnet, a scale of steel weighing about 68 m. g. As soon as the tip of the magnet was introduced into the scleral incision the body was attracted to it and was removed with

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\* Translation of Report in *American Journal of Ophthalmology*, Oct., 1885.

forceps. The eye soon recovered vision 20-xl, or one half the normal; but two months later sight was entirely lost by detachment of the retina—a point to be noted.

The operation was done under cocaine which only relieved pain so far as the conjunctiva was concerned.

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#### CHOROIDITIS FOLLOWING TYPHOID FEVER.

In the *American Journal of Ophthalmology*, October, 1885, Dr. F. C. Holtz narrates the following case.

A robust young farmer had a severe attack of typhoid fever in October. In January the left eye without being red or painful became very dim. Pupil slightly enlarged; Tn.; many floating opacities in the vitreous, and a large, whitish exudation in the periphery of the superior nasal section of the fundus. Early in February the eye became red and painful (iritis). There was now pigment on the anterior lens capsule, still more dilated pupil, and a vitreous so cloudy as to yield only a reddish-gray reflex. Sight reduced to counting fingers at one foot. Under subcutaneous injections of  $\frac{1}{6}$  gr. pilocarpine (five in a week) vitreous cleared up and vision improved. By May 21st vision was normal, but in the superior nasal periphery of the fundus were many small spots of choroidal atrophy.

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#### FRACTURE OF THE MEATUS AUDITORIUS FROM A BLOW ON THE CHIN.

At a meeting of the Eastern Kansas Medical Society, held at Topeka, October 12 (*Kansas City Medical Record*), Dr. Muiney reported the case of an elderly Swede who was struck a severe blow on the chin with a sledgehammer. The jaws were not broken, but for the three succeeding days he had quite profuse hemorrhage from the external ear. On the third day, he could hear a watch at almost five feet, at first could only hear it on contact. Hearing seemed to improve most when he was let alone. Drs. Fryer and Murphy had both examined the case, and had no doubt that there was fracture of the bony portion of the auditory canal produced by the blow upon the chin.

We judge that the patient's head must have been thrown somewhat backwards at the moment the blow was struck, thus directing the force straight back against the articulation. It is to be remembered that the angle of the lower jaw is much more obtuse in elderly persons than in young adults.

## TO PRESERVE SOLUTIONS OF THE ALKALOIDS.

Solutions of atropine rapidly become the seat of the formation of mold, and H. Philipsen has seen slight traumatic ulcers of the cornea converted by the instillations of moldy atropine solution into an apparent *ulcus corneae serpens*. In order to prevent the formation of this mold, Philipsen dissolves the sulphate of atropia in a weak (1-5000) solution of corrosive sublimate, which keeps clear for months. A solution of cocaine becomes cloudy from mold in two weeks; and Philipsen now always dissolves cocaine and eserin in a weak solution (1-5000) of corrosive sublimate, and advises his colleagues to do the same.—*Hospitals-Tidende*.

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 REVIEWS AND BOOK-NOTICES.
 

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*How we Treat Wounds To-day.* A treatise on Antiseptic Surgery which can be understood by beginners. By Robert T. Morris, M. D., late House Surgeon to Bellevue Hospital, New York. New York and London, G. P. Putnam's Sons. [New Orleans, Eyrich, 8vo. pp. 162.] Price \$1.

This book has been written to show beginners how the "antiseptic system" should be applied, and how much better results may be obtained when the *details* are properly carried out. Upon the necessary details the writer especially insists. "The technique and details go to make up the grand whole, and whoever omits a part of them takes the responsibility upon his own shoulders. A chain is no stronger than its weakest link: an antiseptic system is no stronger than its weakest detail." We have not space to describe the method pursued by Dr. Morris: suffice it to say that it consists in rendering the wound, hands, instruments, etc., antiseptic with solutions of corrosive sublimate, and in so dressing the wound that the ingress of damage-doing germs will be prevented at the same time that secretions may find exit from the wound. "Where," he asks, "would McEwen's and Shede's osteotomies stand to-day were it not for antiseptic surgery? Who would conscientiously do Volkmann's operation for hydrocele, or Miculicz's tarsus exsection, or Petersen's cystotomy, if not assured that septic infection could be

prevented? Could Bruns have reported in the announcement, for 1884, of the Tübingen clinic, twenty successive excisions of the knee-joint, with primary union under one dressing in nineteen of them, if he had depended upon any method of cleanliness without antiseptics? What do the uninformed think of Esmarch's statement before the Twelfth German Medical Congress, that out of sixty-three successive major operations at his clinic in Halle, fifty-eight healed by primary union under one dressing?"

Many arguing from the results of Tait and Keith, insist that absolute cleanliness is the only necessary desideratum. Dr. Morris remarks: "Scientific antiseptics is, after all, only an exalted degree of cleanliness, but this exalted degree of cleanliness can be reached through scientific antiseptics alone." This is, we think, a fair statement of the case. Is it too much to say that Tait's remarkable results might have been even better had he followed the antiseptic system? We are advocates of antiseptics, and after reading this book we believe that a strict adherence to details would give us more satisfactory results than has been the rule with us. But we do think Dr. Morris is going too far, when he says that under the antiseptic system a compound fracture may be treated with almost the same certainty of a good result, as in the case of a simple one.

The book is written in a positive, dogmatic way, which inevitably forces the beginner to the conclusion that where the details of Dr. Morris are carried out, a good result will be certain. The first unsuccessful case, then, he meets with (and the best surgeon has such cases) will discourage him, and unless he is a man of mettle he may give up the "system."

Notwithstanding the staccato style, the book is readable and the description of the system clear and explicit.

F. W. P.

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*Milk Analysis and Infant Feeding.* By Arthur V. Meigs, M. D., Physician to the Pennsylvania Hospital and to the Children's Hospital, etc. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut street, 1885. [New Orleans: Armand Hawkins.] Price, \$1.00.

This is an excellent little monograph, mostly a reprint from papers we have had the pleasure of reading before. Dr. Meig's claims to have been able at last to give to the profession a correct analysis of the human milk, and gives

a simple and apparently very good formula for making artificial milk when necessary.

Dr. Meigs deserves a great deal of praise for his researches in this field.

G. B. L.

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*The Management of Labor and of the Lying-in Period.*  
A Guide for the Young Practitioner. By Henry G. Landis, A. M., M. D., Professor of Obstetrics and Diseases of Women in the Starling Medical College, etc., etc. Philadelphia: Lea Brothers & Co., 1885. [New Orleans: Armand Hawkins.] Price, \$1.75.

This is a book we can heartily recommend. The author goes much more practically into the details of the management of labor than most text books, and is so readable throughout as to tempt anyone who should happen to commence the book, to read it through.

The author pre-supposes a theoretical knowledge of obstetrics, and has consistently excluded from this little work everything that is not of practical use in the lying-in room. We think that if it is as widely read as it deserves, it will do much to improve obstetric practice in general.

G. B. L.

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*Manual of Diseases of Women.* Being a concise and systematic exposition of the Theory and Practice of Gynæcology. For the use of Practitioners and Students. By Charles H. May, M. D., late House Physician Mt. Sinai Hospital, New York; Assistant to the chair of Ophthalmology, New York; Clinical Assistant to the Department of Ophthalmology in the Manhattan Eye and Ear Hospital, New York. Philadelphia: Lea Brothers & Co. 1885. [New Orleans: Armand Hawkins.] Price \$1.00.

To attempt a condensation in a branch of medicine in which there is room for such diversity of opinion, is a considerable undertaking, and this little book gives evidence of this temerity. Necessarily, the author choosing his treatment and pathology, cannot allow himself space for his reasons for doing so. We must, therefore, not knowing him by reputation, fall back upon his titles to judge of his authority, and we find these not very reassuring, as they show him to be a specialist in the eye. As we expected, we found several passages to which decided objection could be taken. For example, it is stated that the membrane of the vagina contains numerous muciparous glands, merely

mentioning in parenthesis that this was disputed by some authors. Again, in speaking of granular vaginitis, the author speaks of it "as a rare disease, usually found in pregnancy, the pathology of which consists of hypertrophy of the mucous follicles of the vagina. The existence of these glands being disputed, the occurrence of this form of vaginitis is denied by many." This would lead one to infer that there was a great preponderance of opinion in favor of the existence of muciparous glands, and that granular vaginitis was only recognized by such as held this opinion, whereas, we think the preponderance is the other way, and know that the rough feel to the touch in granular vaginitis is explained as being caused by the congestion of the papillæ of the mucous membrane.

As a whole, however, it is a pretty good compendium of the different works on gynæcology, and for the purpose of refreshing the minds of students and practitioners it may be found useful, but it will not do as a substitute for larger works, even in elementary attempts in the practice of that branch.

G. B. L.

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*Fownes' Manual of Chemistry, Theoretical and Practical.*

A New Edition from the Twelfth English Edition, embodying Watts' "Physical and Inorganic Chemistry," with one hundred and sixty-eight illustrations.

Philadelphia: Lea Brothers & Co., 1885. [New Orleans: Armand Hawkins, 196½ Canal street.]

This valuable and popular work is known to many generations of students. Of all works on chemistry intended for the use of medical students, Fownes' Chemistry is perhaps the most widely used. Its popularity is based upon its excellence. This last edition contains all of the material found in the previous edition, and it is also enriched by the addition of Watts' "Physical and Inorganic Chemistry." All of the matter is brought to the present standpoint of chemical knowledge. We may safely predict for this work a continuance of the fame and favor it enjoys among medical students.

A. McS.

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*Aids to Surgery.* By George Brown, late Demonstrator of Anatomy at Westminster Hospital Medical School, etc. New York and London: G. P. Putnam's Sons, 1885. Paper, pp. 72. Price 25 cents. [Armand Hawkins, New Orleans.]

This little book consists of very brief descriptions of

forty-seven surgical conditions, arranged alphabetically, from ABSCESS to HÆMATURIA. The consideration of each condition embraces, as a rule, the definition, varieties, causes, symptoms and treatment, and is as full and comprehensive as the subject in view demanded. This object seems to have been to furnish the student a brief review of surgery, more for enabling him to *pass an examination* than for instilling anything like an adequate for-every-day-use knowledge. It can be said for the book that its style is good and its statements correct, but we must in justice condemn such books as tending to lead off the student from that patient and earnest study and observation which alone can make the practical surgeon.

F. W. P.

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*Post-Mortem Examinations with Especial Reference to Medico-Legal Practice.* By Prof. Rudolph Virchow, of the Berlin Charity Hospital. Translated by T. P. Smith, M. D., M. R. C. S., England. From the Fourth German Edition. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street, 1885. [New Orleans: Armand Hawkins] Price, \$1.00.

The authorship of this book is certainly a guarantee for its value. Only a slight acquaintance with the desultory manner in which post-mortems are held in this country, is needed to convince one of the necessity of a work of this kind. The old saying "that what is worth doing at all is worth doing well," was never better illustrated than by the contents of this little volume.

G. B. L.

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*A Manual of Operative Surgery.* By Lewis A. Stimson, Prof. of Clinical Surgery in the Medical Faculty of the University of the City of New York. Second Edition. Philadelphia: Lea Bros. & Co., 1885. Pages 506. Price, \$2.50. [Armand Hawkins, 196½ Canal street, New Orleans.]

This book ought to prove invaluable to students taking an operative course on the cadaver and would, doubtless, be of great assistance even to surgeons in general practice. We have met with no book on operative surgery that has pleased us more. It contains all the operations that are frequently performed and many of the rarer ones, that only surgeons of experience like to attempt. Considerable space is devoted to plastic operations, to operations upon the eye and its appendages, to operations upon the abdominal wall, stomach and intestines, to amputations



and to excisions of joints and bones. The surgery of the genito-urinary organs is carefully considered. In the surgery of the female, the approved operations upon the vagina and cervix receive special attention. Dr. Emmet's operation for relief of posterior vaginal prolapse is clearly described and illustrated.

The description of operations is assisted where necessary, by well executed illustrations, three hundred and forty-two being found in the book.

We commend the book to those desiring a sufficiently complete and thoroughly trustworthy guide in surgical operations.

F. W. P.

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*Essentials of Vaccination*; a compilation of facts relating to vaccine inoculation and its influence in the prevention of small-pox. By W. A. Hardaway, M. D., Professor of Diseases of the Skin in the Post-Graduate Faculty of the Missouri Medical College, etc. St. Louis: J. H. Chambers & Co., 1886. Pp. 146.

This, the author says, is not intended as a comprehensive treatise on vaccination, but as a compilation of the more essential facts relating to this important subject. The work is in ten chapters. History of Vaccination; Variola in Animals; Nature of Vaccinia; Vaccinia in the Human Subject; Abnormal Modifications and Complications of Vaccinia; Revaccination; Merits of different kinds of Vaccine Virus; Methods of obtaining and storing; The Operation; Examination of the Objections to Vaccination.

The style is easy, the type large and clear, and the description free from tediousness.

F. W. P.

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*A Text-book of Pharmacology, Therapeutics and Materia Medica.* By T. Lauder Brunton, M. D., D. Sc., F. R. S., Fellow of the Royal College of Physicians, Assistant Physician and Lecturer on Materia Medica at St. Bartholomew's Hospital, Examiner in Materia Medica in the University of London, &c., &c. Philadelphia: Lea Brothers & Co., pp. 1035. Price, cloth, \$5.00, calf \$6.00.

This is certainly the most complete and exhaustive treatise ever published on this subject and comes up fully to the high standard of excellence, which was to be expected in any work from Brunton. It is divided into six sections: in the first is considered the relation between the organism and substances affecting it, the circumstances which affect

the action of drugs on the organism, the action of drugs on the different tissues, organs and functions of the body and the methods of administering drugs; the second section is devoted to a description of the pharmaceutical preparations used, or general pharmacy; in the third, inorganic materia medica is treated of, and in the fourth, fifth and sixth, organic vegetable and animal materia medica. The whole work is replete with interesting original experiments and observations which render it very attractive to the physician. We repeat it, no work on this subject is as complete and scientific.

P. E. A.

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*A Treatise on Nervous Diseases; their symptoms and treatment.* A text-book for students and practitioners, by Samuel G. Webber, M. D., Clinical Instructor in Nervous Diseases, Harvard Medical College; Visiting Physician for Diseases of the Nervous System at the Boston City Hospital, etc., etc. New York: D. Appleton & Co.. [Pp. 415. Price \$3.00.]

This book, as the author claims in the introduction, is intended for students and busy practitioners, and is not written for the use of specialists. As such it is quite a success. It gives concise and clear definitions of all diseases of the brain, spinal cord, of the peripheral and sympathetic nerves and all other unclassified nervous diseases. The chapter describing the methods of testing sensation, motion, the reflexes and various other nervous symptoms is, perhaps, the most valuable portion of the work. However lacking in details this book may appear, we think that as a text-book for students and general practitioners it is equal to any, and we therefore cordially recommended it.

P. E. A.

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*Die alte und die Neue Medizin*, von Dr. Mariano Semmola. Uebersetzt von Prof. Vincenz Meyer. Napoli; R. Stab, 1885.

This work, of nearly 200 pages, is a German translation of a work by one of the foremost clinicians of Italy. It consists of a series of seven lectures delivered at the University of Naples, and from the first page to the last there breathes a spirit of defiance and revolt against the extreme pathological teachings of Germany. He does not try to belittle the aid rendered to medical science by the various laboratory investigations, but he does most vigorously insist that medical men must not disregard the facts that are

the fruit of centuries upon centuries of sound clinical observation. Nowadays any German medical work that is translated into Italian immediately gains acceptance, merely because it is a German work. Although Germany is probably at the head of medical science, still Semmola does not think that all sorts of German matter should be regarded with reverence solely on account of its source; and before translating a German work, Semmola demands that its author should at least be a prophet in his own country. He sees that laboratory teaching is usurping too much of the territory of sound, sensible bed-side teaching, and it is with a view to maintain the importance of clinical instruction that these lectures were delivered.

A. McS.

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*A Guide to the Practical Examination of Urine*, for the use of Physicians and Students. By James Tyson, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc. Fifth Edition. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street: 1886. [New Orleans, Armand Hawkins. Price \$1.50.]

This is a well known and truly excellent guide, and we think a new edition on such a subject always welcome, as this branch of medicine is making such constant and rapid progress. Among the additions we may mention a new test for bile discovered by Dr. Oliver, which consists in utilizing the fact that a slightly acidified proteid solution forms a precipitate on the addition of bile. For the test this process is reversed, and so perfected, that we not only can determine qualitatively, but also quantitatively, the amount of bile in the urine. No one who has had any experience with the old tests for bile will question the great advance this has made in urinary pathology. We also find all the late delicate tests for albumen, and altogether the book is brought well up to date.

G. B. L.

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*A System of Obstetric Medicine and Surgery, Theoretical and Clinical*; for the Student and Practitioner. By Robert Barnes, M. D., Obstetric Physician to St. George's Hospital, etc., etc., and Phancourt Barnes, M. D., Physician to the Royal Maternity Charity and to the British Lying-in-Hospital, etc., etc. Philadelphia: Lea Bros. & Co.; 1885. [New Orleans: Armand Hawkins.] Price, Cloth, \$5.00.

The profession will indeed welcome a system on obstet-

rics by so eminent a teacher as Dr. Barnes. His name has long been classed among the great lights in this branch of medicine, and in giving us this work he has fulfilled the promise which that position implied.

The book contains about 875 closely printed pages and is too large to take the place of Playfair as a text-book, but we are sure no practitioner can feel that he can dispense with it in his library. One of the features of this work is the entrusting of the chapters on embryology to Prof. Milnes Marshall. An active practitioner has not the time to devote to researches which would make him an authority in such a field, and we think Dr. Barnes has shown his good sense in entrusting this subject to Prof. Marshall. For the whole work we have nothing but praise.

G. B. L.

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*A Practical Treatise of the Diseases of Children.* By Alfred Vogel, M. D., Professor of Clinical Medicine in the University of Dorpat, Russia. Translated and Edited by H. Raphael, M. D., formerly House Surgeon to Bellevue Hospital, etc., etc. Third American Edition from Eighth German Edition, Revised and Enlarged. New York: D. Appleton & Co., 1, 3 and 5 Bond Street; 1885. [New Orleans: Armand Hawkins.] Price, \$4.00.

This well-known book of Prof. Vogel's has very deservedly reached its third edition with us. There is a peculiar charm in German clinical literature which makes a translation always welcome; this results from their very accurate observations on the pathology of disease. As to treatment we have as a rule derived more benefit from English and American authors, though this may be due to our greater familiarity with their methods. The present work is a standard one in that language and has well earned its reputation. The translation is very good.

G. B. L.

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## PUBLICATIONS RECEIVED.

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*Introductory Lecture on Tumors* — Delivered at the College of Physicians and Surgeons, Chicago. By N. Senn, M. D. Reprinted from the *Philadelphia Medical Times* for December 12, 1885.

*Practical Notes on the Treatment of Skin Diseases.* I. *Diseases of the Perspiratory and Sebaceous Glands.* By George H. Rohé, M. D. Baltimore, Thomas & Evans, 1885.

*Prevention of Yellow Fever*—Commercial Relations with Brazil, as Affected by Quarantine Regulations—Brazil and New Orleans. By Jos. Holt, M. D. Reprints.

*The Sanitary Protection of New Orleans, Municipal and Maritime.* By Jos. Holt, M. D., President of the Board of Health of the State of Louisiana. Reprinted from *the Sanitarian*, January, 1886.

*Surgical Treatment of Infants.* By De Forest Willard, M. D. Reprint from *Medical and Surgical Reporter*, of July 25th and August 1st, 1885.

*Joint Diseases; Treatment by Rest and Fixation.* By De F. Willard, M. D. Reprint from the *New York Medical Journal*, for Dec. 5th, 1885.

*Comptes-Rendus de l'Athénée Louisianais*, Paraissant tous les deux mois. Pour l'Abonnement s'adresser au Secrétaire, P. O. Box 3246. Prix de l'Abonnement, \$1.50 par an, payables d'avance. Le numéro, 25 cents, chez M. H. Ballard, coin Chartres et Bienville.

*Mineral Waters*, by A. C. Peale. Abstract from "Mineral Resources of the U. S. Calendar Years 1883 and 1884. Albert Williams, Jr., Chief of Mining Statistics. Government Printing Office.

*Transactions of the American Ophthalmological Society.* Twenty-first Annual Meeting.

*Transactions of the American Dermatological Association.* Ninth Annual Meeting. W. T. Alexander, M. D., Secretary, New York.

*Diphtheria and its Management*—Are Membraneous Croup and Diphtheria Distinct Diseases. By Jos. E. Winters, M. D. Reprinted from *The Medical Record*, December 5, 1885.

*Temperance School Books.* By Henry Leffman, M. D. Reprinted from *The Polyclinic*, October 15, 1885.

*La Philosophie Contemporaine en Italie, Essai de Philosophie Hégélienne.* Par Raphael Mariano. Paris: Germer Baillière, Rue de l'École-de-Médecine, 17. Through the courtesy of the Editor of *Gazzetta Medica di Torino*.

*Report of the Committee on Disinfectants of the American Public Health Association.* Baltimore, 1885.

*A New Electric Light for the Diagnosis and Treatment of Diseases of the Nose and Throat, with a Practical Demonstration:* By Wm. Chapman Jarvis, M. D. Syracuse, N. Y.: Smith & Bruce, Printers, 1885.

*The Climatic Treatment of Disease; Western North Carolina as a Health Resort:* By Henry O. Marcy, A. M., M. D., of Boston. Reprinted from the *Journal of the American Medical Association*, Dec. 26, 1885.

*Hydronephthol; a New Anæsthetic:* By Geo. R. Fowler, M. D. Reprinted from the *N. Y. Medical Journal* for October 3, 10, 24 and December 5, 1885.

*Essentials of the Physical Diagnosis of Thoracic Diseases:* By E. Darwin Hudson, Jr., A. M., M. D. New York: Styles & Cash, 77 Eighth Avenue, N. Y., 1885.

*Seventh Annual Report of the State Board of Health of Illinois, with an Appendix.* Springfield, 1885.

*Clinical Notes on the Local Treatment of Disease:* By Chas. L. Mitchell, M. D., Ninth and Race streets, Philadelphia.

*Puerperal Pyrexia:* By Geo. P. Andrews, M. D., Detroit, Mich.

*Le Socialisme a Notre Epoque:* Par D. Goubareff, Beaulieu-Sur-Mer, 1886.

*Treatment of Vomiting with Large Doses of Oxalate of Cerium:* By W. R. Chittick, M. D., Detroit, Mich.

*Seventh Annual Report of the Board of Health of the Taxing District of Shelby County (City of Memphis), for the year 1885.* By G. B. Thornton, M. D., President Memphis, 1886.

## PERSONAL.

We learn from the Louisville *Medical Herald*, that DR. O. D. TODD, of Eminence, Ky., has been made Professor of Physiology in the Eminence Female College.

DR. W. M. RICHARDSON, of Jeannerette, has removed to Boardman, Fla., where he has an orange grove.

DR. R. B. WATKINS, Assistant Surgeon Marine Hospital Service, was ordered from New Orleans, February 3d, for duty in Detroit, Michigan.

DR. W. J. PETTUS, appointed Assistant Surgeon February 5th, 1886, has been assigned to duty in New Orleans, to take the place made vacant by the transfer of Dr. Watkins.

DR. H. E. BROWN, Major and Surgeon United States Army, has been granted six months leave of absence on Surgeon's certificate of disability, with permission to leave the Department of the Missouri.

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## MARRIAGES.

DR. COOK, Health Physician of Galveston, Texas, was married to Mrs. Carrie Evans, of the same city, January 19th, 1886.

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## Deaths.

On Friday, January 29th, 1886, after an illness of four days duration, DR. CHAS. C. TURPIN died at his residence in this city. On the Monday preceding his death Dr. Turpin had read before the Orleans Parish Medical Association a very able and interesting article on the treatment of diphtheritic angina. This article, which we have the pleasure of publishing in our present issue, we strongly recommend to our readers.

Dr. Turpin was born in New Orleans in 1816. At 17 years of age he went to Paris, where he completed his literary education and studied medicine under the great masters of the day. Returning to this city in 1842, he began the practice of his chosen profession, and so great

was his skill as a physician, that he soon rose to great eminence, and acquired a very large clientele among the best class of our population.

As a scholar, and in attainments in French literature Dr. Turpin had no superior in this city. He was the best conversationalist in his mother tongue we have ever listened to, knowing how to make his subject, however modest, interesting, and adapting himself always to the intelligence of his auditors. Modest and retiring, he always shrank from notoriety, and occupied no public office, except once when he acted for a short time as member of the Board of Health. To his clients he was not only a physician, but a true friend and adviser. In the family circle he displayed that tenderness and sympathy which springs from a generous and loving heart. In his death all who knew him have experienced a loss which it is impossible to express.

DR. D. A. STEVENS, died of pneumonia at his home in Fort Worth, Texas, on January 18, 1886. The doctor was a native of Bedford Co., Va., and graduated from Vanderbilt University in 1883.

DR. THOS. F. ANDREWS, died in Baltimore, Md., January 21st, 1886, in the 89th year of his age.

DR. HENRY W. FAISON, died at his home at Faison, Duplin Co., North Carolina, December 23, 1885, at the age of 62. The *North Carolina Medical Journal* says of him: Dr. Faison was probably one of the oldest members of the profession in the State. He was certainly one of the oldest members of the State Society. . . . . Professionally Dr. Faison was the master-mind in his community in his day, and for years to come it will bear the impress of his individuality.

DR. ANTHONY P. PELZER, a highly esteemed physician of Charleston, S. C., died at his home in that city during the past month, at the age of 67 years.

DR. G. W. CURREY, of Nashville, Tenn., died suddenly at his home in that city, January 25th, 1886, in the 63d year of his age.

ST. CYR FOURCADE, aged 46 years, a native of Rabastens, Haute Pyrenees, France, and a resident of New Orleans for the past 25 years, died suddenly on February 16, 1886.

For fourteen years Mr. Fourcade has carried on a successful business as a retail druggist at the corner of Ram-

part and Canal streets. He was known to nearly every member of the profession in our city and had their well merited confidence and respect.

PROF. JOSEPH A. EVE, of Georgia, is dead. He began his medical career in Augusta, in 1828, and was one of the founders of the Medical College of Georgia. His name appeared in the roll of the faculty for more than fifty years. During all these years he was well known and honored by the Georgia profession, and was among the most distinguished of the ex-presiding officers of the Medical Association of Georgia.

Posthumous papers on the results of his studies in the departments of obstetrics and gynæcology will appear shortly, and surely will be received with due appreciation by his former pupils and friends now scattered thickly over the South and Southwest.

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## MEDICAL NEWS AND MISCELLANY.

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THE DEATH OF DR. JULES GUERIN, the dean of medical journalism in France and the founder of the *Gazette Médicale de Paris*, has just been announced. Born in 1801, he was graduated in medicine in 1827 after six years of study under Chaussien, Boyet and Roux. In 1837 he was a successful competitor for the *grand prix* in surgery, and it is stated that the thesis then presented on the deformities of the osseous system would, with the additions he has since made, fill some sixteen folio volumes of text, besides one hundred tables and four hundred plates. It is hoped that some means will be found for insuring the publication of this most valuable monument of industry.—*Medical News*.

A LAYMAN'S VIEW OF INOCULATION.—If the medical commission appointed by Congress discovers that yellow fever can really be prevented by inoculation, then the people of this country may confidently expect to have all the ills which afflict the flesh prevented or cured in a similar manner. A man will be inoculated against consumption, whooping-cough, measles, chills, dysentery, heart disease, malaria, mumps and other ailments until his system is transformed into a menagerie of wild and roving microbes.



The chances are his blood will become very rich, but the question which agitates the mind is this: Will the many different germs dwell like brethren in unity and peace, or will they form themselves in clans and engage in internecine war? It is to be hoped, for the sake of the individual who honors them with a permanent abode in his system, that the microbes will live together like a happy family; that the fierce malaria will lie down with the mumps and the deadly consumption share its hospitality with the unpretentious whooping-cough, and in this way make the interior of a man a beautiful millenium. But should the germ disagree!

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It is more than probable that a man before he will allow ten or fifteen different tribes of microbes to be introduced in his system will require all of them to be placed under a heavy bond to keep the peace as long as he lives.—*New Orleans Daily States*.

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DR. SUSANNA RUBINSTEIN has received at Leipsic the highest diploma in philosophy it is in the power of the University to bestow.

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PHYSICIAN AND POET.—The Russian profession has lately lost one of its most remarkable members. Dr. Dimitry Egorovich Min, late Professor of Forensic Medicine, and Prosector at the Moscow University. He died on November 1st, at the age of sixty-seven, after a long illness. Born at Riatan, he was educated in the Commercial Academy in Moscow, and then entered as a student in the Medical Faculty of the Moscow University. Having most successfully completed his curriculum, he received the appointment of house physician to the Ekaterinensky Hospital. In 1856, he was appointed Lecturer on Hygiene, and, two years later, Professor of Forensic Medicine; the latter office being held by him up to his retirement on account of impaired health, in 1878. Dr. Min created the Medico-Forensic Museum in Moscow, and educated the first experts for reformed law courts. He constantly showed what immense good may be diffused by an honest, devoted, unselfish medical man, in his difficult struggle with egotism, greediness, and corruption, embodied in factories, mills, official and private schools, and all other Augean stables of the period, which he visited for the sake of inspecting and cleansing. Full as his life was of labour,

he found time for translating Rokitansky's *Handbook* and for editing a medical journal (conjointly with Professor Folunin). He was a poet, and one of high stamp. Familiar with English, German, French, and Italian, as with Russian, Greek, and Latin, he presented Russian literature with excellent translations (in verse and with learned commentaries) of Shakespeare's *King John*, Byron's *Don Juan* and *Siege of Corinth*, Schiller's *Song of the Bell*, Torquato Tasso's *Liberated Jerusalem*, Dante's *Divine Comedy* (all three parts,) etc. He remained true to poetry up to his very last day. Lying prostrate and speaking with difficulty he asked for the *Divine Comedy*, and, with trembling hands, turned over the leaves to add a new commentary or to further improve the translation. *Brit. Med. Journ.*

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WE note with pleasure the marked improvement in the *Kansas City Medical Index*. It comes to us now in a handsome cover, with the Index Résumé on the outside page, and altogether gotten up in excellent journalistic style, both as regards the printer's material and its medical matter. The *Index* is always welcome among our exchanges.

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OUR young and sprightly contemporary, the *Florida Medical and Surgical Journal* copies in its last issue (February) three of our abstracts, Sassafras Oil, On Certain Electrical Reactions, and How to Stop Nasal Hæmorrhage, without duly accrediting them. This is a mere oversight, we are sure, for another of our abstracts, A New Method of Treating Fracture of the Patella, is properly credited; nevertheless, it is disagreeable, for these abstracts are carefully prepared and we would like to have them acknowledged.

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THE DOCTOR AHEAD,—“If I were so unlucky,” said an officer, “as to have a stupid son, I would certainly make him a doctor.” “Well,” said a doctor, who was in the company, “you think differently, sir, from your father.—*Medical Record.*”

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THE best thing yet discovered for sea-sickness is port.—*Medical Age.*

## MORTUARY REPORT OF NEW ORLEANS

FOR JANUARY, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total
Fever, Yellow.....							
“ Malarial.....	4	2	3	3	5	1	6
“ Congestive.....	3		3		1	2	3
“ Continued.....							
“ Intermittent.....	1		1			1	1
“ Remittent.....	2		2		2		2
“ Catarrhal.....							
“ Typhoid.....	3	2	3	2	4	1	5
“ Puerperal.....		1		1	1		1
Fever Typho Malarial.....							
Fever Enteric.....							
Scarlatina.....	3			3		3	3
Small-pox.....							
Measles.....							
Diphtheria.....	15	1	5	11	3	13	16
Whooping Cough.....	1		1			1	1
Meningitis.....	4	1	2	3	2	3	5
Pneumonia.....	28	24	30	22	33	19	52
Bronchitis.....	10	4	5	9	7	7	14
Consumption.....	54	30	45	39	84		84
Congestion of Brain.....	9	4	7	6	8	5	13
Diarrhœa.....	7	5	7	5	11	1	12
Cholera Infantum.....	1	3	3	1			4
Dysentery.....	2	2	4		4		4
Debility, General.....	4	2	2	4	6		6
“ Senile.....	15	22	17	20	37		37
“ Infantile.....	8	5	7	6			13
All other Causes.....	184	79	153	110	178	85	263
TOTAL,	358	187	300	245	386	159	545

Still Born Children—White, 19; Colored 17; Total 36.  
 Population of City.—White, 173,500  
 “ “ Colored, 64,500

Total, 238,000

Death rate per 1000 per annum for month.—White, 24.76.  
 “ “ “ “ “ “ Colored, 34.79.  
 “ “ “ “ “ Total, 27.47

W. H. WATKINS, M. D.,

Sanitary Inspector.

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—JANUARY.

STATION—NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Temp't'e.	Daily Max. Temp't'e	Daily Min. Temp't'e.	Daily Rain fall, inches.	GENERAL ITEMS.
1	29.961	61.3	68.9	52.9	....	Highest Barometer, 30.467. 12th.
2	29.800	68.6	71.9	63.0	.05	Lowest Barometer, 29.671. 7th.
3	29.791	55.4	70.3	41.7	1.49	Monthly Range of Barometer, 0.896
4	29.991	44.4	54.0	36.4	....	Highest Temperature, 71.9. 2d.
5	30.102	43.2	48.8	38.0	....	Lowest Temperature, 15.3. 9th.
6	30.053	44.0	47.6	32.4	....	Greatest daily range of Temp't'e, 35.8.
7	29.784	56.1	67.4	44.9	....	Least daily range of Temperature, 6.5.
8	30.030	26.2	54.8	19.0	.41	Mean daily range of Temperature, 14.3.
9	30.415	22.4	29.4	15.3	....	Mean Daily Dew-point, 39.0.
10	30.421	27.5	33.9	21.6	....	Mean Daily Relative Humidity, 79.8.
11	30.485	24.5	30.0	19.7	....	Prevailing Direction of Wind, N. W.
12	30.497	26.3	31.3	21.9	....	Total Movement of Wind, 6,205 miles.
13	30.393	35.3	40.9	26.1	....	Highest Velocity of wind and direction, 31—E.
14	30.179	42.8	52.3	35.0	.79	No. of Foggy Days, 3.
15	29.940	55.4	60.8	48.9	3.68	No. of clear days, 7.
16	30.113	45.4	49.6	40.9	....	No. of fair days, 17.
17	30.086	43.5	47.0	40.0	....	No. of cloudy days, 7.
18	29.935	49.0	53.7	42.3	.35	No of days on which rain fell, 8.
19	30.151	52.2	56.2	46.7	.02	Date of solar halos, 0.
20	30.146	55.8	62.6	48.8	.03	Dates of lunar halos, 0.
21	30.088	59.4	65.7	55.9	....	Dates of frosts, 29, 4, 6, 8, 9, 10, 11, 12, 13,
22	30.019	55.2	59.9	50.9	.38	COMPARATIVE MEAN TEMPERATURE.
23	29.958	54.7	61.7	49.2	.33	1873..... 49.5   1880..... 63.2
24	29.981	40.0	49.7	35.4	....	1874..... 56.0   1881..... 58.4
25	29.976	42.6	44.9	38.4	....	1875..... 54.2   1882..... 62.4
26	29.954	47.9	54.0	39.0	....	1876..... 60.3   1883..... 56.8
27	29.876	48.2	59.0	41.7	....	1877..... 53.7   1884..... 47.1
28	29.945	43.6	51.0	38.7	....	1878..... 51.0   1885..... 52.0
29	29.993	43.1	49.3	36.0	....	1879..... 53.1   1886..... 45.5
30	29.947	43.9	53.2	36.0	....	COMPARATIVE PRECIPITATIONS.
31	29.912	54.4	63.4	43.0	....	(Inches and Hundredths.)
Sums	.....	.....	.....	.....	4.38	1873..... 5.06   1880..... 1.02
Means	30.062	45.5	56.6	45.0	.....	1874..... 1.68   1881..... 1.13
						1875..... 8.44   1882..... 4.54
						1876..... 4.42   1883..... 10.63
						1877..... 5.39   1884..... 4.35
						1878..... 5.36   1885..... 9.70
						1879..... 2.34   1885..... 7.53

M. HERMAN, *Sergeant, Signal Corps, U. S. A.*

# NEW ORLEANS

# MEDICAL AND SURGICAL JOURNAL.

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APRIL, 1886.

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ORIGINAL LECTURE.

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

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## Vesical Tuberculosis.

A Clinical Lecture delivered at Hospital Necker, by Prof. GUYON, Professor of Diseases of Genito-Urinary Organs in the Faculté de Médecine.

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I am about to perform, in your presence, a hypogastric cystotomy on a patient who has no vesical calculus, but who is affected with tubercle of the bladder. The interest of the case lies not only in the nature of the lesion, but in the conditions which force us to interfere. These conditions are excessive pain experienced for a long time without relief from any therapeutic measures. The propriety of my decision may be looked at from two standpoints. It must first be determined whether the tuberculous nature of the lesion allows the patient to undergo any surgical procedure, and this point being conceded in the affirmative, we must determine what operation can be performed with any benefit.

As to the first question, it may be asked whether any surgical traumatism may not prove an exciting agent, and, therefore, harmful to the patient's diathesis. This objection first brought by Prof. Verneuil, has its weight, since

there are numerous examples of tuberculous patients whose general condition suddenly grew worse from surgical intervention. Such fears are not, however, to be entertained in our present case. The tuberculosis of this patient is entirely localized, and it is well known that far from being detrimental to such individuals, surgical intervention has not only proved a great relief, but has often been followed by complete cure. Besides, experience has demonstrated that generalization of the affection after operating, only took place when it was imminent at the moment of the operation, that is, when febrile symptoms were already present. These have always been wanting in our case.

We must next determine whether the painful condition of a tuberculous patient justifies an operation. This is still a very vexed question, and the hesitation is to be accounted for by a number of cases being published, in which the diagnosis of tuberculosis had not been made in a legitimate way, and very often under the name of *painful cystitis*, cases of cystitis were reckoned that were tuberculous, and others that were not.

The first thing to be done, therefore, in presence of such a case as ours, is to establish a positive diagnosis, and this is what I will attempt to do, as I recall with you the previous history of our patient.

He is a young man, twenty-four years old, without pathological antecedents or history of gonorrhœa. I might also add that at the time he felt the first symptoms of his affection, he had never yet had sexual intercourse, thus excluding entirely any local infection through contagion. He felt the first pain whilst a soldier, which proves that up to that time he enjoyed sound health. He first experienced a frequent desire to urinate. He entered the hospital where the silver sounds were introduced into the bladder. The pains only increased during micturition, reaching their maximum at the end, but were prolonged for a good while after emptying the bladder. At a certain time

his affliction was such as to force him to rise from fifteen to twenty times through the night to urinate.

A strong solution of nitrate of silver was then injected into the bladder, but the result of this was a daily increase of pain, whilst the general condition of the patient grew worse, and so painful were the spasms that at each micturition it would seem as if the whole length of his urethra was being incised.

I saw the patient in the beginning of the year, and by the judicious use of morphine I succeed in quieting the pains so well as to allow him to leave the hospital. Unfortunately this calm was short, and after a few ups and downs he has come back to me requesting the operation of cystotomy, the availability of which I had already hinted to him. Such is the information I can give you about this patient, which warrants me in diagnosing tuberculosis, though I admit the diagnosis is not absolute, and that there are certain reasons why it should be somewhat reserved. It would appear that the tuberculosis is entirely limited to the bladder; no traces are to be found elsewhere; the testicle and seminal vesicles do not reveal the presence of any suspicious nodosity; nor does the prostate seem affected, an organ to which great attention is directed in such cases.

But any doubt resulting from the examination of the patient disappears when the clinical course of the disease is studied. Of all the symptoms enumerated above, it is true that none is pathognomonic, but their concurrence has the greatest significance. Such accidents appearing without gonorrhœa, stricture, traumatism, or foreign body in the bladder, without affection of the kidneys, in a word without any of the usual causes of cystitis being found in the previous history of the patient, have a most important clinical meaning.

Spontaneous cystitis may be ranked with spontaneous bronchitis and the physician should entertain the same fears for both. This consideration has still more weight when the cystitis apparently without any special cause, has re-

sisted all rational treatment, like certain intractable cases of bronchitis. Such elements are almost sufficient to diagnose tuberculosis, though I have not yet mentioned one of the most important symptoms of vesical tuberculosis, hæmaturia. It is especially significant when early in the case. Just as in pulmonary tuberculosis without determining a positive tubercularization of the organ, hæmoptisis is very suspicious, so hæmaturia brings the suspicion upon the bladder, especially when it occurs spontaneously and at a time when organic lesions are not pronounced.

The careful examination of the urine is another sign not to be neglected. This examination has revealed in the middle of numerous epithelial cells and among bacteria of ammoniacal fermentation, many bacilli of tuberculosis. The result of this examination was sufficient to cancel all doubts if any were left, so that we positively have to deal with a case of tuberculous cystitis.

A more difficult question is now left for us to speak of, and that is, the measures to be adopted for the relief of the patient. I said I had decided to perform hypogastric cystotomy, it now remains for me to justify such an intervention, and ask ourselves whether we are placing our patient in great risk.

I have already remarked that there was no danger as regards the generalization of the affection; will it be likewise concerning the cicatrization of the wound and should we not fear that this patient's diathesis will produce complications following the operation? I am warranted in answering this also in the negative. This is the third time that I perform an operation of this kind; and in the two preceding cases, cicatrization took place under absolutely normal conditions. In one, the healing took place even too rapidly; the operation was followed by an immediate cessation of all pain, and in a few days, the wound was healed. A great amelioration followed, which however, was of but short duration, for as soon as the bladder had resumed its interrupted functions, the pain returned, and the patient left the



hospital little edified with our surgical treatment. As to our second patient, the healing of his wound offered nothing in particular. The prevailing symptom in his case was hæmaturia, and the operation caused it to disappear entirely, which proves that cystotomy in tuberculous subjects may have a favorable action both on the hæmaturia and pains.

The fact to be remembered is that the cicatrization of vesical wounds takes place just as well in patients with tuberculous cystitis as in any other.

The operation presenting no danger, we must now enquire as to whether it offers any advantages. I do not think there is any doubt on this point. In this respect, the two cases just related are favorable enough, and besides there are others, which together prove, what theory had already suggested, viz: that the suppression of the functions of the bladder was the best means to prevent its bleeding and to free the patient from pain.

A more delicate point is to ascertain whether, the operation being performed, the bladder should be left to close spontaneously. You have seen what occurred to the patients upon whom a rapid cicatrization took place; an early relapse followed, and the benefits of the operation were short. As to the other patient, the wound remained fistulous, but he experienced perfect relief. No great argument can, however, be deduced from his case, for he died six months afterwards from general tuberculosis.

In the present case, where the general condition is good and the local lesions not far advanced, I feel rather embarrassed and have decided to let the wound have its own course, at the risk of stopping the healing process if the pains do not disappear entirely, and especially if the vesical opening closes too rapidly. Having determined to perform cystotomy, I have selected *hypogastric* cystotomy, both because it is the less dangerous and because experience teaches that this incision is the one which most effectually suppresses the bladder from a physiological point.

The bladder being opened, what is to be done to the local lesion? Here, I must admit, my conduct will vary with the circumstances. I will explore the vesical cavity with the greatest care using the retractors and a convenient light; and should the lesion be circumscribed and not too extensive I will try to remove it as completely as possible with a sharp curette. Since I have recourse to hypogastric cystotomy, it is needless to say that I will use Peterson's rectal dilator, and will also dilate the bladder. Concerning the latter procedure, we must remember that it is especially in such cases as the present one, that rupture of the bladder takes place when fully dilated by an injection. Excessive pain, due to any cause, but especially when provoked by cystitis, produces almost certainly an increase in the muscular tension of the organ and hence a greater resistance to its being distended. To insist upon a full dilatation under such circumstances would be to expose the bladder to rupture and to the grave complications resulting therefrom.

We must therefore dilate our patient's bladder with the greatest caution; I add that chloroform is the greatest criterion under the circumstances.

When the patient is profoundly under its influence the bladder should not resist the injection of small quantities of liquid; if the opposite occur, and with chloroform the distention of the bladder is as difficult as without chloroform, we should cease our efforts to distend it. Under such conditions hypogastric cystotomy does not offer the same security, and abandoning it we must have recourse to perineal cystotomy, which thus finds an indication in patients in this condition.

[The operation was performed as hinted in the lecture, with no special detail worth recording. The result has been in every way most encouraging. A month after the operation the wound had almost completely healed. Three weeks afterwards, the patient was up and about, with complete cessation of pain and retaining a frequent desire to micturate as the only remnant of his former ail-

ment. This condition always follows hypogastric cystotomy for a certain period until the bladder finally regains its wonted dilatability.

In this particular case, however, owing to the tuberculous nature of the affection, it will be interesting to watch how soon (if at all), the pathological condition may return.]

E. LAPLACE, M. D.

PARIS, December 30, 1885.

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ORIGINAL ARTICLES.

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**Congestion of the Brain.\***

By W. H. WATKINS, M. D., New Orleans.

M. K., a native of Ireland, aged 46 years; white; married, and the mother of five children; had resided in New Orleans twenty-six years. She was large and stout, without carrying any surplus flesh, and to within one year ago, had enjoyed usual good health. Beyond occasional paroxysms of intermittent fever some years since, nothing had occurred to cause anxiety regarding her condition, and except, during childbirth, she had received little medical attention. Her labors were easy, and she stood her pains with fortitude; at no time becoming hysterical.

She was an industrious, frugal wife; did much of her own work, such as cooking and cleaning house. She was lively, and even under most trying circumstances, cheerful.

About one year ago I was called to see her on account of what she termed a "rush of blood to the head;" found her face flushed, and suffering intense pain in the head. Her heart was beating rapidly and with violence. She had no fever; was sitting up in a rocking chair, excited, but perfectly rational. There was no loss of sensation in her limbs, and at my request she walked across the floor with

\*Read before the N. O. Medical and Surgical Association,

deliberate but rather slow steps. The pain in her head was intense, confined to no single point, but diffused. She held her head in her hands as though pressure relieved her. Understanding from neighbors that the flushed face and pain came on after the excitement of anger, I prescribed bromide of potash and hydrate of chloral, and ordered her to go to bed and remain quiet. She soon became easier and fell into sleep. I do not remember what the state of the pupils was, as I regarded the case as one of hysterical excitement, and did not give very close attention. She recovered promptly, and was as well as ever. Three or four months afterwards she started on an excursion to McComb City, Miss., but on reaching the Jackson Railroad Depot, became excited, complained of pain in her head, gradually became unconscious and was brought home in a carriage. She regained consciousness before arrival at her residence, and dissuaded her husband from sending for a physician. After a little rest was obtained she expressed herself as feeling perfectly well.

During the past summer she spent several weeks across the lake with a married daughter and enjoyed the freedom from household duties very much. She returned to New Orleans in the early part of September. On the morning of October 3d, she arose bright and early, went to market and arranged breakfast for her husband who went to work about seven o'clock. She was apparently perfectly well. She was rather excited as she anticipated the arrival of her daughter, and had been engaged in preparing a room for her reception. She went frequently to the gate to see if she was coming. About this time, one of her younger children troubling her she became petulant and irritated. Soon after this she complained of intense and diffused pain in the head, and kept her hands applied to the parietal regions. She spoke rationally to those around her. The pain became more excruciating; neighbors were called in, she told them of her suffering, and to one of the children said, "go for the doctor and tell him to bring chloroform

or something else to relieve me or I will die." She then walked to her bed and laid down. She spoke a few intelligent words to those around her and soon after seemed to go to sleep.

I answered the summons and was soon with her. She was lying slightly on her left side, with that side of the head on a pillow. Her face was directed toward an open window, and was very much flushed. The pupils were extremely dilated, and were absolutely insensible to light; there was exactly the same condition in each eye. Her respirations were very irregular; sometimes she would breathe normally as far as frequency of inspirations was concerned, then she would respire but from five to eight times a minute, to be supplanted by the usual number. Some time after I arrived she seemed to have expired, took but one breath for more than a minute, but this was followed by rapid respiration. This occurred several times. There was entire absence of reflex irritability; no response whatever to pricking with a pin or tickling the soles of the feet. Her pulse was seventy, not full or bounding, but as her respiration was entirely diaphragmatic, the impulse of the heart upon the chest walls was more apparent than is usually observed. No heart murmur was detected. The breathing I have described as normal at times as regards frequency, and then suddenly becoming very slow. It was always characterized by stertor. There was no convulsive seizure, and, except at one spot, there was not the least sign of muscular action, and that was in the lower lid of the left eye, which was continually twitching. She died about 9:30, A. M., or about two hours after experiencing the first sensation of illness. I am told that when the attendants were washing the body she was found to have her menses upon her, and this was the first time for several months that they had appeared. This flow must have come on suddenly, as she had made no preparation, and her under clothing was but little soiled.

What was the cause of death? Apoplexy? The history

of her last attack when taken in connection with her former paroxysms does not justify the supposition, if we mean by that term cerebral hemorrhage. There was neither paralysis of motion nor of sensation in her former attacks, if we except the short interval of unconsciousness when she was carried from the railroad depot, and this to my mind was a similar symptom to ordinary swooning. After recovery there was neither numbness nor want of co-ordination in the muscles of the extremities. Her step was firm and in attending to her household duties she experienced nothing but slight lassitude a little while after recovery. The intense and diffused pain on but one occasion terminated in unconsciousness and was followed by complete recovery. Each attack seemed brought about by excitement and was characterized by flushing of the face. Joy as well as anger brought about this engorged condition of the capillaries. I venture the hypothesis that excitement in all instances brought about paralysis of the vasomotor nerves from which recovery was the rule, but in her last attack the paralysis was of such duration that serous effusion produced such pressure on the brain as to bring about a fatal termination.

One symptom in this case was very marked and worthy of special consideration. That is the character of the respirations during the fatal attack. Cheyne-Stokes respiration often appears as a characteristic symptom of hemorrhages or effusions in the medulla oblongata. It is a phenomenon which consists of certain irregularities of the respiration occurring in regular order; from time to time respiration ceases for a quarter, half or even a minute, to be followed by rapid and deep breathing which in turn becomes as slow as before. Schiff has found in his experiments on animals that the smallest hemorrhage into the medulla, or the slightest pressure upon it rendered the respiration more infrequent and difficult. Cheyne-Stokes respiration, according to Traube, is produced by an insufficient supply of arterial blood to the medulla oblongata. Hemorrhages, effusions or tumors may cause it. He says:

“The irritability of the respiratory centre being thus lessened, the normal quantity of carbonic acid present does not suffice to produce an inspiration. In order that this shall be produced, considerable quantities of carbonic acid must collect, and in order that this latter event may occur, the intervals must be longer than in the normal condition. Hence the prolonged suspension of respiration. The carbonic acid necessarily accumulates at first in the pulmonary circulation, from whence a primary excitation of the respiratory centre occurs through the pulmonary fibres of the pneumogastric nerves. Later, the carbonic acid also accumulates in the general circulation, and the activity of the medulla oblongata is then called forth by the sensory nerves of other portions of the body.

I consider this case can properly be called “congestion of the brain.”

Congestion of the brain! Oh, potent term! Thou art fit to be associated only with thy younger but not less efficient coadjutor, “malaria.” How much medical ignorance and guess-work you conceal!

Do not consider me hypercritical. Have I not, and I acknowledge it to my shame, diagnosed sudden deaths congestion of the brain when I was uncertain what the lesion was? But I am not alone. You will be surprised when I read that this disease, which authorities tell us is ephemeral and generally terminates in recovery, is a cause of heavy mortality in our city.

MORTALITY FROM CONGESTION OF THE BRAIN IN NEW ORLEANS FOR THE YEARS 1870-1884, INCLUSIVE.

1870.....	99	1878.....	155
1871.....	141	1879.....	95
1872.....	186	1880.....	132
1873.....	201	1881.....	154
1874*.....	214	1882.....	73
1875.....	117	1883.....	110
1876.....	178	1884.....	117
1877.....	106		

2078 deaths in fifteen years.

\* During the year 1874, a very hot period of about three weeks contributed largely to deaths from this cause, but during 1873, a cool year, the mortality seems to be nearly as great.

[The writer of the paper then goes on to discuss the nature and clinical aspects of congestion of the brain. He recognizes four forms: the febrile, the apoplectic, the convulsive and the delirious, these forms being not often, however, differentiated, one form occasionally ushering in another, which develops later on. The writer then proceeds to consider each variety with regard to its causation and symptomatology, and finally, makes some remarks concerning the prognosis and treatment of brain congestion.]

The febrile form of congestion of the brain usually occurs in cases of specific diseases and is most noticeable in the exanthemata, but malarial fevers characterize such a large percentage of cases that the term congestive fever is recognized in our nomenclature.

Some years ago, Dr. A. W. Perry, of this city, now residing in California, collected statistics regarding the localities where deaths from congestion of the brain occurred. His observations were convincing that the majority of deaths classed as "congestion of the brain," occurred during the time when malarial diseases were rife, and were in districts where this poison most manifested itself. His conclusion was that many of these cases could more properly be diagnosed congestive malarial fever.

Of all the exciting causes of this disease I think emotional disturbances and over work should be classed as chief. Joy, sorrow, anger and shame play a most important role, and the usual flushing of the face and conjunctiva by analogy teach that the capillaries of the brain are subjected to the same influences. The noises in the head complained of so frequently, and the headache which is often intense, point to disturbances of the vasomotor system of the sympathetic, which deserve greater prominence than is given in the text books. Carpenter in his work on physiology gives this opinion: "The minute distribution of the sympathetic nerve upon the walls of the arteries, the known power which this has of producing contractions of their muscular coat, and the influence of mental states



upon their dimensions (as shown in the phenomena of blushing and erection), render it highly probable that the calibre of the arteries is regulated in no inconsiderable degree through its intervention.”

Regarding the prognosis in congestion of the brain, all authors agree that, usually, it is not a fatal disease in primary attacks, but that recurrence of congestions augments the chance of a fatal termination.

In the treatment of active congestion of the brain, the body should rest in a semi-recumbent position, and cold effusions should be applied to the neck and head. Absolute rest should be insisted upon, and causes of emotional disturbances removed. The administration of the bromides of sodium or potash is indicated. The abstraction of blood, especially from the temporal artery, is recommended.

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### **The Nature and Mode of Action of the Malarial Poison.\***

By S. S. HERRICK, M. D., New Orleans.

The active cause of the periodic fevers has long been denominated malarial poison, and, from its usual association with lands partially submerged, been called marsh miasm, though these fevers prevail in some localities with a dry and porous soil. The three conditions of heat, moisture and vegetable decomposition are usually regarded as necessary, but they are not indispensable, neither all nor one. It is clear that these conditions, in their ordinary acceptance, could produce no poison save gaseous emanations, but there are no known gases, simple or compound, capable of producing periodic fevers. The hypothesis is simply speculative, without a substantial fact to support it.

The subject remained in this unsatisfactory state until 1849, when the late Professor John K. Mitchell, of Philadelphia, announced the theory of the cryptogamic origin of malarial fever. His essay attracted considerable attention in the United States, but led to no practical results. In 1866, Professor J. H. Salisbury, of Cleveland, pub-

\*Read before the Orleans Parish Medical Society.

lished his researches on this subject, and made known the discovery of a microscopic algoid plant, which he named *geniasma*, as the active cause of periodic fevers. The alleged facts, on which he based his theory, were the appearance of microscopic cells, strongly resembling those of algoid palmellae, in the morning salivary secretions of persons living in malarious localities, and their absence in the sputa of residents of regions free of malaria. The same bodies were found attached to plates of glass suspended over night just above broken ground in aguish districts, but not elsewhere. Finally, he carried some of this earth, yielding the palmelloid spores, to the window-sill of a chamber situated miles away, in a place where ague was unknown, and where two healthy young men slept. Within two weeks these individuals had intermittent fever, while the other members of the family escaped. Appearances of the ague plant were found in the urine of subjects of malarial fever.

This remarkable investigation, like the former, was not effectually prosecuted, and in a few years seemed to have been forgotten. So little attention did the work of the two Americans receive in Europe, that it is probable the discovery of the so-called "*bacillus malariae*," in 1879, by Klebs, of Prague, and Tommasi Crudeli, of Rome, in the lower atmosphere, soil and stagnant waters of the Roman campagna, was entirely independent of those earlier researches. These last experimenters claim to have produced intermittent fever in dogs by inoculation of the bacilli, and to have found the microbes in their spleens, which were enlarged as in human subjects. In the blood the bacilli are found in the invasion of a paroxysm, but at its height the spores only appear. Other observers have found the bacilli attached to the blood globules.

It must be admitted that bacteriologists have not all been able to verify these observations, yet they are quite in harmony with the admitted material cause of several of the specific contagious diseases, and also with the nature of

the most efficient antimalarial remedies. According to Stillé, one part of quinine dissolved in 20,000 parts of water will in a few minutes begin to enfeeble the parameciæ; in two hours their vitality is destroyed, and in a few hours more they undergo disintegration. Allowing twelve pounds of blood to an average human adult, four and one-fifth grains of quinine would be sufficient to medicate it to the one-twenty thousandth part, and to destroy the microphyte named. I am not in possession of data to show the precise action of arsenic over low forms of life, but it is well known that smelting-works where arsenical ores are roasted are destructive to all kinds of vegetation. It is not necessary to suppose that various agents operate uniformly upon different microbes, for their action upon different animals varies widely; therefore, admitting that syphilis and malarial fever are caused by different microphytes, we might find arsenic destructive to one and corrosive sublimate to the other, and neither agent poisonous to both.

It is now generally held by medical men that the specific poisons of contagious diseases are solid or semi-solid particles, and that they are rapidly reproduced in the human body. Absence of the contagious property does not forbid those qualities in the malarial poison, and we shall see that the phenomena of malarial fevers is quite in harmony with such a supposition. The spores of the malarial bacillus having entered the blood-current through the lungs, we may suppose that they attach themselves to the blood-corpuscles, where they germinate and grow at the expense of the soil which sustains them. It is known that the red corpuscles greatly diminish in the course of the disease. An enormous growth of such a vegetation would form an obstruction in the capillaries, so that the blood would mainly be collected in the large internal veins, as is the case during the cold stage of an intermittent. In a short time the microphytes decay, the gorge is broken, and the circulation in the capillaries is restored. Indeed, nature

makes an extra effort, by increased action of the heart, to bring about this result, and it may be promoted by stimulants which act on that organ. The length and severity of the cold stage will depend directly upon the proportion of blood-globules involved at the same time and inversely upon the force of the heart. We may suppose that the dead bacilli are excreted from the body along with the corpuscles which they have consumed, but that enough spores remain to produce a new crop, and that twenty-four hours are a sufficient period for its growth and the production of another paroxysm. In many instances the following crop would not be numerous enough to produce another paroxysm in twenty-four hours, but a greatly augmented crop at the next period would give rise to the tertian type, while the emunctories would be so stimulated by the paroxysm that few spores would remain in the blood to form the succeeding generation. In the intermittent and continued types, we may suppose that the bacilli are in all stages of growth the whole time, with more or less fluctuation. Why the remission should occur between midnight and midday, I can offer no better explanation than this: Experience shows that the malarial poison is more readily received during hours of darkness, when the atmosphere is surcharged with moisture; and in twenty-four hours afterwards the new crop would have grown, matured and decayed, and would be mostly eliminated.

Although it can not be asserted that the bacillus malariae is a demonstrated fact, it usefully serves as a most reasonable working hypothesis, in full harmony with the accepted doctrine of the nature of several other disease-poisons, and capable of explaining the phenomena of malarial fevers better than any other. The foregoing is offered not as a demonstration of what has been heretofore inexplicable, but as a supposition which, in the actual state of our knowledge, I regard as more probable than any other.

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## HOSPITAL REPORTS AND CLINICAL NOTES.

We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

ANEURISM OF THE LOWER FEMORAL; LIGATURE OF THE  
MIDDLE THIRD—ABSCESS OF THE ANEURISMAL  
CAVITY—INCISION AND COUNTER-  
OPENING—RECOVERY.

Reported by F. FORMENTO, M. D., New Orleans.

On the 18th of October last I was called to see Mr. J. B., residing on North Peters street. I found him to be a strong, robust man, 43 years old, the captain of a lugger. Up to this time he had enjoyed remarkably good health. I was informed by himself and his relatives that, during the month of August, he had begun to suffer acute pains in the right popliteal region, which extended along the course of the femoral artery; that about the same time he had noticed a small, circumscribed swelling just above the internal condyle. In the beginning of September he consulted a physician, who, without local examination, as I was informed by the patient, told him he was suffering from rheumatism, prescribed a stimulating liniment and a mixture, and allowed him, after eight days, to continue his work on board his lugger.

The patient then left the city on a trip down the river which lasted six weeks. During the trip, aggravated by hard work and violent efforts required by his trade, his suffering and the swelling greatly increased; so much so, that he was scarcely able to stand on his feet when he was brought back to his home.

He had just returned from that long and fatiguing journey a few days before I was called in. I found a tumor of the size of a large orange occupying the lower internal region of the right femur, and extending somewhat towards the popliteal space. The integument was distended, of a reddish, shining appearance, dense and hard to the touch, and there could very readily be perceived strong, regular

pulsations, isochronous with those of the heart. Auscultation revealed strong arterial *souffle*. There was considerable pain and numbness in the leg and foot, particularly in the latter. . Patient had not slept for several nights

In presence of such symptoms, objective and subjective, there could be no doubt as to the nature of the tumor and cause of the suffering. Whatever may have been the starting point of the tumor, we were in presence of a large aneurism of the femoral, and something had to be done at once to prevent rupture and extravasation, and to relieve pain. Ligation of the artery above the tumor—an operation which in similar circumstances I had often performed with perfect success—was proposed and at once accepted by the patient and his friends. In fact, I was urged to operate several days before the time I had fixed upon.

On October 20th, the patient being fully under the influence of chloroform, I ligated the femoral artery in its middle third, under the sartorius muscle. In this operation I was ably assisted by my friends, Drs. Faget and Mioton, and Mr. Griffo, who administered chloroform. There were no special antiseptic precautions used, with the exception of washing the parts in a weak solution of bichloride of mercury, and the ligature used was an ordinary silk thread

Nothing unusual took place immediately after the operation, and the ordinary treatment and means to facilitate circulation in the limb were followed.

Although the wound had been united with care by sutures in the hope of obtaining at least a partial union by first intention, considerable suppuration took place, and the ligature only fell off on the 25th day after the operation.

About that time, the tumor which had gradually diminished in size, began to increase until, in a few days, it got to be larger than ever before. This sudden and unexpected change was ushered in by a strong chill, followed by persistent vomiting for twenty-four hours, and high fever which

lasted several days. With the exception of the pulsation which, since the operation, had entirely disappeared, the tumor presented the same appearance and feeling that was noticed before the operation. Once more, the numbness and pain in the leg and feet became intense, the appetite was lost and there was no sleep. By pressure on the swelling, blood was forced upwards through the partly closed incision.

What were the causes and nature of this new swelling at a time when everything was progressing favorably? Was it an abscess, or a return of blood to the aneurismal sac through the distal end of the closed artery? The exploring needle failed to enlighten the diagnosis and relieve my apprehensions.

At this stage of the case, Dr. A. W. Smythe was called in consultation and, after a few days, finding that the patient's condition was getting worse and worse, we decided to operate, that is, to make a long and deep incision in the most salient part of the tumor, empty its contents and be prepared to perform, if necessary, that most difficult and risky operation of securing a bleeding artery in the bottom of a large suppurating cavity, amidst diseased and softened tissues.

We requested Dr. A. B. Miles to assist us in the operation. Although still doubtful as to the exact nature of the tumor, I had always inclined to the opinion that it was an abscess, due probably to the prolonged suppuration, the retention of the ligature in the wound and infiltration along the course of the artery. Such was the opinion of Dr. Miles, who, without hesitation, declared that we had to deal with an abscess, or at least that there was no blood in *circulation* in the tumor.

On December 25th, in presence of Drs. Smythe, Miles and Mioton, I made a long and deep incision, four inches long, in the tumor, and, to our great satisfaction, we found it to contain only pus mixed with dark, grumous blood. There was at least half a gallon of it. I deeply regretted

not having opened it several days sooner, as there was considerable destruction and undermining of tissue all around, so much so that the exploring finger could pass back of the femur, and be felt immediately under the skin in the opposite external region of the thigh. This condition necessitated counter-opening, in order to secure better drainage of the large cavity. A large double drainage tube was passed through, back of the femur, from the internal to the external incision made in the lower region of the thigh.

The patient being very much prostrated, and also to guard against the consequences of excessive suppuration, which was certain to take place in such an enormous cavity, stimulants and the most nourishing diet were freely administered, and tonics, such as tincture of iron, quinine, wine of cinchona, etc., were liberally prescribed. Under this generous regimen and with proper dressing, consisting of washing out the cavity with carbolized water, using drainage tubes and oakum tents, and supporting the parts by proper compressive bandage, there was soon noticed a favorable change in the patient's condition. Appetite and sleep returned gradually, and although at first suppuration was very abundant, pus flowing from both openings and from the first incision made for ligating the artery, the general condition greatly improved.

Everything was going on favorably, and the large cavity was gradually filling up with healthy granulations when, about December 10th, symptoms of acute cystitis supervened. Was this due to the highly nutritive diet and free use of wines and alcoholic stimulants, which had been required by the patient's extreme prostration? There was no marked cause which could account for this new and painful complication, which greatly contributed to still further reduce the patient's strength. For two weeks, in spite of appropriate treatment, the painful symptoms continued, and the urine contained large quantities of mucus. At last, under the influence of turpentine and belladonna pills, irrigations of the bladder and enemata of fifteen



drops of tincture of belladonna in warm water, three or four times a day, and the copious use of tar water, etc., the inflammation gradually subsided and the urine slowly reached its normal character.

In the meantime, the different incisions were gradually closing, that, for the ligature of the vessel being the first to close, then the external counter opening, and then the long incision in the internal lower region of thigh, which was almost completely healed, and the suppurating cavity entirely filled up, when a new accident or complication again supervened to retard the recovery of our patient. About December 25th, when he was sitting up and going about on his crutches, a dark spot of the size and shape of a silver half dollar was noticed on the external aspect of the right heel. In spite of repeated recommendations on our part, the foot had rested habitually on its posterior region, and the heel had not been kept free of pressure. This circumstance, added to the naturally less active circulation of the blood in the foot following the several lesions above mentioned, occasioned this gangrene of the heel, which, fortunately, limited itself to the exterior part described. It was not before the beginning of February that the eschar detached itself, aided by gradual tractions and proper dressings with carbolic acid, Peruvian balsam, etc. The remaining ulceration healed very slowly, as was to be expected in that region, and complete cicatrization did not take place for four weeks.

The patient is just now recovering from his numerous and varied complications, walks all over the house, and will soon be able to resume his occupation after nearly five months of confinement to his room.

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A CASE OF "POST MORTEM" TRACHEOTOMY WITH RESUSCITATION OF THE PATIENT.

By DR. EDMOND SOUCHON, Professor of Anatomy and of Clinical Surgery, Tulane University of Louisiana.

In the month of April, 1883, I was called one morning to see a young male child about three or four years old. I

was informed that he had taken a little cold the day before, which did not trouble him much the first day, but that during the night he had been taken with croupy cough and difficult breathing which were gradually increasing.

Upon examining the child at 8 o'clock, I found no false membranes nor deposits of any kind in the pharynx; the breathing difficult and some few mucous râles disseminated throughout both lungs. I diagnosed a case of bronchitis with œdema of the glottis. I prescribed the usual remedies, and as I thought the breathing of the patient was harder than I should have liked it to be, I left, saying that I would return at 11 o'clock.

Upon returning at that hour, I found that the condition of the child had grown so much worse, that nothing short of tracheotomy could save its life. The father accepted the operation, and I went at once for my instruments. I was away about twenty minutes, and upon reaching the house I saw a crowd of people gathered at the door, and I concluded that the child had died. So it had. It was lying motionless on the bed, with opened, glassy eyes, and the peculiar paleness of death; the breathing had stopped, and so had the pulse and the heart. By this time Dr. Touatre, who had been sent for to assist me, had come in, and I told him that I thought I should operate anyhow, and then try to revive the child; that since it was dead already we could not hurt it any worse, and it could only gain by the attempt. He assented readily. He carried the child on a pillow to a table in the front room to the light. I had things all my own way, as the child was motionless and lifeless, and succeeded very quickly in introducing the canula and making fast the strings behind the neck. I removed the inner tube so as to have a larger passage for the air, and we went to work with vim to bring the child back to life. Dr. Touatre slapped hard its little face and precordial region with the end of a wet towel, and I kept up artificial respiration by alternately and regularly pressing and relaxing the thoracic walls.

The little patient's head was hanging over the edge of the table so as to keep as much blood in the head as possible, and so as to keep the trachea on a stretch and as accessible and permeable to the air as could be made. For three minutes, which seemed very long, indeed, the child gave no indication of returning life, but at the end of that time, to our delight, it exhaled a light sigh, then another and another, and gradually the respiration was re-established. I reckon that altogether the child was to all intents and purposes *actually dead* for fully *five minutes*, and that if it had been left alone it would have *continued dead*.

The next morning the child had so recovered that it was playing with its toys on its bed. During the following night, however, the bronchitis developed into bronchopneumonia, and the child died within thirty hours, two full days after the operation.

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#### ARTIFICIAL ANUS; CURED.\*

Reported by CHAS CHASSAIGNAC, M. D., New Orleans.

On the principle that clinical observations are always more or less interesting, we have prepared a report of a case occurring in the Charity Hospital under the care of Prof. Richardson and the writer, his chief of clinic.

We will begin with a brief account of the patient's condition when first seen, mentioning that owing to his suffering and his natural dullness of understanding little or no previous history could be obtained at the time. He is a negro boy 17 years old. His general condition is below par: pulse rather feeble; temperature about 100°; restless; tongue coated. Has a swelling of right side of scrotum which is painful and tender, tense, dull on percussion, cannot be pushed up, gives some sensation of fluctuation. He says he was butted there by a billy-goat; at first denies having had gonorrhœa, though asserting he does not know

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\*Read before N. O. Medical and Surgical Association.

what it is, and, when pressed, saying he had had some "running." The hypodermic syringe reveals presence of serum which is evacuated with a trocar by student of the ward. This only reduces size and tension of tumor, somewhat eases the pain, but leaves a hard, tender swelling.

This account will serve to make you understand the obscurity of the case, and why it was at first thought to be a case of orchitis of traumatic, and also perhaps, of gonorrhœal origin, with effusion of serum in the vaginal tunic. Had we possessed then the history which we obtained later, the diagnosis would have been easy instead of being corrected only when operative interference became necessary. To continue with the history: the second day fluid has commenced re-accumulating, pain is undiminished, general condition unimproved, temperature has reached  $101^{\circ}$ . Third day tumor is as large and painful as ever, notwithstanding cooling applications, anodynes, etc.

Patient's general condition is worse and he vomits a good deal. Having had no operation since his admission, a purge is administered without effect as it is not well retained, but an enema is followed by a good evacuation; vomiting, however, is not arrested. Next day patient being worse still, the correctness of diagnosis is doubted and it is decided to make an exploratory incision in order to determine exactly what course to pursue.

*Operation.*—Patient anæsthetized. A puncture first allows the escape of about two ounces of serum; this is followed by a small quantity of thin, brown, and offensive matter which is recognized as fecal in character. Presence of a hernia being thus announced, the usual incision for herniotomy is made, with intention of proceeding regularly with that operation, but when the bowel is reached it is found irreducible and in an advanced state of gangrene, the finger readily breaking through it at all points; so the constriction at the neck is simply divided and an additional opening is cut at most dependent point of scrotum to give

free vent to all contents of sac, the bowel being left *in situ* and both openings being stuffed with antiseptic lint. It is found also that the testicle is considerably enlarged. Patient is then returned to bed in a state of collapse and the prognosis is gloomy, indeed. Digitalis, carbonate of ammonia and whisky are administered plentifully; cans of hot water are placed around him. After two or three hours he begins to rally, takes a little milk punch, gets some rest, vomiting does not recur, and next morning his temperature is normal, and general condition better than it has been since his admission. A thin and only slightly offensive fecal matter escapes continuously from the openings, showing that it is a portion of small intestine which had become strangulated. From this time the boy's temperature never rises above  $100\frac{1}{2}^{\circ}$ , only on two occasions reaches this degree. The destroyed portion of intestine gradually sloughs and is washed out. He eats and sleeps well. The great inconvenience he suffers is from the constant flow of fecal matter, which excoriates his abdomen and thighs. An apparatus is devised to remedy this. A small tin cup, with edges well padded, is applied over the upper opening, (the one at the bottom of the scrotum having gradually closed), is firmly strapped, and has attached to it a thick rubber tube leading into a bucket on the floor. It answers admirably, all excoriations healing rapidly. Patient is now quite comfortable; has a tremendous appetite, but remains emaciated and very weak; discharge through artificial anus is thin and plentiful. Believing his condition to be due to inanition from defective assimilation of nutriment on account of its too rapid and abundant escape out of the small intestine, he is placed upon a mixture containing bismuth and pepsin, the former to diminish liquidity of bowel contents, hence, retarding their escape and increasing absorption, the latter to make the gastric digestion as complete as possible. This proves to be of benefit, patient becomes stronger; the last opening begins to contract, and fifty one days after the operation he has an evacuation by the

normal orifice, though the artificial one is not yet entirely closed. At this stage, patient being still kept in bed, a wad of oakum is applied over the opening, and firm pressure is made by means of a spica bandage, which is found to answer better than a truss. This causes a pretty rapid closing of opening. Two or three days after this is accomplished he is allowed to get up, but, a slight oozing of fecal matter occurring, he is again put in the recumbent position, when it does not take long for a final, and, we believe, a permanent closure to follow. He is discharged, cured and fat, two months and a half after the operation.

The history obtained from him after his recovery by means of careful and patient questioning makes the case clear and would have made it so at the outset had it been possible to obtain it. He had been what he terms "busted," meaning ruptured, from childhood; could return the bowel at will, it often going back into the abdomen of its own accord when he lay down. At the time of his adventure with the billy-goat the hernia was down. He then had to take to bed for two weeks, suffering greatly, and when he got up he could not reduce the hernia as before. Evidently the contents of the hernial sac had inflamed from the severe contusion and adhesions had taken place, the testicle also suffering at the time. He was well for two months; went to work at a sugar-house, where, one day, while lifting a heavy load of cane to put on the "carrier," he suddenly felt a severe pain at his rupture, had to go to bed where he remained for a week before being sent to the hospital, having no evacuation during that time. It is again evident that upon his lifting the heavy weight an additional knuckle of intestine must have come down, producing strangulation which resulted in a beginning of gangrene before he was seen at the hospital. Fortunately a proper knowledge of the case would not have changed the indications; the operation could have been performed earlier, but could not have led to a better result.

Three noteworthy points are, that, after a strangulation of so long standing leading to such extensive destruction of bowel, firstly, the boy managed to rally at all and even had no peritonitis; secondly, a complete restoration of the continuity of intestinal tube followed so easily and rapidly without operation; thirdly, there was not at any time vomiting of a stercoraceous character.

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## CORRESPONDENCE.

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### THE COMING MEETING OF THE STATE SOCIETY.

*To the Editors of the N. O. Med. and Surg. Journal:*

GENTLEMEN:—May I ask the use of your Journal for a matter of common interest to the medical profession of this State. I allude to the approaching meeting of the State Medical Society at New Iberia, on the 14th of April. Matters of even more than ordinary importance will come up for consideration—to say nothing of the general interest attached to such annual reunions.

It is only through organized and united efforts that we will be able to effect any good results in the direction of State Medicine in all its phases.

As a body supposed to represent the advanced ideas of sanitary science, we, as a State corporation, are responsible in no slight degree for the many deficiencies existing in the laws in regard to this subject. We are responsible because we have failed to use our influence in the right direction, and with the force of co-ordinate action. This we must try to correct, and to do so we must confer—we must agitate the matters; not only individually, but with the greater force incident to organized bodies. The State Association must act, and by its action influence the subordinate societies to act, these again influencing the individual members so as to work with concerted energy for a common purpose. I need not attempt to enumerate the many subjects, not only of public interest, but also apper-

taining to our improvement as a profession, which need concerted action at our hands. I could not enumerate them in the compass of a letter. Every intelligent member of our profession knows them already. Let them show their appreciation of their responsibility by doing all in their power to secure a full representation.

Need I remind them that, with reference to the existing discussions in the profession at large throughout the union in regard to the approaching International Congress, this meeting of our State Association may also have an important influence on the interests of the American Medical Association. Let us then by all means have a creditable and representative meeting of the State Society on the banks of the beautiful Teche.

Respectfully yours,

S. LOGAN, M. D.

President Louisiana State Medical Society.

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LEADING ARTICLES.

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**THE SPHERO-BACTERIUM OF DENGUE.**

In our January number we called attention to the reputed discovery of the dengue germ by Dr. McLaughlin, of Texas. Through the kindness of the doctor we have been able to see the germ ourselves, and to give to our readers a short account of his methods of research in anticipation of Dr. McLaughlin's own account of his discovery in a more complete paper, which is to be given to the profession in our July number.



In order to guard against the introduction of germs from the outside, the following methods were used to obtain the blood for experimentation:

Some Liebig's potash bulbs were first mechanically and chemically cleaned, one end of tube was then packed with sterilized cotton and the apparatus heated in an oven to 240° Cent. for about an hour. A new piece of rubber tubing to which a new hypodermic needle was attached was subjected to the heat of escaping steam for two hours, and then attached to the free end of the tube of bulbs; this was again put into a furnace and heated to about 300° F. for another hour; in the meantime the needle had been covered with a sterilized test tube around the end of which was tightly packed sterilized cotton so as to hold it in place. After the patient's arm had been washed first with soap and warm water, and second with a 5 per cent. solution of carbolic acid and warm water, the covering of the needle was removed, the needle pushed into a large vein, and the tubes partly filled with blood by means of an aspirator attached to the end plugged with sterilized cotton; before removing the needle from the arm the rubber end of the glass tube was severed and hermetically sealed by the blow pipe.

The whole is then put into an incubator at 100° F., where the organisms which the blood contains grow and flourish upon the blood.

The organism is well stained by gentian violet, methyl violet, fuchsin, vesuvin, bismark brown, etc., but unfortunately parts with its color very easily with a decolorising agent, such as a 1 per cent. solution of acetic acid followed by absolute alcohol. For the methyl blue and potash stain, however, this organism manifests an elective affinity, and remains deeply stained notwithstanding the subsequent treatment with the decolorising agents named.

One of the specimens of blood sent us was obtained and stained as above described. We have examined it so far

with a one-sixth homogeneous immersion. This power is ample for the demonstration of the micrococcus, but not sufficient to show the capsules described by Dr. McLaughlin as surrounding some of the cocci.

The bacteriæ are easily seen both within the blood corpuscles and in the plasma.

Some of the bacteriæ are in groups about the size of the corpuscles, and look as though they had just been freed by the disintegration of the latter. The larger groups seem to be proliferations of the smaller. It would be interesting to know whether this condition is the result of the death of the corpuscles and growth of the germs in the incubator, or whether the same groups are found in the plasma of freshly drawn blood.

A test tube containing a culture of the micrococci was also received by us. It seems to be a pure culture, and the bacteriæ to have a peculiar way of shooting down into the jelly different from other cultures we have seen. If this is uniform it will form a good test for differentiating the germ from others. We have not opened the test tube yet, for we are hoping, in spite of several disappointments, to persuade some one to let us inoculate him with the dengue germ, and we wish to keep the culture uncontaminated.

All the specimens of blood from dengue subjects (about 40) which Dr. McLaughlin examined, whether stained or not, contained the organisms. As they withstand the action of strong acids, such as glacial acetic acid, and alkalies, a 10 per cent. solution of caustic potash, he very properly asserts that they cannot be blood cells or their products, vegetable organisms being the only elements found in the blood which will retain their form and brilliancy when subjected to these tests. As they are not dissolved by ether or chloroform they are not fat granules or globules, and their elective affinity for certain aniline stains would indicate that they are organisms.

The doctor does not say whether he has attempted inoculations with his germ, but he has said enough to

make us look forward with great interest to his forthcoming paper.

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### A BOARD OF PUBLIC WORKS.

In the December number of this JOURNAL was published an article, prepared at our request, and read by Dr. Joseph Holt before the New Orleans Medical and Surgical Association at its meeting October 31, 1885.

This paper, entitled *The Sanitary Relief of New Orleans*, was a clear and forcible enunciation of the decided views of one who has given much thought to the subject of the sanitary needs of New Orleans and the means of providing for them.

The paper bore early fruit in the invitation of the New Orleans Medical and Surgical Association to a number of organizations in our city to appoint committees which should assemble in conference to take steps toward the formation of a Board of Public Works for the city of New Orleans.

Pursuant to this call of the New Orleans Medical and Surgical Association, a meeting was held February 5, 1886, in the rooms of the Auxiliary Sanitary Association, the following bodies being represented:

The State Board of Health, the Auxiliary Sanitary Association, the New Orleans Medical and Surgical Association, the Orleans Parish Medical Society, the New Orleans Cotton Exchange, the Mechanics', Dealers' and Lumbermen's Exchange. Dr. W. H. Watkins, representing the Medical and Surgical Association, explained the objects of the meeting to be: "To take measures toward the establishment of a Board of Public Works, to have the direction of all permanent public improvements made in this city, to the end that these works may prove of the greatest public utility." Mr. Edward Fenner, well known in New Orleans as an enthusiastic sanitarian and supporter of all measures tending to promote the well-being of our city, was elected chairman of the meeting. Mr. Fen-

ner spoke in an impressive manner and at considerable length, giving in his usual forcible style his views on the present deplorable sanitary condition of New Orleans, its causes and the remedy. The remarks of the chairman were heartily endorsed, and a committee was appointed to draw up a plan best calculated to attain the objects proposed.

On Monday, March 1, the committees again met. In addition to those above mentioned, the following bodies were represented at this meeting :

The Chamber of Commerce, the Produce Exchange, the Mechanics' Exchange, the Pharmaceutical Association, the Louisiana Sugar Exchange, the Trades Assembly. Thus, it will be seen, nearly all the most influential bodies of citizens, representing all occupations and classes, have expressed their approval of the attempt to do something to raise New Orleans to her proper plane of equality with other cities of the Union.

At this meeting Mr. J. O. Nixon, Jr., read the report of the sub-committee to draft a plan. The plan proposed by this sub-committee is admirable, meets with cordial approval and shall command our hearty co-operation. We desire to express ourselves at some length on a matter so pregnant with the future prosperity of New Orleans.

The objects of this almost unanimous movement on the part of the citizens of New Orleans have developed into the definite specific purpose of providing for the proper drainage, sewerage and paving of the city.

Conceding, as we do, the importance of providing proper safe-guards against the introduction of pestilence from abroad, and candidly expressing the opinion that the quarantine system of Dr. Holt has shown itself to be the most scientific and sensible yet proposed, because accomplishing the maximum of protection with the minimum of interference with commerce, while conceding all this we must declare that the most difficult problem still awaits solution, a solution which has never yet been honestly even

attempted. This problem is: How shall we clean and *keep clean* New Orleans? The man who proposes an adequate plan, *which can be carried out*, will merit and will receive the united approbation of our citizens as their greatest benefactor. We believe that New Orleans has reached her development, unless we can do something to take away the dreadful health reputation which she has made for herself. The only way we can rid ourselves of this reputation is to prevent a repetition of our past health history. The value of our quarantine system has been admitted, but we do still invite pestilence unless we make our city an unsuitable place for it. To use the words of Dr. Holt: "New Orleans to be saved, must be cleaned and drained." When one remembers that the foundations of New Orleans were selected early in the last century, he is apt to despair of accomplishing any better state of things, seeing that so little has been done in so many years. But when he reviews the history of attempts to improve our sanitary condition, he will plainly see what has been so clearly pointed out by Dr. Holt, Mr. Fenner and others, that the cause lies in the fact that there has been no fixed plan. This fact is made plain by the statement of Dr. Holt, that "within the last thirty-four years \* \* \* \* there has been expended by the municipal authorities, under the account of 'Streets' and 'Drainage,' the enormous sum of \$13,565,984." The matter needs no argument. There are the figures and here are the results. Behold them and judge for yourselves. These results do not, of course, prove that no good attempts were made, but simply that no good plan was persistently pursued.

As has been suggested, a fixed, definite plan must be decided on, and then all good citizens will unite to carry it out. And, first, a suitable body "free from all political influence and entanglement" must be organized to devise ways and means. We believe the best plan of organization

yet proposed in the history of our city is that which has been evolved by the committee above referred to.

As the work must go on for, not months, but years, the organization must possess the inherent quality of permanency. The permanency of the instrument for carrying out the plan and the practical perpetuity of the personnel must be assured, or it is useless to commence this grand work. The plan proposed seems to be the only practicable plan.

The principal features of the proposed charter for the excellence of which Mr. J. O. Nixon, Jr. is to be very much complimented, may be summed up as follows:

The corporation shall be permanent, and self-perpetuating. No man can become a member of it but by its common consent; no man can become a member of it who has been in active political life for two years before his membership; no man can obtain any profit or advantage from it; no stock can be issued; its membership cannot be made a means or an end for speculation, and at the termination of its existence if any assets remain they will go back to the people of the city of New Orleans.

Certain changes would have to be made in the charter of the city of New Orleans, and an enabling act would have to be passed by the Legislature. These points have been carefully looked into by the committee and pronounced not insuperable. Then, it must ultimately be decided by the people of New Orleans whether they will tax themselves to accomplish this great improvement. If they decide that they will *not* be taxed, then the attempt receives its death-blow. But, surely, the sensible and patriotic citizens of New Orleans can but approve the scheme, when engineered by such able and trusty men as those at the head of this movement. Looking at the matter from a business-point of view, it certainly commands attention. A tax of five mills on the dollar will be the very best investment a man can make, if he considers how much in value his property will be enhanced by the general improvement

in health, prosperity and happiness, making New Orleans a desirable and inviting place for residence and for the investment of capital. Take away the dread of yellow fever and the menace of other causes of mortality, now existing here, and New Orleans, so long crushed to earth, will rise in her purity and take the high road to prosperity. This is truly a consummation devoutly to be wished, and it behooves every well-wisher of the city to put in his mite of effort towards the accomplishment of the grand result.

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## EDITORIAL COMMENTS.

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### MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The next meeting of the Association will be held in St. Louis, on the 4th of next May. The railroads centering at St. Louis have very generously agreed upon a rate of one and one-third fares for the round trip to those attending the meeting.

Any member desiring to read a paper before a section is required by the By-Laws to forward the paper, or its title and length (not to exceed twenty minutes in reading), to the Chairman of the Committee of Arrangements, at least one month before the meeting: Dr. Legrand Atwood, St. Louis, Chairman.

The official organization of the various sections is announced as follows: Practice of Medicine, *Materia Medica* and Physiology—Dr. J. T. Whitaker, Cincinnati, Chairman; Dr. E. L. Coleman, Lexington, Ky., Secretary. Obstetrics and Diseases of Women—Dr. S. C. Gordan, Portland, Maine, Chairman; Dr. J. F. Y. Paine, New Orleans, Secretary. Surgery and Anatomy—Dr. Nicholas Senn, Milwaukee, Chairman; Dr. H. H. Mudd, St. Louis, Secretary. State Medicine—Dr. John N. Rauch, Springfield, Ill., Chairman; Dr. F. E. Daniel, Austin, Texas, Secretary. Ophthalmology, Otology and Laryngology—Dr. Eugene Smith, Detroit,

Mich., Chairman ; Dr. J. F. Fulton, St. Paul, Minn., Secretary. Diseases of Children—Dr. W. D. Haggard, Nashville, Tenn., Chairman ; Dr. W. B. Lawrence, Batesville, Ark., Secretary. Oral and Dental Surgery—Dr. John H. Marshall, Chairman ; Dr. A. E. Baldwin, Chicago, Secretary.

Among the important matters to be considered at the St. Louis meeting of the Association, is the final adjudication of the questions at issue in the controversy over the organization of the Washington meeting of the International Medical Congress. We sincerely hope that the sturdy and conservative members may finally come to an amicable agreement over the policy and plan of organization, which best accord with the purposes of the international body. Our foreign brethren demand the local organization of the Congress upon a broad and liberal basis. They demand that the various sub-committees and sections shall be composed of the representatives of American medicine, men of international prominence, regardless of their State residence, their Association membership, or their opinions on questions of medical ethics. The wishes of our invited guests are entitled to some respect. Without their co-operation, the coming Congress will certainly lose its international character and become simply a local gathering. We are reduced to the necessity of deciding between an International Congress, organized in accordance with its purposes and the wishes of its members, and a home gathering, from which a large number of well known American physicians will stand aloof. In recent numbers of the *JOURNAL*, we have expressed very liberal views in regard to the organization of the Congress and here reaffirm them, simply in the interest of a successful meeting of the distinguished body on American soil, an event which arouses our feelings of professional and national pride.

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## MEETING OF THE LOUISIANA STATE MEDICAL SOCIETY.

We call the attention of our readers, who reside in Louisiana, to the excellent letter from Dr. Samuel Logan, President, to the profession of the State, urging the importance of a full attendance at the coming meeting of the Society, and appealing for renewed interest in the welfare of the organization. The Society will convene in its eighth annual session, in New Iberia, on the 14th of next April.

We fully concur in the views expressed by the President, and confidently solicit a generous response to his appeal.

New Iberia is located in one of the most delightful sections of the State, easily accessible by rail, and enjoying the additional advantage of as delectable a society of gentle and hospitable folk as anywhere to be found.

The Committee of Arrangements, Dr. Thomas Hebert, chairman, has made every preparation necessary for the meeting, with provision for the entertainment of the members, to enhance to the fullest possible extent the social features of the meeting. The attendance at previous meetings has not been as full as desirable. It is to be regretted that a number of the reading, thinking and practically well-informed members of our profession in New Orleans, as well as throughout the State, have never shown that interest in the welfare of the Society necessary to its perfect success. We hope they will attend the next meeting, and come with their papers and reports of clinical cases.

The most important of the standing committees is the Committee on Scientific Reports and Essays, charged with the duty of soliciting papers and collecting medical matter for the meeting. Indeed, the success of every meeting of the Society largely depends on the work of this Committee. In the removal of Dr. A. A. Lyon to Tyler, Texas, this Committee lost its chairman, and the Society a zealous, useful member. The vacancy has been filled by

Dr. I. J. Newton, of Bastrop, a man of uncommon energy, and the work begun by Dr. Lyon, will be pushed vigorously to completion.

The election of delegates to the American Medical Association is a matter of more importance than usual, owing to the fact that at the St. Louis meeting the controversy over the organization of the International Medical Congress will be submitted for final adjudication. The seeds of discord, sown at the New Orleans meeting of the Association, have rankled in the minds of many members ever since, and, very much to our regret, threaten seriously to impair the usefulness of the organization. Only a collection of calm, cool-headed men can pass finally on all the questions to be submitted, without tearing the Association into factions threatening to its very existence. Any eye witness of the scenes of the New Orleans meeting will understand that these ominous lines are in no way overdrawn.

The JOURNAL feels a very deep interest in the welfare of the State Society. Arrangements have been made for a pleasant meeting, and we hope for a full attendance and successful medical work.

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#### DEATH OF DR. AUSTIN FLINT, SR.

Dr. Austin Flint, Sr., the nester of American medicine and the peer of any physician in the old world or the new, died of cerebral apoplexy in New York Saturday, March 13, 1886, at the ripe old age of 74. He had just returned Friday night from a meeting of the faculty of Bellevue Hospital Medical College, and had entered his room about 12, when he fell unconscious upon the bed. Physicians were immediately summoned, but he failed to rally, and calmly expired at 2 P. M. of the following day, about fourteen hours after he was first stricken.

As so often occurs in such cases, Dr. Flint seemed to have enjoyed exceptionally good health during the winter,

and his sudden death was not expected by those who were accustomed to watch him. His fine physique and youthful energy, added to an apparently inherited claim to longevity, because of the good old age to which many of his ancestors had attained, seemed to mark Dr. Flint for many years yet of usefulness.

Dr. Flint was born in Massachusetts October 20, 1812, and graduated in Harvard Medical College in 1833. After his graduation he practiced in Boston and vicinity for three years, and then went to Buffalo, N. Y., which he claimed as his home, until he settled finally in New York City in 1860. Between the years 1826-1860, however, he led a very eventful life. In 1844 he went to Chicago as professor in the Rush Medical College, but returned in a year to Buffalo, where, in 1846, he began the publication of the *Buffalo Medical Journal*. In 1847, with Dr. Frank H. Hamilton, and others, he established the Buffalo Medical School, in which he was professor, until 1852, when he went to Louisville as Professor of Medicine in the University of Louisville. In 1856 he returned to Buffalo, but spent the winters of 1858-59-60 as Professor of Medicine in the old New Orleans School of Medicine, an institution now defunct. After this he settled in New York, where, after twenty-five years of unceasing labor, his remarkable career has just ended.

His history in the last named city is almost too well known to need reporting, and moreover, is so full of busy deeds and great results, that our short space could not contain them. But it should be said that Dr. Flint himself looked upon his labor as Professor of the Principles and Practice of Medicine and Clinical Medicine in the Bellevue Hospital Medical College, and his work on the Theory and Practice of Medicine as the great achievements of his life. All of us have not sat under the teaching of his lips, but few of us are without possession of his great text book.

From 1861-65 Dr. Flint was also Professor of Pathology

and Practical Medicine in the Long Island College Hospital, but resigned to devote himself entirely to Bellevue.

Some of his more famous publications, other than the work just mentioned, are "Prize Essay, Clinical Study of the Heart Sounds in Health and Disease;" "Continued Fevers;" "Clinical Medicine;" "Manual of Auscultation and Percussion."

Dr. Flint took great interest in medical matters generally, and was a central figure in the many associations to which he belonged. He had been President of the American Medical Association, and exerted great influence upon its deliberations. He was also to have been President of the coming meeting in Washington in 1887, of the International Medical Congress. In his own State during the troubles over sanctioning consultations with irregulars, Dr. Flint was firm in his adherence to the principles of the American Medical Association, and in the unavoidable split in the medical organization followed the "old-coders."

The grand old physician will be regretted throughout the medical world, and by none more than by those who have learned, either from his lips or from his pen, the principles and practice of healing the sick. But with the sorrow that we feel at his death, we may be permitted to rejoice that the end came in a manner he so much desired—in the twinkling of an eye, with his duties hard upon him and his loins girded for the fight.

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#### DR. HOLT'S RESIGNATION.

At a recent regular meeting of the Louisiana State Board of Health, Dr. Joseph Holt, President, read his letter of resignation, to be tendered to Governor McEnery. The ground given for his action is a desire to devote more time to his own professional interests than allowed by a public service so absorbing and so fraught with care and responsibility. Dr. Holt has labored very zealously in the cause of public health, and during his two years term of office, has certainly rendered the State very substantial service.

We have all along sustained the excellent administration of the present Board of Health, given our pages for the publication of the sanitary views and public documents of the President, and, more than once, have commended in our columns, the faithfulness of that officer in the discharge of his public duty. We have given due credit to the Board of Health, under the presidency of Dr. Holt, for the present system of quarantine in operation at the mouth of the River. It is experimental, it is true, but based on sound, scientific principles, and promises results of incalculable value to the health and the commerce of our city. It is a matter for congratulation that our State Board has succeeded in establishing friendly relations with neighboring Health Boards, and, by the utmost candor in reporting all cases of yellow fever, even those only suspicious, has gained the confidence of the people of the Middle States as well as those living away up the Mississippi Valley. To Dr. Holt is also due the credit of having given life to the movement which led to the organization of the Board of Public Works, noticed elsewhere in our editorial columns, to which we confidently look for practical and valuable results.

As friendly as had hitherto been our official and personal relations with the President of the Board of Health, we could not conscientiously endorse his Yellow Fever Commission, as proposed, upon such pretext for its organization. Our objections were urged upon grounds purely practical and scientific, and, in past numbers of the *JOURNAL*, stated with perfect fairness.

Notwithstanding Dr. Holt's errors of enthusiasm, and his animadversions upon the editorial management of the *JOURNAL*, published in the secular press of this city, we have in no way altered our opinion of him, as a sanitarian, or of the excellence of his work, as President of the Louisiana Board of Health. Of him in his official capacity, we have only words of commendation, and we feel that upon his retirement from the presidency of the Board, the State

will lose the services of a competent, thorough-going and praise-worthy health officer.\*

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NEW YORK SKIN AND CANCER HOSPITAL.

We have received the third annual report of the New York Skin and Cancer Hospital. This institution should not be confounded with the New York Cancer Hospital, recently organized, but not yet in active operation. The first named consists of a City Hospital, on East Thirty-fourth street, and a country branch of cottage pavilions, at Fordham Heights, above High Bridge, situated in a beautiful plot of sixteen acres of ground. This suburban branch of the Hospital now consists of two cottage pavilions. Several other cottages have been promised by friends of the institution. In this village of hospital pavilions the Board of Management expect to do their most effectual work. The patients for operation will thus be removed from the unfavorable influences of metropolitan hospitalism.

The Hospital has been in active operation now more than three years, and more than three thousand patients have been treated. Of the 1064 patients treated last year, about 140 were cases of cancer in their various forms. Many of the patients presenting themselves for treatment were cases simulating cancer. Most of this class were cases of skin disease. In the inauguration of the Hospital the advisability of associating skin diseases and cancer is becoming more and more apparent with each year. Another strong reason for the desirability of this association is that a number of the supposed cases of skin disease have been found to be cases of localized cancer, requiring early removal.

In the out-patient service of the Hospital, our friend Dr. George T. Elliot, is an assistant physician. We value very highly his writings on diseases of the skin, contributed to the *JOURNAL*. Dr. H. W. Blanc, of our own city, is the House Physician of the Hospital, and also a valued contributor to our pages.

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*Later*—Dr. Holt has withdrawn his resignation.

## CHARITY HOSPITAL AMBULANCE HOUSE.

The Ambulance Service of the Hospital was organized on the 2nd of February, 1885, and since then has answered about one thousand calls. The service works entirely satisfactorily. Its success is due mainly to the competency of the staff of resident students of the Hospital, who constitute the corps of ambulance surgeons, and the promptness and zeal with which they discharge their duty. At present the ambulances and horses are stabled in temporary shelter. It is the desire of the Hospital administration, in view of the value of the Ambulance Service, to place it on a perfectly permanent basis, at the earliest day possible. Looking to this end, the Board of Administrators, at the monthly meeting on the 1st of March, contracted for the erection of an Ambulance House, at a cost of \$8,998. The building, upon which the work has already begun, will stand on the corner of Common and Villere streets, immediately facing the Hospital. The plans provide for a two-storey brick structure; the ground floor arranged for the accommodation of three ambulances; with the horses and harness conveniently placed for rapid hitching, as arranged in the engine houses of the metropolitan fire departments. On the second floor are the apartments for the Ambulance Corps, affording very comfortable quarters and every facility for rapid action.

The Ambulance Service is intended more particularly as an emergency service, to render medical aid on the spot and transfer to the Hospital only the more seriously ill and injured, and as such it is simply invaluable.

The erection of the Ambulance House, as planned in the architectural drawings of Mr. W. A. Freret, of this city, will facilitate very much the working of the service and prepare for its permanent establishment as an important branch of the medical department of the Hospital.

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TRIBULATIONS OF JOURNALISM.

We have a fair, outspoken way of commenting on medical matters, especially such as affect the welfare of the

city and commonwealth, where this JOURNAL is published, and the States in which most of our readers reside. In all candor, we disapproved of the Yellow Fever Commission, as proposed, and the pretext advanced for its organization. Our views, expressed in very civil and courteous language, were based on purely practical and scientific grounds, and urged in a spirit of the utmost frankness. Convinced of the correctness of our opinions and conscious of the rectitude of our purposes, we thought but little of the consequences of antagonizing popular sentiment on the subject.

The advocates of the other side, as usual with people failing in argument, began the use of all sorts of epithets, which disfigured us almost beyond recognition. When the home supply of defamatory adjectives was exhausted, requisition was made on the vocabulary of an epithet expert in New Hampshire, whose accomplishment in this line is certainly phenomenal. He wrote a letter, which was published in the *N. O. Picayune*. For a while, our experience was a terrible realization of the sufferer's affliction, depicted in the fable of the fox and the flies.

Hitherto, we have been entirely untrammelled in the expression of our views upon medical matters, and, while it is our intention to continue in the same straight-forward course, we confess to a dread of ever again having to incur the displeasure of people, capable of saying such mean, ill-natured things. Above all, we devoutly hope that, whatever afflictions and persecutions may betide us in the future, we may be spared another infliction of that horrible man in New Hampshire.

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#### CHARITY HOSPITAL ELECTION.

The Board of Administrators, His Excellency, Gov. S. D. McEnery presiding, held a special meeting on the 20th of March, and elected the following gentlemen to the visiting staff during the ensuing term:



## VISITING SURGEONS.

Dr. Geo. B. Lawrason,	Dr. Geo. W. Lewis,
Dr. G. B. Underhill,	Dr. R. Matas,
Dr. H. A. Veazie,	Dr. A. Nolte,
Dr. C. Chassignac,	Dr. John Callan.

## VISITING OCULISTS AND AURISTS.

Dr. O. R. Lanng	Dr. S. D. Kennedy,
	Dr. E. W. Jones.

## VISITING PHYSICIANS.

Prof. John B. Elliott,	Dr. C. P. Wilkinson,
Dr. P. E. Archinard,	Dr. P. Michinard,
Dr. C. L. Seemann,	Dr. H. S. Olliphant,
Dr. Henry DeMahy,	Dr. O. R. Grube,
Dr. J. H. Bemiss.	Dr. W. Locke Chew,
Dr. J. D. Bloom,	Dr. J. Laurans,
Dr. E. P. Lowe,	Dr. L. C. Tebo.

At the same meeting, the result of the competitive examination for the admission of resident students, held on the 10th of March, was presented by Dr Thos. Layton, Vice President, and Dr. C. J. Bickham, the medical member of the Board of Administrators, who jointly constitute the Examining Committee. The following result was announced:

Incoming Students.—Henry Bayon and Joseph T. De Grange, equal; Geo. H. Lee, James H. Lamb, J. J. Wray, J. W. Scott and E. E. Ellis.

Second Course Students.—Warren S. Bickham, L. G. Lebeuf, B. D. Watkins, A. A. Forsythe, J. N. Charbonnet J. F. Schmittle and Will Harnan.

Out-going Class.—Jefferson D. Bloom, Albert J. Meyer, R. D. Palmer, W. J. Lane, W. Locke Chew, F. J. Kearny and J. Laurans.

The names are mentioned in the order of merit upon examination. Mr. Bloom, standing first in his class, was awarded the "Administrators' Medal," which bears the inscription: *Palman qui meruit ferat*. The Medal was presented by His Excellency, with remarks most appropriate to the occasion.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

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MEDICINE.

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PERUVIAN WART—A NEW DISEASE.

An obscure disease has long existed in Peru, called “*la verruga Peruana*” (Peruvian wart), which long baffled the efforts of South American physicians to determine its exact nature. A boy of 14 years, suffering from the disease, entered the hospital “*Dos de Mayo*,” in Lima. A young physician of that city, Dr. Daniel A. Carrion, desired to found a national pathology; and, with that end in view, he selected *la verruga* as the subject of his investigations. He read all that could be obtained bearing on the subject; but he was not satisfied; he wanted to inoculate himself with the blood of a patient suffering from the disease, and then observe its phases. He took some of the blood of the boy who had entered the hospital, and, notwithstanding the protests of his friends, rashly inoculated himself. At the end of twenty-three days, the period of incubation, the first symptoms of a grave malady appeared in Carrion. He died in less than a month. His sacrifice was unnecessary; one of the lower animals might have answered well enough.

*La verruga Peruana* is a disease special to Peru, endemic in certain parts of the Andes at an elevation of from 3,000 to 6,000 feet above the level of the sea. It attacks individuals of all classes and conditions, and animals also.

Its most notable and characteristic symptoms are: A more or less pronounced anæmia, and the production of tumors consisting of connective tissue, red in color, and varying in size from a mere speck to that of a pomegranate, which have a predilection for the cutaneous surface, and which have a definite evolution. Although this disease has been known since the time of the Conquest, very few historians have mentioned it. Dr. Salazar, in a thesis, in 1858, aided in fixing the ideas concerning the nature of *la verruga*, considering it as a virulent disease, with definite periods, caused by conditions of the soil inherent in the localities where the disease prevailed endemically, and the virus of which “produces in the organism a true poisoning, and if it do not possess strength enough

to eliminate the poison, succumbs under its deleterious influence." In 1870, during the course of the construction of a railroad on the coast of Peru, large quantities of earth were upturned; and, as always happens in such cases, various miasmatic affections, of more or less severity, appeared in many localities in which malaria habitually prevailed; but in the district of Huarochiri, where were carried on operations on the railroad from Callao to Oroya (the only remote locality in which *verruca* is endemic), a very grave fever of anomalous course, attacked the workmen, who were strong, robust men, for the greater part Chilians. This fever caused profound adynamia with marked anæmia, alteration and destruction of the red blood-corpuscles, and consecutive leucocytosis. It was rebellious to the various modes of treatment employed, and caused a multitude of victims. This disease was called *fiebre de la Oroya* (Oroya fever); it was impossible to put it in any of the known nosological groups. The general opinion at the time was that the fever was a severe (or pernicious) form of paludism; but its absence from other localities, and its presence in only that place in which *verruca* had been known from time immemorial, made some of the clearer-minded men suspect a relationship between *la verruca* and Oroya fever. This theory was sustained by Drs. Basadre, Espinal, Salazar, Bambareu, Barrios and others; but there were no data to establish scientifically the etiological unity of the two affections. This point appears to have been settled by the sacrifice of the rash and unfortunate Carrion. \* \* \*

From the data in his possession, Dr. Avendano draws the following conclusions: 1st, *la verruca* should be considered as a zymotic disease, in the telluric group, along with malaria, cholera, yellow fever, etc., and as such, by analogy, we should accept the existence of a special micro-organism as its causative agent; 2nd, it is inoculable, that is, it is transmissible from man to man; still, this is not sufficient ground for saying that it is contagious; and 3d, the morbid state known to physicians under the name of Oroya fever is not a distinct morbid entity, but only the febrile stage, which, in severe cases, precedes the cutaneous eruption—*Cronica Medica de Lima*, quoted in *La Enciclopedia* of Havana.

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#### TREATMENT OF ITCH.

Comessati recommends the following treatment of itch

as more simple and successful than any other hitherto used (*Journal de Med.*, No. 4, 1885).

200 grams ( $6\frac{1}{4}$  oz.) of hyposulphite of sodium are dissolved in a litre (o. ij.) of water, and the entire body, before retiring, is treated with this solution. On the following morning the body is treated with a solution containing 50 grams of hydrochloric acid in a litre of water. The explanation of this treatment is very simple: Sulphur in a state of fine division settles in the pores and remains there for a long time; sulphurous acid and chloride of sodium are also formed. These two results of this reaction are both toxic to the acarus, and the affection is usually cured by a single application.—*Journal of Cut. and Ven. Diseases.*

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## SURGERY.

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### SURGICAL TREATMENT OF PERITYPHLITIC ABSCESS.

In the March 6 number of the *Medical Record*, Dr. W. T. Bull, of New York, reported five cases of perityphlitic abscess, with some surgical points in the treatment, which strike us as being of practical interest.

In the first case, the abscess was opened only partly—eight hours after the symptoms became acute and the patient took to bed. At the first visit, the temperature was  $103^{\circ}$  F., the pulse 120; an area of dullness, with intense pain in the iliac region. For ten days before there had been dull pain over this region, with constipation, which continued until three days before the first medical visit. An exploratory needle entered from above and behind the anterior superior spine of the ilium, and pushed to the depth of four inches, tapped bloody, offensive pus. An incision was followed by an ounce of pus. The pain and fever disappeared next day. The rubber drain was removed on the tenth day. The sinus remained for six weeks, when a foreign body was detected and removed. It was a concretion, of calcareous composition, as large as a bean. The patient recovered, and the success of treatment was attributed to the early exploration and incision.

The second case related is illustrative of that class, in which the constitutional disturbances are very slight in comparison with the gravity of the local conditions exist-

ing. The patient's illness began with chilly sensations, fever, and pain in the inguinal fossa. These symptoms continued for two weeks and subsided upon the relief of a fæcal impaction. The patient improved so much as to be able to walk about the house. However, the temperature remained 100 to 100½°; pulse 90 to 100; and a tumor in the iliac region, causing dullness over an area as large as the palm of the hand. As the man complained of only a dull pain, as the bowels moved naturally, and as the tumor was not sensitive to pressure nor fluctuating, exploration was deferred. At the end of a week, pus was detected upon exploration, and an incision was made three inches long. A pint of pus escaped. The wound healed in two months, and after a tedious illness of complicating diseases, at the time of the report, the patient was recovering. This case illustrates the value of exploration as a means of diagnosis, when the general symptoms, usually present in such cases, fail to indicate the formation of pus.

In the third case, there were two discharges of pus from the bowel. Gas in the abscess cavity masked the symptoms ordinarily present. The abscess was preceded by constipation, and ushered in by violent pains in the abdomen, temperature of 107° F., chill, sweating and vomiting. On the following day the temperature fell to 103° F., the vomiting ceased and the pain became located in the right iliac fossa. There was abdominal tympanites, but no iliac tumor. On the tenth, and also on the twelfth day, there was pus in the stools; the local signs of inflammation disappeared. Subsequently the patient grew worse, the fever remained at 101° F., the pulse rapid, tongue dry, delirium at night, tympanites distressing and prostration extreme. Locally there was nothing abnormal except slight lumbar tenderness and a suspicion of subcutaneous œdema. After exploration on the 19th day, a horizontal incision nearer to the iliac crest than to the ribs, evacuated two pints of pus. With drainage and irrigation with carbolized water, the cavity healed in four months. In a week or ten days only, a small quantity of fæces escaped through the external opening.

In the fourth case, the abscess came on very suddenly, with abdominal pains and vomiting, followed by pain located in the lumbar and iliac regions, dullness on percussion and an increased sense of resistance on palpation between the iliac crest and the ribs; temperature 103° F., pulse

120. The exploring needle was inserted just above and behind the anterior superior spine of the ilium, and a half-drachm of offensive pus withdrawn. An incision three inches long, parallel with the iliac crest, was made down to the peritoneum. Punctures through the membrane revealed no pus. There was no pus discharged in the stools. On the following day the temperature fell to normal, and the pain and swelling passed away. The wound healed in two and a half weeks. Dr. Bull remarks: "In fact I feel convinced that in the aggregate of cases more good than harm would be done by an early incision, even if the needle detected no pus, provided only that the surgeons were led on by the indications furnished by the general and local symptoms." We dissent from this opinion. The remedy is too severe. In our judgment no incision is warranted until the presence of pus has been definitely determined by exploratory puncture.

The article in review concludes with the report of a case of perforating typhlitis, in which it was discovered at the autopsy that the appendix had been perforated in two places, and the connective tissue of the lateral abdominal regions from the fossa to the liver infiltrated with fæcal matter. There was no communication with the peritoneal cavity. There was suppurative peritonitis, and yet no communication between the fæcal extravasation and the peritoneum. Dr. Bull thinks the peritonitis and the inflammation in the illiac fossa must have been nearly coincident, and he considered it doubtful if any operation would have done any good; but should a case presenting similar symptoms occur to him again he would certainly pursue the investigation, at the time of operation, to the point of ascertaining the condition of the vermiform appendix. In cases in which there is a communication with the peritoneal cavity, laparotomy is rightly considered a justifiable and desirable operation.

The following is a summing up of Dr. Bull's treatment: Early exploration, early and free incision, drainage and irrigation. We are in full accord with this plan of treatment, which meets the approval of many of the most distinguished American surgeons. The incision obviates the tendency of the pus to burrow in any loose cellular tissue of the iliac and lumbar regions. The sinus left has usually healed very promptly.

The following statistics are in confirmation of the views

above expressed: Of the one hundred cases, collected by Dr. Noyès, treated by incision, 85 per cent. recovered; a mortality of 15 per cent. In the sixty-seven cases, compiled by Dr. Bull, where no early operation was done, the mortality reached 47 per cent.

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#### GENITO-URINARY SURGERY.

We note elsewhere the retirement of Prof. H. J. Bigelow from the staff of visiting surgeons to the Massachusetts General Hospital. Apropos of this announcement, we extract the following from a paper on Hospital Notes and Comments, recently read before the New Orleans Medical and Surgical Association, by Dr. A. B. Miles. The complimentary allusions to the distinguished Boston surgeon are well merited and we fully concur in the writer's remarks:

"The most admirable results in the treatment of genito-urinary diseases, especially vesical calculus and stricture of the urethra, were observed in the Massachusetts General Hospital. Here the methods of Prof. Bigelow prevail, and truly his contributions to this special surgery are very valuable. This is the field where many of his triumphs in surgery were achieved, and where he now receives, with the universal accord of the Boston profession, the homage he deserves as a truly great surgeon. Here he advocated the feasibility of crushing and removing vesical calculi, even those of large size, at a single operation, and demonstrated conclusively the efficiency of the instruments devised by himself for the purpose. His largest lithotrite and the monstrous size of his evacuating catheters were revelations to foreign lithotritists. The views expressed by Prof. Bigelow and the marked improvements in the instruments employed in his operations, put an entirely new phase on the procedure for the removal of stone from the bladder. The fact is acknowledged by Sir Henry Thompson in his last published work on the Surgery of the Urinary Organs, but not as ingenuously as would have been becoming in the great Englishman.

Bigelow's litholapaxy apparatus, in the opinion of the writer, is the best in use at the present day, and certainly ranks among the most valuable contributions to the armamentarium of modern surgery. No surgical appliance of our time better illustrates the rapid progress in mechanical

therapeutics than the complete set of instruments devised by Prof. Bigelow for crushing and removing a stone from the bladder; all evolved out of the crude trilobe of Civiale and the india-rubber bottle of Mr. Clover.

“In the advanced position of vesical surgery to-day, we wonder that, as recently as the early part of the current century, stones were removed from the bladder only by some cutting operation; and but a short span of years ago, within the professional lifetime of many now present, it was considered that no surgeon had fairly won his spurs, or fully deserved his title, until he had *cut a man* for stone. Now, lithotomy is comparatively so hazardous in the adult, and even in half-grown boys, that, unless the subject is chosen with the utmost circumspection, a reputation is as easily lost as formerly won by such a procedure. So, while the ovariologists are receiving well-deserved praise for the thousands of years of life they have saved to *women*, let us not omit, whenever the occasion offers, to pay the tribute we owe to modern lithotritists for adding so much to the lives of *men*. Prominent among the lithotritists of our own times are Thompson and Bigelow, whose names will long be remembered by English-speaking people.

“In the treatment of stricture of the urethra, requiring immediate opening of the channel, the method of divulsion with Bigelow’s instrument for the purpose, is very generally adopted in Boston, and especially in the Massachusetts General Hospital. It is claimed that fever in consequence is infrequent; that hemorrhage seldom ensues; and that the results are altogether satisfactory. In our own city, ten years ago, divulsion was a common practice in the operative treatment of stricture of the urethra. In the Charity Hospital the writer had the opportunity of observing many cases. Some few bled, more did not; while the majority suffered no ill consequences. The operation, however, was gradually abandoned mainly because of the imperfections of the instrument then in use—Holt’s divulsor. Urethrotomy has since been the fashion, and the instrument usually adopted either that of Otis, Gross, Maisonneure or Pritchett. In the hands of an inexperienced operator Bigelow’s divulsor is safer than any cutting instrument. In the operative treatment of a majority of the urethral strictures requiring immediate relief, it is, in the judgment of the writer, the simplest, safest and best instrument of its kind made or sold by American manufacturers.”



## FRACTURE OF THE PENIS.

In the *Revista de Ciencias Medicas*, of Barcelona, Dr. E. de Areilza gives the history of a curious case of fracture of the penis. The patient was an unmarried, robust miner, 27 years of age, and of good antecedents. Early one morning he got out of bed to urinate; the penis was in a state of vigorous erection, and when he forcibly depressed the member in order to urinate with greater convenience, he felt a violent crack and a pain so severe that he at once feared that he had broken his penis. The organ instantly became flaccid, swollen, and of a blood-red color, but the patient urinated perfectly and without the least disturbance. Ten hours after the accident he entered the hospital, presenting the following symptoms: The penis was of a truly monstrous aspect; it was bulging, especially at its middle; swollen, as though œdematous, and of a dark color, almost black. It lay perfectly flaccid on the thighs, resembling an enormous black pudding in form, color and consistence. Its length along its upper surface was 6 2-5 inches; diameter, at its middle, 6 2-5 inches, at the root, 4 2-5 inches, and opposite the frænum, 3 3-5 inches.

The dark coloration extended over the scrotum, and as far as the perineum, but it stopped opposite the pubes. The prepuce was swollen and infiltrated, entirely concealing the glans. The penis was half twisted upon its axis, and the penile portion of the urethra was found almost on the upper surface of the organ, looking towards the right thigh. The pain was not very severe, and his general condition good. The bloody infiltration was quite uniform, but was so marked that it was impossible to determine the seat of the fracture.

Dr. de Areilza ordered absolute rest in bed; the patient was dieted, and application of cold water made to the penis and scrotum. Under this treatment the effusion considerably diminished, and on the upper surface of the left corpus cavernosum, one inch from the pubis, a depression was felt, as large as two reales (about as large as a silver dime); this hiatus was painful upon pressure. In order to hasten the absorption of the blood, the treatment was changed, and mercurial emersions and emollient applications made to the penis; improvement was more rapid, meanwhile erections took place which were painful, especially at the point of fracture; during erection the penis turned towards the left side.

The patient left the hospital in sixteen days, completely cured, with an induration as large as a kidney bean at the seat of fracture. The twisting of the urethra had disappeared. Six months after the accident, the induration persisted; but erection was no longer painful, and the curving was absent; so that coitus was easy, and also agreeable.

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#### ULCERS OF THE PALATE AND PHARYNX.

The following extract is taken from the Lettsomian Lectures on Some Moot Points in the Natural History of Syphilis, delivered by Jonathan Hutchinson before the Medical Society of London, and published in the *British Medical Journal*: "The question as to whether deep ulcerations of the palate and pharynx, when met with in young persons, are usually due to syphilis or to scrofula, is one of great interest. I long ago ventured to record, as the result of some observation, my conclusion that it was rare in these cases to meet with syphilitic teeth; and I felt obliged in not a few cases of this kind, to leave the diagnosis uncertain. As the result of further observations, I may now say that, year by year, the balance of evidence has more and more inclined toward the creed that such lesions are almost always syphilitic.

"We admitted into the London Hospital a lad who had a perforating ulcer of the soft palate, almost phagedænic. He was cured by cauterization of the ulcer. The most careful examination of the lad himself and of his family history failed to elicit a single fact supporting the suspicion of inherited taint. His teeth were of good form; his physiognomy was good; he had not suffered from either choroiditis or keratitis. So the case stood. A year later, this same patient came to me at Moorfields for his eyes, and passed through a characteristic attack of interstitial keratitis. Of late years, I have seen no case of deep ulceration in the throat in a young person without being able to make the diagnosis of inherited syphilis probable."

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#### CARBOLIC ACID INJECTION IN HYDROCELE.

Ten years ago, Dr. R. J. Levis, of Philadelphia, advocated the injection of pure deliquescent carbolic acid in the treatment of hydrocele. In an article in a recent number of the *New York Medical Record*, Dr. E. L. Keyes com-

ments very favorably on the method, and states that, having used it frequently, he has never produced suppuration; and that he has never failed in effecting a radical cure. Dr. Keyes employs a glass syringe, made for the purpose, holding one hundred minims, fitted to a hypodermic needle. In small collections of fluid, this needle, having served the purpose of emptying the sac, remains in place, while the syringe is unscrewed and filled with the pure carbolic acid deliquesced with a little glycerine, and then serves the second purpose of making the injection.

There is another simple way which does not require for its execution any special instrument: Insert an ordinary hypodermic needle until it taps the tunica vaginalis and leave it in place; then withdraw the fluid with trocar and canula. After emptying the sac, inject the deliquesced acid with a hypodermic syringe through the needle previously inserted. The results of this treatment are said upon excellent authority to be entirely satisfactory.

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#### RESORCIN IN ERYSIPELAS.

Dr. Kaegler in the *Revue Hebdomadaire de Thérapeutique Générale et Thermale*, recommends the following in erysipelas:

℞ Resorcine . . . . . 5 grammes (77 grains.)  
Vaseline . . . . . 20 grammes (310 grains.)

Rub the affected part, and cover immediately afterwards with a layer of wadding (lint?). In all cases thus treated by Kaegler, the erysipelatous inflammation disappeared in the space of thirty-six hours.—*Revista de Ciencias Medicas*.

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### OBSTETRICS, GYNÆCOLOGY AND PÆDIATRICS.

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#### TREATMENT OF PELVIC ABSCESS IN WOMEN.

Dr. Munde, in the *American Journal of Obstetrics*, for February, after giving the reports of ten cases, and discussing their treatment, comes to the following conclusions:

1. Pelvic abscess in the female is not very common, in proportion to the great frequency of pelvic exudations, and probably does not occur in more than ten per cent. of all cases, the majority of exudations terminating in spontaneous absorption.

2. Pelvic abscess may be either extra-peritoneal, the result of cellulitis (by far the most common variety), or intra-peritoneal, the consequence of pelvic peritonitis. If intra-peritoneal, the adhesive inflammation between pelvic viscera and intestines may so seal the abscess cavity as to render it *practically extra-peritoneal*.

Abscess of the ovary and pyo-salpinx do not belong in the category of "pelvic abscess" proper, and do not fall under the same therapeutic rules, unless when, by agglutination to the abdominal wall or to Douglas' pouch, they become virtually extra-peritoneal.

3. Small deep-seated pelvic abscess, not exceeding a capacity of two ounces, and minute multiple abscesses in the cellular tissue, can often be permanently cured by evacuating the pus thoroughly with the aspirator. The surrounding exudation is then rapidly absorbed.

4. About one-half of the abscesses open spontaneously into the vagina, rectum, bladder, or through the abdominal wall and ischiatic fossa. These cases may gradually recover without treatment, or the sinuses may persist until closed by surgical interference.

5. Abscesses containing two or more ounces of pus should be opened by free incision along an exploring needle or grooved director, cleared of debris by finger or blunt curette, and drained and irrigated, if necessary, through a drainage tube.

6. This incision should be made at the spot where the pus points most distinctly, which is usually the vaginal vault.

7. In a certain number of cases the pus points through the abdominal wall, generally in the iliac fossa, and the incision should then be ample, and free drainage should be secured.

8. When the pus has burrowed deep into the pelvic cavity, and a probe can be passed from the abdominal incision down to the vaginal roof, mere abdomino-cutaneous drainage will not suffice, and a counter-opening must be made in the vagina, and a drainage tube carried through from the abdominal wound into the vagina. This drainage tube may have to be worn for months. In making this incision care should be taken not to wound the bladder.

9. The opening of a pelvic abscess which points through the abdominal wall does not differ from, and is no more dangerous than, the same operation elsewhere on the cuta-

neous surface of the body. It is not an "abdominal section" or a "laparotomy," in the sense that these terms are now used to indicate the surgical opening of the peritoneal cavity.

10. Chronic pelvic abscesses, which have burst spontaneously, and have discharged through the vagina, rectum, or elsewhere for months or years, are exceedingly difficult to cure. This is particularly the case when the opening is high up in the rectum. A counter-opening in the vagina, or enlarging the opening if there situated, the curette, stimulant irrigation, etc., may occasionally succeed, but usually fail.

11. A perityphlitic abscess may point through the abdominal wall, and simulate a pelvic abscess proper. Aspiration will settle the diagnosis; the treatment is the same.

12. The majority of cases of pelvic abscess recover; at least the mortality is small.

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#### THE MANAGEMENT OF PLACENTA PREVIA.

Dr. McLean, in concluding an article on the above subject, offers the following rules as appearing to him best for our guidance in general, in dealing with placenta previa.

First. In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first, the patient should be put in a state of absolute rest—body and mind—and a mild opiate is often desirable at this stage to quiet irritation.

Second. Inasmuch as the dangers from *hemorrhage* are greater than all else to both mother and child, at the earliest moment preparations should be made to *induce* premature labor, and labor being once started, the case should be closely watched to its termination by the accoucheur.

Third. In the primiparæ, and mothers with rigid tissues, the *vagina* should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

Fourth. In the *majority* of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the *thorough continuous* hydrostatic pressure of a Barnes' dilator than on pressure by the fetal parts.

Fifth. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot, and leaving one thigh to occlude and dilate the os, may be practiced according to the method of Braxton Hicks, except in cases where the head presents well at the os, when

Sixth, the membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

Seventh. In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

Eighth. In some cases, in the absence of sufficient assistance or the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In case of favorable presentation—occiput or breach—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta, and child will be expelled rapidly and safely without artificial assistance.

Ninth. The dangers of septic infection by means of the tampon or India-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

Tenth. Whenever it is possible, dilatation and delivery ought to be *deliberately* accomplished, in order to avoid maternal lacerations.

Finally. As cases of placenta previa offer special dangers from post-partum hemorrhages, septicemia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother.

*Absolute cleanliness, rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.—From the American Journal of Obstetrics for March.*

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#### NEW METHOD OF TREATING UTERINE HEMORRHAGE.

The treatment recommended by Richardson consists in introducing into the cavity of the neck of the uterus crystals of alum of the size of a hazel-nut, and pushing them up as far as the internal os. The uterus is not slow to contract; a hard coagulum is formed, and the hemor-

rhage is checked. It is to be observed that the alum possesses antiseptic as well as hæmostatic properties. Richardson has sometimes removed clots which had remained for four or five days, without undergoing the least decomposition. He recommends the careful removal of the remains of the placenta and clots of blood before introducing the piece of alum.

Richardson has employed this treatment for the last twenty years, and always with success. He has compared his treatment with others commonly employed; some of these require a special instrumentation, which is not always at our command, and others are not entirely devoid of danger. The alum treatment presents none of these disadvantages.

The following is the method of proceeding: Wrap a piece of crystalin gauze, and introduce it into the uterus, taking care to let the end of the gauze hang out of the uterine cavity, in order to be able to withdraw it when necessary. Immediate contraction of the uterus is thus obtained. During the next two days the physician should abstain from digital examination. At the end of that time an injection of warm water should be made, in order to relieve the vagina of the clots of blood. This treatment may be employed in hemorrhages from other causes; thus Richardson has successfully resorted to it in two cases of cancer of the uterus with profuse metrorrhagia.—  
*Union Médicale du Canada.*

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## OPHTHALMOLOGY AND OTOTOLOGY.

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### SCHILLING "COCAINE POISONING AND ANTIDOTE."

(*Aerztliches Intelligenzblatt*, No. 52, 1885.)

In order to facilitate the extraction of a back tooth, a woman æt. 28 had injected into the gum six drops of a 20 per cent. solution. The tooth was extracted without pain, and the woman was about to leave, when the operator observed her countenance assuming a rigid expression, and made her sit down, expecting she would faint. After a few minutes she complained of darkness before her eyes. She was placed in the horizontal position, and made to take black coffee and Hoffman's drops; other stimulants were administered. When Dr. Schilling saw her she had been unconscious for about half an hour; her breathing was quiet; the pulse of moderate tension and breadth,

eighty-four beats to the minute; temperature not raised; eyes widely opened, expression rigid, pupil of moderate size, scarcely reacting; conjunctiva and lips of normal colour; face somewhat pale. The upper extremities hung lax; the muscles of the legs were of moderate tension. Hands and forearms showed goose-skin contraction. Motor power, sensation, and all the senses were suspended. Complete amaurosis; the patient heard nothing; reacted to nothing; complete anæsthesia and analgesia; yet she swallowed brandy well. She called out to her husband, who was not present, "Otto, Otto, I am cold; it is night; it is dark; let us get to bed." Ophthalmoscopic examination showed contraction of the retinal arteries. Reasoning that the arteries of the brain were contracted, the author conceived the idea of treating her with inhalation of amyl nitrite. She was made to inhale three drops on a cloth; her face flushed up, and she cried out, "Now it is clear."

A second and third application were made at intervals of a few minutes, and resulted in complete restoration of power. The patient resumed work and cheerfulness the same afternoon, nor did any other bad effects follow. There was no neurotic history attaching to her.

A historical *résumé* of toxic effects from cocaine concludes the paper. JAMES NIVEN, *Medical Chronicle*.

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#### POISONING BY COCAINE; CURED WITH PILOCARPIN.

Dr. Puga Borne, of Santiago de Chile, publishes in the *Boletín de Medicina*, of that city, a very interesting clinical observation upon a patient of good constitution and good general health, who suffered now and then from attacks of catarrhal asthma, which coincided with an increased production of uric acid. The patient was endowed with an excessive susceptibility to morphia and atropia, ordinary doses caused in him toxic effects, and promptly gave rise to the phenomena of accumulation.

One day, in order to avoid the pain incident to the extraction of several molars, he received in the substance of the gum two hypodermic injections of an aqueous solution of cocaine, 2 to 1000. He then went to the dentist's office; and on the road he felt badly, experiencing languor and vertigo. Attributing these phenomena to the numerous



excitations arising from anticipation of the operation, other injections were made of a stronger solution; the roots of six molars were drawn without causing the least pain. As he was going home, the feeling of sickness became more marked, and he called in the assistance of Dr. Borne and Sr. Silva Palma, who found the following symptoms: temperature in the axilla,  $39.6^{\circ}$  C. ( $103.2^{\circ}$  Fah.), violent rigors which shook the bed, anguish, fainting, precordial oppression, general cutaneous hyperesthesia; the act of applying sinapisms made him cry out; almost constant vomiting, acceleration of respiration, coldness of the extremities, absolute dryness of the skin, which on the trunk is burning hot; pupils slightly dilated. The patient complained also of coldness within, violent muscular pains in the limbs and trunk, and, on the whole he presented a state of alarming anxiety.

Later on, cramps appeared in the dorsal and lumbar regions, hiccough and formication over the whole body; the skin remained numb where it had been scratched or rubbed. The temperature rose to  $106^{\circ}$  Fah., and the pulse to 160 per minute.

In presence of this symptomatic picture, the professors believed that the most urgent indications were: To reduce the fever, arouse the activity of the skin and open a way of active elimination; they decided to give pilocarpine hypodermically, injecting 8 to 10 milligrammes of the hydrochlorate, which, in two minutes, produced salivation, and, later on, copious diaphoresis.

In this case the following symptoms were notable: Neuro-muscular excitation, elevated temperature, intellectual exaltation and insomnia, cardiac acceleration, anorexia, and, above all, absolute absence of thirst, in spite of the fever, diaphoresis and salivation.—*El Dictamen*.

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BLAU "ON DISEASE OF THE EAR IN LEUKÆMIA."

(Monat. für Ohrenheil. Sept., 1885.)

Dr. Blau gives the case of a merchant, aged 40, suffering from leukæmia, who was attacked, after a long journey, with violent sickness, giddiness, loud hammering tinnitus aurium, and deafness in both ears. There had not been any previous ear affection, but very slight giddiness had been noticed. The symptoms diminished in a week, but a second and more serious attack occurred six weeks

later, after a long drive. The hearing was now evidently destroyed, the tinnitus had become of a metallic character.

Examination showed that hearing was limited to a loud voice close to the ear on the right side only. The gait was unsteady, the legs being placed wide apart. There was general weakness and pain across the epigastrium and spleen. The condition was regarded as an affection of the labyrinth combined with slight catarrh of the middle ear. The hearing recovered very considerably in three weeks, but at the end of a month a third attack, accompanied by severe epistaxis and a doubtful degree of vertigo, caused permanent deafness in the right ear, and with afterwards slight middle ear suppuration. After a time the perforation of the membrane healed, and left the hearing even worse. Dr. Blau alludes to four similar cases on record and to the pathological changes found, according to Menière's description, in the labyrinth, consisting of exudation of blood containing many white corpuscles and a certain amount of connective tissue change.

F. M. PIERCE, *Medical Chronicle*.

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#### PERIPHERAL ATROPHY OF OPTIC NERVE.

Drs. Wadsworth and Standish in an account of Recent Progress in Ophthalmology published in the Boston *Medical and Surgical Journal* for January 14th, say that Fuchs has concluded from an examination of more than sixty specimens, of all ages, that in the human adult, there is, as a rule, an atrophy of certain optic nerve fibres. The fibres which are thus subject to a physiological atrophy, are situated:

*First*—Immediately beneath the pial sheath of the nerve.

*Second*—About the central vessels which are accompanied, as is well known, by a continuation of the pial sheath.

The degeneration is a species of gray atrophy and is found, as a rule, after the thirtieth year.

The functional consequence of this atrophy would, theoretically, be an enlargement of the blind spot.

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#### DAVIELS MONUMENT.

The January number of the *Klinische Monatsblätter für Augenheilkunde* contains an engraving of the monument erected by Swiss oculists in honor of Jacques Daviel, who,

about the middle of the last century, first methodically performed the operation of cataract extraction. Jacques Daviel was at one time professor of anatomy and surgery in Marseilles, but afterwards became oculist to the King of France. He died in 1762 in Geneva, whither he had travelled to consult the celebrated physician, Tronchin.

Dr. Haltenhoff, of Geneva, ransacked the death register preserved in the Geneva States Office, and there found the following inscription :

“ Du jeudi 30, Septembre 1762, à 6 heures du matin ;  
Sieur Jacques Daviel, domicilié à Paris, catholique romain, chirurgien ordinaire et oculiste du Roy de France ; âgé de 58 ans, mort d’une paralysie du larynx, place de Bel-Air, transporté, par permission de M. le syndic de la Garde, au Grand-Sacconex.”

Upon reading this entry, Haltenhoff resolved to discover the location of the grave, but all search proved fruitless. Notwithstanding, he determined, in connection with the Swiss oculists, to erect a monument to the memory of the celebrated French oculist. This idea was carried out ; a plain but elegant monument was erected on the outer wall of the church-yard of Grand Sacconex, and, on October 8, 1885, was unveiled with great ceremony.

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#### ATROPHY OF IRIS.

Mr. G. L. Johnson showed drawings of a case of almost complete atrophy of the iris after injury. Eighteen years ago, the patient was struck by a wheel, and sustained an injury of the right eye, which was excised. Two years ago, the sight of the remaining eye began to fail, and his friends noticed that the pupil grew larger. During the last seven months, Mr. Johnson had noticed a progressive atrophy of the iris, until at the present time only a small band of iris remained above and below. Vision was very imperfect, and could not be improved by any combination of lenses beyond Jäger 5 and 20-50. The optic disc and macula were unaffected, and the fundus immediately around was healthy ; but elsewhere there was general atrophy of the choroid — *British Medical Journal*.

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#### AMBLYOPIA FROM BISULPHIDE OF CARBON.

Mr. R. Marcus Gunn showed a case of amblyopia from bisulphide of carbon. The patient had suffered from the

deleterious vapours in the process of extracting oil from cocoa-nut fibre. Though he had worked for twenty years at this occupation, he did not experience any ill effects until he began to sleep in a badly ventilated room, when the symptoms appeared within four months. His vision was reduced to J. 19, and there was red-green blindness. The general symptoms were well marked; no improvement had occurred under treatment.—*British Medical Journal*.

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## PUBLICATIONS RECEIVED.

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*A Case of Prolonged Gestation, with Autopsy of the Fetus:* By M. Nunez Rossié, M. D., Havana, Cuba. Reprinted from the *American Journal of Obstetrics*, January, 1886.

*Coast Defences against Asiatic Cholera:* Report of an Inspection of the Atlantic and Gulf Quarantines between the St. Lawrence and Rio Grande. Jno. H. Rauch, M. D., Secretary Illinois State Board of Health, Springfield, Ill.

*First Annual Report of the Pathological Department of the Norristown State Hospital for the Insane:* By Francis X. Dercum, M. D., and Ida V. Reel, M. D., Pathologists, 1885.

*Progress of Electrolysis in Surgery:* By Robert Newman, M. D. Reprinted from December number of *Gaillard's Medical Journal*

*A New Departure in Uterine Therapeutics—The Dry Treatment:* By Geo. J. Engleman, M. D., St. Louis. Reprinted from the *St. Louis Courier of Medicine*, January, 1886.

*Fracture of the Coracoid Process:* By J. Wellington Byers, M. D., Charlotte, N. C.

*Examinations of the Auditory Organ of School Children:* By Dr. Freidrich Bezold, Munich. Translated by Isidor Furst, of New York. Reprinted from the Archives of Otology, Vol. xiv, Nos. 2, 3, 4, 1885.

*Third Annual Report of the New York Skin and Cancer Hospital.*

*Il Soggiamento nella Cura dell'Idrocefalo Cronico nee Bambini Laltanti:* Dal Dott. Cav. G. Somma. Estratto dall'Archivio di Patologia Infantile, Anno IV, Fasc. 1, 1886.

*Twenty-fifth Annual Report of the Cincinnati Hospital:* H. M. Jones, Superintendent. Cincinnati, 1886.

*Eighth Annual Report of the Presbyterian Eye, Ear and Throat Charity Hospital.* Baltimore, 1885.

*Comptes-Rendus de L'Athénée Louisianais.* Livraison 2 me, Tome 2.

*Western Reserve University, Medical Department.* Cleveland, O. Announcement, 1886-7.

*On the Necessity of Organization of the Medical Profession.* By F. E. Daniel, M. D. Reprinted from *Medical Bulletin*, February, 1886.

*Note Book for Cases of Ovarian and other Abdominal Tumors.* Adapted from the Note Books of Sir Spencer Wells and the Samaritan Hospital, London. By Jno. Homans, M. D., Cupples, Upham & Co., Boston.

We have received a copy of the mammoth edition of the *Philadelphia Times*, of Saturday morning, March 13. The writer was a constant reader of the *Times* for more than two years and believes it to be the best, and the most honest and fearless daily paper published in the whole country.

*What is Medicine?* Annual Address delivered before the American Academy of Medicine, at New York, October 28th, 1885. By Albert L. Gihon, A. M., M. D., Medical Director, U. S. N., President of the Academy.

*Cocaine in Hay Fever:* By Seth S. Bishop, M. D. Reprinted from the *Journal of the American Medical Association*, February 6th, 1886.

*A Plea for a Popular Knowledge of Sanitation:* An Essay read before the Alumni Society of the N. O. High School, December 1885. By Lucien F. Salomon, M. D.

*On the Causation and Nature of Hypertrophy of the Prostate:* By Reginald Harrison, F. R. C. S.

*Practical Notes on the Treatment of Skin Diseases—II. Eczema:* By Geo. H. Rohé, M. D., Baltimore, 1886.

*Catarrh of the Upper Air Tract, etc.:* By Samuel Sexton, M. D. Reprinted from the *Medical Record*, January 30th, 1886.

*Tetanus. Lecture delivered at the College of Physicians and Surgeons, Chicago.* By N. Senn, M. D., 1886.]

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## PERSONAL.

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DR. A. A. LYON, formerly of Shreveport, has removed to Tyler, Texas. Our State Society suffers the loss of an able and active member.

DRS. W. H. HUGER AND JENKINS, of Charleston, S. C., have both been compelled to leave home for the milder climate of Florida on account of ill health.

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## MARRIAGES.

DR. L. W. BAKER, of Temple, Texas, was married March 6, 1886.

DR. DAVID ALFRED HOLT, of Natchez, Miss., was married March 18, in this city, to Lelia, oldest daughter of the late Horatio N. Ogden.

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## Deaths.

DR. MEADE C. KEMPER was found dead in his bed in Norfolk, Va., on the morning of February 23, 1886. He was the son of ex-Governor Kemper, of Virginia, and the *Virginia Medical Monthly* speaks in the warmest terms of his worth.

WE learn, with deep regret, from the *Marksville Bulletin* of March 13th, that "Dr. S. O. SCRUGGS, of Natchitoches, died last week at his home near Cloutierville. He was 98 years old and one of the most prominent men of his section. In fact he was known all over Louisiana as an accomplished gentleman, learned scholar and doctor, staunch and true patriot. When such men die we have cause to mourn."

DR. A. Y. P. GARNETTE, JR., died at his home in Washington city last week. He was a promising young physician. His death is a severe affliction to his distinguished father and to a large circle of friends.—*Maryland Med. Jour.*, March '20th."

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## MEDICAL NEWS AND MISCELLANY.

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The first International Congress of Hydrology and Climatology will be held at Biarritz, the 1st of October, 1886, under the honorary patronage of the MINISTER OF COMMERCE, and the presidency of DR. DURAND-FARDEL.

The Congress will last 8 days (from 1st to 8th Oct.). At the close, excursions will be made to the different thermal and sanitary stations in the Pyrenean district. A complete programme of the excursions, and the time which they will take, will be published later on.

Any person wishing to join the Congress must make out his application, according to the instructions given further; on enclosing a postoffice order for 10 shillings, he will then receive the following papers:

1. *A.* The divisions departments, etc., of the Congress;
- B.* A general guide, composed by the committee of organization;
- C.* A detailed plan of the excursions;—2. A ticket giving the holder right to travel on the French railway, at a reduction of 50 per cent.;—3. Full information as to the price of lodgings, etc.

Each of these papers will be sent successively, and in good time.

As the issue of the railway tickets cannot take place until very near the time of the opening of the Congress, members are instantly requested to make known the address that will find them during the month of September.

For the committee of organization:

*The President of the Congress,*

DR. DURAND-FARDEL.

*The Secretary General,* DR. GARRIGOU.

THE Baltimore Medical College held its Annual Commencement on March 4th, graduating a class of sixteen.

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THE Medical department of the University of Tennessee held its Annual Commencement in Nashville, on February 26th, and graduated a class of fifty-seven doctors and thirteen dentists.

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THE Medical Department of the Arkansas Industrial University held its Annual Commencement on March 5th.

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THE fifty-second Annual Commencement Exercises of the Medical Department of the Tulane University of Louisiana, were held at the Grand Opera House, New Orleans, on the 31st of March. The annual address was delivered by Prof. Edmond Souchon, and the valedictory by Dr. R. B. Jackson, of Texas, a member of the graduating class.

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The account of the commencement exercises of the South Carolina Training School for Nurses, which was published in the *Charleston News and Courier*, has greatly encouraged the promoters of a similar enterprise in Louisville, Kentucky, and will probably produce a like favorable effect in other States. The *Louisville Commercial* quotes the testimony of the Charleston physicians as to the capacity and competency of the graduates of the Charleston School in their high calling, and urges the citizens of Louisville to contribute the little that is needed to enable the ladies and gentlemen who have undertaken the work to establish a similar school in that city.

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MR. CHAS. G. AM ENDE, the Hoboken druggist, who last summer caused the death of the two daughters of Charles F. Holtz, by filling a prescription for quinine with morphine, has been tried and acquitted in the Hudson County (N. J.) Court of Sessions. He\* was indicted for manslaughter.

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A telegram from Mobile, dated January 7, says that a negro child was playing with "a railroad torpedo toy," hammering upon it with a piece of iron, when it exploded, and a particle of metal, presumably from the torpedo, entered his mouth and passed out through the back of the neck, killing the child instantly.

GEN. EBENEZER SWIFT, Surgeon United States Army, died at Bermuda, on the 24th of December, of heart disease. He was 66 years old. He served a long time in New Orleans and was retired in 1883.

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MERK has succeeded in transforming benzoyl-ecgonin, a new substance discovered by him, into cocaine, as reported by the *Pharm. Zeitung* of October 31, 1885.—*Therapeutic Gazette.*

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DR. J. CRICHTON BROWNE has received the honour of knighthood.

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A correspondent writes to the *British Medical Journal*:  
 Sir—As it seems not to be generally known that the stains of “Condy’s Fluid” may be readily removed from linen, etc., by immersion in urine for a short time, the publication of the fact in the *Journal* may be useful. The stains of many fruits may be removed by the same means.

I am, etc.,

C. C. C.

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A DEATH OF LEPROSY.—The widow Nicholaus, residing at the corner of Powder and Homer streets, died recently from the effects of leprosy. The woman was 74 years of age, and had been a leper for the past twelve or thirteen years.

She left a son and two daughters, the former of whom inherited or else contracted the disease from his mother. The daughters have not exhibited any symptoms of the disease. Mrs. Nicholaus was treated by Dr. W. H. Riley, of Algiers, who gave a certificate that death had resulted from exhaustion caused by the disease. She was a native of Switzerland, and had been a resident of Algiers for many years.

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The *Boston Medical and Surgical Journal* says that in the case of the State vs. Goodwin, of Lawrence, Mass., “A distinguished surgeon of New York was called, as an expert, by Gen. Butler, senior counsel for the defense, to answer the hypothetical question which implied the insanity of Goodwin; but several physicians giving evidence for the Government, without special training and experience in mental disease, upon protest from Gen. Butler, were not allowed by the Court to testify as experts.”



“Dr.” J. L. Lighthall, the notorious quack, the “Diamond King,” died of small-pox at San Antonio, Texas, January 25th. Lighthall is said to have been about one-eighth Indian, and to have left a large and valuable estate.

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A strange and fatal accident, exemplifying the ever new dangers with which advancing civilization surrounds us, occurred in this city during the month of December. A Sicilian organ-grinder playing at a corner, leaned against a newly erected electric light post, received a shock and fell instantly dead. The crane or arm on the post carrying the light touched at some point the wires of another system. From this crane a hoisting wire ran down the post to within a short distance of the ground, and it was against this wire that the unfortunate man leaned, completing the circuit and so receiving the shock that caused his death.

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G. M. Crawford, the Paris correspondent of the *London News*, has died from a singular cause. A wasp, it is said, stung him in the carotid artery, whereby he was poisoned.

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It gives us pleasure to reprint the following from the daily *Picayune*:

HONOR TO A SOUTHERN PHYSICIAN.—The numerous friends of Dr. Charles Le Roux, of Pass Christian, will be pleased to learn of the honor that has just been conferred upon him by the French Government. Some time since Vicomte Paul d'Abzac, Consul General of France, wrote Dr. Le Roux that it had been decreed that he should be awarded a medal of honor in recognition of his services to French subjects at Pass Christian during the yellow fever epidemic of 1878. On Christmas morning the medal was received, and with it a certificate or diploma setting forth the honor conveyed and the reasons therefor.

The medal is of gold, of about the size and weight of a \$20 gold piece. Its face bears the impress of the head of the Goddess of Liberty, encircling which are the words “Republique Francaise,” and on the face in raised letters the words, in French, “Ministry of Foreign Affairs—For services rendered to Frenchmen in 1878. Dr. Charles Le Roux; yellow fever epidemic, Mississippi.” The medal is suspended by a tri-colored ribbon.

The following is a copy of the diploma:

“MINISTRY OF FOREIGN AFFAIRS.—The President of the French Republic, on the proposition of the Minister of Foreign Affairs, decrees that a gold medal of honor be granted to Dr. Charles Le Roux, of Pass Christian, Mississippi, in recognition of services rendered to our compatriots during the yellow fever epidemic of 1878 in that section.

“Done in Paris the 5th day of October, 1885.”

To this is appended the signatures of Jules Grevy, the President of the French Republic, C. de Freycinet, Prime Minister, and Clavery, the Director of Commercial Affairs and Consulates.

Accompanying the above was a card conveying the compliments of Vicomte d'Abzac, and the following neat letter of congratulation from the Secretary of the Consulate, M. Jules Boefre.

“CONSULATE OF FRANCE, }  
New Orleans, Dec. 24, 1885. } ”

“My Dear Doctor—I have just received and hasten to forward you the gold medal which was granted you by the French Government, in recognition of the services which you rendered to our compatriots during the epidemic of 1878. I heartily felicitate myself on being the medium for the conveyance of so well-deserved a distinction, and it is with real pleasure I address you the package so that it will reach you on Christmas day.

“I beg you to accept, dear doctor, my sincere congratulations, together with the expression of my highest regards.

“The Secretary of the Consulate,

“JULES BOEFRE.”

“Dr. Le Roux, although a native of France, is an American citizen, and has resided in this section, principally at Pass Christian, for about twenty years. He is a graduate of the Medical Department of the University of Louisiana, having been one of the class of 1873. That he is worthy in every way of the honors he has received is evidenced by the host of friends he has made in this city and on the Gulf Coast, and by the high reputation he bears in his profession.

“We join in congratulating him.”

— — —  
DR. PAGET, of Cambridge, has been made K. C. B., and Dr. William Roberts, of Manchester, has been knighted.

DR. E. R. WALKER has been elected to the chair of Pathology and Clinical Surgery, and Dr. S. K. Merrick, of this city (Baltimore), to the Chair of Diseases of the Throat and Chest in the Baltimore Medical College.—*Maryland Medical Journal*.

DR. S. G. DABNEY, late of Charlottesville, Va., has been elected Professor of Physiology and Lecturer on Diseases of the Eye and Ear, in the Hospital College of Medicine, of Louisville, Ky., and at once assumes his chair.—*Virginia Medical Monthly*.

WE have received the first number of *The Journal of Reconstructives*, published quarterly in New York by John Carnrick, and edited by Wallace Wood, M. D. The *Journal* will be devoted to dietetics and alimentation. Though apparently issued in the interest of the Beef Peptonoids, it is, nevertheless, a creditable publication, and if its plan is properly carried out it will merit the approbation and support of the profession for whose patronage it is intended. The price is 50 cents per annum in advance.

FIRST DUDE: "You look wather pale, Cholley, me boy."

Second Dude: "Yaas, I feel wather offish. Got vaccinated yestawday."

F. D.: "Ah! Did it hurt?"

S. D.: "No; I took ether, ye know."—*Boston Cour.*

PASTEURIANA.—Scene: M. Pasteur's studio. Enter a returned Tonquin expeditionist, who remarks: "I would like to be inoculated against the hydrophobia." M. Pasteur: "When were you bitten?" Expeditionist: "Well, I was not exactly bitten, but I entertain suspicions about one of the dogs which I ate."—*Paris Paper*.

New Jersey itinerant (to woman at the door): "Enny yumbrells t' men', mum?" Woman (shortly): "No." Itinerant: "Tin kittles soddered?" Woman: "Nop." Itinerant: "Leaky sinks?" Woman: "Naw." Intinerant: "Dog bites cauterized?" Woman: "N—what's that?" Itinerant: "Dog bites an' hydrophobia cured?" Woman (hastily): "Yes; come in. You're just in time."—*New York Sun*.

Miss Clara: "Pasteur seems to have made a great reputation for himself, Mr. Featherly, Mr. Featherly; "Yes,

and he deserves it all. There are few better variety singers than Tony.—*New York Sun*

After all the Newark, N. J., boys were sent over to Pasteur for nothing, and their inoculation for hydrophobia proves nothing. The dog that bit them was not mad. Five other dogs bitten by the same animal have been kept in quarantine ever since, and not one of them has shown the slightest symptom of rabies. In fact, the whole colossal scare which started from that incident was baseless.

The *Boston Transcript* is responsible for the following: The talk of the day. Mrs. A.: "I hear that the Mont mackington's are going to spend the winter in Paris." Mrs. B.: "Indeed! You surprise me. When were they bitten?"

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Is it to be wondered at that mortals of a common mould fall victims to the wiles of quacks and charlatans, when we learn by cable that the prince of irregulars, Dr. Schweninger, Prince Bismark's physician, has been summoned to St. Petersburg by the Czar, who wishes to consult him on the condition of his imperial health?

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OYSTER POISONING.—A new danger has arisen in Bombay, the cause of which well-known scientists are already busily investigating. There have recently occurred in that city several well-authenticated cases of death from oyster-poisoning, death in some instances occurred on the morning following the fatal repast. Until the last few years, it is stated, the Bombay oyster was as harmless as the oyster of Kurrachee is now, and it certainly ought to be possible to explain the reason for the change.—*British Medical Jour.*

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It is announced that the city of Amsterdam will send Dr. Saltet, of the hygienic laboratory, to Paris, to study M. Pasteur's methods of inoculation for rabies. The expense will be paid by the municipal funds.—*British Medical Journal.*

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ON the occasion of the tercentenary festival of the University of Heidelberg, a large gold medal was founded for contributions to the scientific knowledge of the human eye. It has been awarded to Professor Helmholtz, of Berlin, for his discovery of the ophthalmoscope.—*British Medical Journal.*

THE Tennessee State Medical Association will hold its fifty-third annual meeting in Memphis on Tuesday, April 6th prox. *et seq.*

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THE fifty-seventh Annual Commencement Exercises of the Medical College of South Carolina were held at the Academy of Music, in Charleston, on March 4th. There were twenty-two graduates. The Rev. Dr. W. M. Grier delivered the address.

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IN the Medical Department of the University of Maryland, Prof. S. C. Chew has been transferred from the Chair of Materia Medica to that of Practice, left vacant by the death of Prof. Richard McSherry, and Prof. I. E. Atkinson from the Chair of Pathology to that of Materia Medica.

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MR. PAUL BERT, the eminent French physiologist, has accepted the appointment of Governor of Tonquin.

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PROF. HENRY J. BIGELOW has resigned from the staff of visiting surgeons to the Massachusetts General Hospital, and by resolution of the Board of Trustees five beds have been placed at his disposal.

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WE are forced to complain about the misuse of our abstracts, again this month. The *Kansas City Medical Record* for February copies our Never Overlook an Over-distended Bladder, and accredits it to *Maryland Medical Journal*. The *Canada Medical Record*, reproduces our New Method of Reducing Dislocations of the Hip, editorial comment and all, and never accredits it all. Pray be more careful, friends.

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DURING the past year we have had occasion to speak several times of the fact that wounds of the heart are by no means always instantly fatal. In our January number Mr Lebeuf reported a case in which the patient lived eight hours after the heart wound was inflicted.

One day in December last a negro, Green, stabbed another, Jones, in the chest. After receiving the wound Jones walked rather more than a long block and then sank dead. Dr. Stanhope Jones held an autopsy immediately and found

a diagonally directed penetrating wound of the chest; "the upper edge of the wound being about the median line and about an inch below the nipple." The blade had penetrated the right ventricle producing hemorrhage and death

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M. DUCHESNE, a Paris dentist, in whose hands a patient died recently while under the influence of laughing gas for the extraction of a tooth, has been sentenced to a fine of 600 francs and 3000 francs damages to the widow. Both defendant and plaintiff appealed against the decision.

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The University of Maryland School of Medicine held its seventy-ninth commencement March 17th, and graduated seventy-eight physicians and twenty-seven dentists.

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PROF. O. S. FOWLER, the phrenologist, was arrested January 16th, in Buffalo, N. Y., and held to await the action of the Grand Jury on the charge of practicing medicine illegally.

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A LETTER from Brooklyn states that Foster Breakey, 29 years of age, overtaxed his strength skating in Prospect Park, on the evening of January 14, and died in convulsions thus superinduced, fifteen minutes after reaching home.

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DR. BRUNNICH has successfully treated a case of vomiting of pregnancy by introducing food through a tube into the œsophagus, but not into the stomach. If the patient attempted to take food without the tube she vomited.

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SIR WILLIAM JENNER and Mr. Erichsen have been made foreign honorary members of the Belgian Medical Academy.

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THE ROYAL MEDAL of the Royal Society has been presented to Professor Lankester.

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The fourteenth annual commencement of the College of Physicians and Surgeons, Baltimore, took place March 15th. There were 146 graduates.

DR. H. N. ALLEN, H. C. M. Customs Surgeon, writing to the *Medical Record*, December 12, says that there is a large and excellent field in China, Siam, Burmah and Corea, for young medical men of some experience, health of mind and body, a cheerful spirit, good common sense and judgment, a thorough education, together with earnest sympathy with the work and consecration to it. The inducements are an excellent social position, and great opportunities for gaining wide medical and surgical experience and of becoming an authority in various lines of research.

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AVIARIAN SURGERY.—Dr. Walter F. Morgan, of Leavenworth, Kansas, writes: “Apropos of the interesting article in your issue of the 7th ult., allow me to add another instance which may be called aviarian surgery, related to the writer in 1876 by the late Jos. O’Brien, Esq., of Cleveland, Ohio. On going into his barn Mr. O’Brien discovered a swallow’s nest, and being a natural observer and lover of animals, he climbed to the nest and found in it two young swallows, one being smaller and less vigorous than the other, and having a slighter covering of feathers. Upon taking the young bird in his hand he was astonished to find one of its legs very thoroughly bandaged with *horse hair*. Having carefully removed the hairs one by one he was still more astonished to find that the nestling’s leg was broken. Mr. O’Brien carefully replaced the bird in its nest and resolved to await further developments. Upon visiting the patient next day the leg was again found bandaged as before. The bird surgeon was not again interfered with, and the case being kept under observation, in about two weeks it was found that the hairs were being cautiously removed, only a few each day, and, finally, when all were taken off, the callus was distinctly felt, and the union of bone evidently perfect, as the bird was able to fly off with its mates. Such instances may seem incredible to those not yet prepared to fully accept the axiom of the scientists, viz.: “That the intelligence of animals differs from that of man only in degree, and not in kind.” *Science News*.

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COBRA POISON.—A paper by Dr. R. Norris Wolfenden, giving the results of a very thorough and careful chemical examination of the poison of the Indian cobra (*Naja Tripudians*), was read at the Royal Society on December 17th. Dr. Wolfenden appears to have shown conclusively

that the poisonous properties of the venom are due to its albuminous constituents, and that it does not contain any alkaloidal body, nor any poisonous acid. The toxic properties of the venom are lost when the albuminous bodies are completely removed by processes well known to chemists, or are destroyed by the action of permanganate of potash, which oxidizes the albuminous bodies into oxysulphuric and other allied acids. Three kinds of albumen are present in the venom. Two of them, globulin which is in largest quantity, and syntonin, act upon the respiratory centre; while the third, serum albumen, which exists only in very small quantities, probably produces paralysis of the motor centre. Whether the poisonous properties of these albumens are due to some peculiarity of their constitution, or whether some hypothetical poison is linked with albumens of ordinary constitution, has not been ascertained, but the possibility of the proteids of the venom being themselves poisonous, is rendered more probable by the observations of Schmidt-Mulheim and Albertoni, who have shown that ordinary peptone injected into the blood, may produce poisonous effects, causing a remarkable fall in blood pressure, and destroying the coagulating power of the blood. *British Medical Journal*.

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IN November, 1879, Dr. A. E. M. Purdy diagnosticated a case of eruptive fever in the person of Miss Angelina Brown as small-pox. Later, on the same day, Dr. A. S. Purdy confirmed the diagnosis. Sanitary Inspector Dr. C. E. Lockwood then saw her and pronouncing the disease small-pox, Miss Brown was sent to the small-pox hospital. Upon her arrival, house physician, Dr. Bowen called the case small-pox and reported it as such to the Board of Health. A short time afterwards, the time is not given, Dr. Bowen reversed his diagnosis, and told the patient she could leave the hospital. She however remained some days as a matter of choice. After leaving the hospital she sued the two Doctors Purdy for \$10,000 damages, alleging that she had had eczema and not small-pox, and that she had been sent to the hospital through the agency of the Drs. Purdy.

Several prominent physicians—Dr. Austin Flint among them—testified that from a recital of the symptoms, Miss Brown was undoubtedly suffering from small-pox at the time she was sent to the hospital.



Dr. Lockwood testified that Miss Brown had had small-pox and that she was sent to the hospital in *conformity with the rules and regulations of the Board of Health*. Counsel for the defence moved that the suit be dismissed on the ground that "it was the Board of Health, and not the Drs. Purdy that had caused the transfer of the plaintiff to the hospital."

The Judge denied the motion and charged the jury that "the defendants had *set in motion the machinery* that led to the plaintiff being sent to the hospital."

The jury awarded \$500 to the plaintiff. The Medical Society of the County of New York are much exercised over the matter and have asked for contributions with which to carry the case to the higher court. Funds may be sent to Dr. O. B. Douglas, 123 East 30th street N.Y. It is hardly possible however that any but New York physicians will be expected to subscribe.

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THE *Cincinnati Lancet and Clinic*, December 5th, in its very interesting department Notes from a Physician's Scrap Book, places the following items to the credit of Southern physicians:

Dr. E. A. Dugas, of Georgia (*Southern Medical and Surgical Reporter*, 1856, p. 131), was the first to discover that the diagnostic sign of dislocation of the shoulder joint is inability of the patient to place the fingers of the injured limb on the sound shoulder while the elbow of the arm injured touches the chest.

Dr. Deadrick, of Tennessee, was the first surgeon to perform excision of the lower jaw in 1810. (See *American Medical Recorder*, vol. vi., p. 516.)

The first real extirpation of the upper jaw was performed by Dr. Horatio S. Jameson, of Baltimore. (See *American Medical Recorder*, vol. iv., p. 222.) This capital operation occurred in 1820.

Dr. I. C. Nott, of Mobile, Ala., was the first to describe and operate for coccygeal neuralgia, in 1844. (See *New Orleans Medical Journal*, 1844.) This disease should be entitled to the name of Nott's Disease, in honor of its discoverer.

Can any of our readers extend this list of Southern pioneers in medicine?

We have to congratulate these gentlemen upon having safely passed their examination and taken their degrees in the Tulane University :

GRADUATES IN MEDICINE.

1. J. E. Banks, Miss. ; 2. M. P. Bates, Miss. ; 3. G. B. Batson, Miss. ; 4. J. D. Bloom, La. ; 5. R. I. Bonds, Tex. ; 6. B. L. Branch, Tex. ; 7. D. H. Brewer, Tex. ; 8. C. G. Brooks, La. ; 9. H. D. Butler, Miss. ; 10. F. H. Carruth, La. ; 11. W. L. Chew, Miss. ; 12. T. J. Compton, S. C. ; 13. J. C. Davidson, Tex. ; 14. H. M. Davis, Miss. ; 15. R. De Montluzin, La. ; 16. A. M. Denman, Tex. ; 17. G. H. Douglas, La. ; 18. F. B. Gregory, Ga. ; 19. H. L. Gugues, Miss. ; 20. W. A. Harding, Miss. ; 21. J. H. B. Hart, La. ; 22. H. Haywood, La. ; 23. W. G. Hinsdale, Miss. ; 24. J. F. Hodge, La. ; 25. A. B. Holder, Miss. ; 26. S. E. Hudson, Tex. ; 27. R. B. Jackson, Tex. ; 28. D. Jamison, La. ; 29. W. P. Jones, Tex. ; 30. F. J. Kearny, La. ; 31. H. Kelly, La. ; 32. O. T. Kenyon, Ga. ; 33. H. G. Kilbourne, La. ; 34. W. B. King, Tex. ; 35. B. E. Knolle, Tex. ; 36. A. C. Kuykendall, Miss. ; 37. W. J. Lane, Tex. ; 38. John Larkin, La. ; 39. J. J. Laurans, La. ; 40. M. D. Lewis, La. ; 41. D. H. Lockhart, Tex. ; 42. E. C. McKowen, La. ; 43. W. B. Martin, Miss. ; 44. C. B. Merchant, Tex. ; 45. A. J. Meyer, La. ; 46. W. B. Norman, Miss. ; 47. E. O. Norwood, Tex. ; 48. R. D. Palmer, Ala. ; 49. W. J. Pollard, La. ; 50. C. H. Ramsey, Miss. ; 51. I. T. Rand, La. ; 52. W. McK. Stell, Tex. ; 53. G. M. Stephens, Tex. ; 54. M. B. Tarleton, La. ; 55. T. B. Taylor, Tex. ; 56. J. N. Thomas, La. ; 57. B. W. Watson, Ala. ; 58. H. E. Williams, Ark. ; 59. U. Worthington, Ky. ; 60. E. Wright, Miss. ; 61. M. O. Wright, Tex. ; 62. J. H. Wysong, Tex. ; 63. E. A. S. Young, La.

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GRADUATES IN PHARMACY, 1886.

1. P. J. Behrend, La. ; 2. H. Dannenmann, La. ; 3. F. H. Gruneberg, La. ; 4. J. H. B. Hart, La. ; 5. A. Noha, La. ; 6. H. A. Piton, La. ; 7. P. J. Pretus, La. ; 8. E. Sauter, La. ; 9. H. J. Thiele, La. ; 10. D. M. Thron, La. ; 11. F. Turney, La.

## MORTUARY REPORT OF NEW ORLEANS

FOR FEBRUARY, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total
Fever, Yellow.....							
“ Malarial.....	4	1	3	2	5		5
“ Congestive.....	4			4	2	2	4
“ Continued.....	1		1		1		1
“ Intermittent.....		1	1		1		1
“ Remittent.....							
“ Catarrhal.....							
“ Typhoid.....	3		2	1	2	1	3
“ Puerperal.....							
Fever Typho Malarial.....							
Fever Enteric.....							
Scarlatina.....	1			1		1	1
Small-pox.....							
Measles.....							
Diphtheria.....	7	2	6	3		9	9
Whooping Cough.....		1		1		1	1
Meningitis.....	6	3	4	5	5	4	9
Pneumonia.....	47	32	52	27	46	33	79
Bronchitis.....	24	5	16	13	12	17	29
Consumption.....	42	33	40	35	73	2	75
Congestion of Brain.....	8	3	4	7	9	2	11
Diarrhœa.....	3	5	5	3	8		8
Cholera Infantum.....	1	1	2			2	2
Dysentery.....	2	1	1	2	2	1	3
Debility, General.....	2	7	3	6	9		9
“ Senile.....	24	16	16	24	40		40
“ Infantile.....	9	5	7	7		14	14
All other Causes.....	189	82	153	118	201	70	271
TOTAL,	377	198	316	259	416	159	575

Still Born Children—White, 16; Colored 24; Total 40.  
 Population of City.—White, 173,500  
 “ “ Colored, 64,500

Total, 238,000

Death rate per 1000 per annum for month.—White, 26.07.  
 “ “ “ “ “ “ Colored, 36.83.

“ “ “ “ “ “ Total, 28.99

W. H. WATKINS, M. D.,

Sanitary Inspector,

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—FEBRUARY.

STATION—NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Tempert'e.	Daily Max. Tempert'e.	Daily Min. Tempert'e.	Daily Rain fall, inches.	GENERAL ITEMS.
1	30.122	48.8	56.8	41.0	....	Highest Barometer, 30.585. 5th.
2	29.951	58.8	66.3	45.5	....	Lowest Barometer, 29.714. 27th.
3	30.010	41.9	64.9	33.3	.66	Monthly Range of Barometer, 0.891
4	30.414	34.9	42.2	30.0	....	Highest Temperature, 74.0. 24th.
5	30.556	32.2	39.1	25.0	....	Lowest Temperature, 25.0. 5th.
6	30.374	47.8	59.0	33.0	....	Monthly Range of Temperature, 49.0.
7	30.171	53.7	63.8	46.5	..	Greatest daily range of Tempert'e, 36.6.
8	30.034	53.5	67.3	43.7	....	Least daily range of Temperature, 8.3.
9	29.874	57.7	67.9	47.0	....	Mean daily range of Temperature, 17.5.
10	29.856	62.7	71.8	53.9	....	Mean Daily Dew-point, 41.7.
11	29.966	53.4	62.3	47.6	.29	Mean Daily Relative Humidity, 68.3.
12	30.031	45.0	55.5	37.5	....	Prevailing Direction of Wind, S. E.
13	29.925	57.0	68.4	42.0	....	Total Movement of Wind, 5,777 miles.
14	29.900	63.1	71.4	56.9	....	Highest Velocity of wind and direction, 26—S. E.
15	30.189	55.6	61.1	49.6	....	No. of clear days, 10.
16	30.355	47.1	54.0	38.6	....	No. of fair days, 11.
17	30.267	49.6	55.4	44.8	....	No. of cloudy days, 7.
18	30.138	54.0	59.5	47.0	....	No. of days on which rain fell, 4.
19	30.151	59.7	69.3	50.7	....	Dates of frosts, 13, 4, 5, 6.
20	30.319	49.1	61.2	45.8	....	Dates of Thunderstorms, 3.
21	30.226	51.6	59.9	41.0	....	
22	30.212	58.3	67.7	49.9	....	
23	30.253	59.0	68.8	50.0	....	COMPARATIVE MEAN TEMPERATURE.
24	30.066	63.5	74.0	50.8	....	1873.....60.5   1880.....60.4
25	29.954	63.4	68.0	59.7	.26	1874.....59.1   1881.....56.3
26	30.068	53.9	60.0	49.9	....	1875.....55.9   1882.....66.2
27	29.775	59.5	66.6	47.5	.75	1876.....59.0   1883.....62.9
28	29.957	54.5	65.7	49.4	....	1877.....55.9   1884.....60.7
29	.....	.....	.....	.....	.....	1878.....55.5   1885.....53.2
30	.....	.....	.....	.....	.....	1879.....55.8   1886.....53.2
31	.....	.....	.....	.....	.....	COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.)
Sums	.....	.....	.....	.....	.....	1873.....1.93   1880.....4.62
Means	30.111	53.2	.....	.....	1.96	1874.....3.68   1881.....5.80
						1875.....13.85   1882.....4.04
						1876.....8.20   1883.....1.59
						1877.....0.98   1884.....3.16
						1878.....3.50   1885.....2.39
						1879.....2.13   1886.....1.96

M. HERMAN, Sergeant, Signal Corps, U. S. A.

# NEW ORLEANS

# MEDICAL AND SURGICAL JOURNAL.

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MAY, 1886.

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## ORIGINAL ARTICLES.

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

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### Report, at the Annual Commencement March 31st, 1886,

OF

Prof. STANFORD E. CHAILLÉ, M. D., Dean of the Medical Department,

TO

Prof. WM. PRESTON JOHNSTON, President Tulane University of Louisiana.

MR. PRESIDENT: — A brief report, concerning the welfare and progress of the Medical Department, will, it is hoped, prove of interest to the honored administrators and to the many friends here present to commemorate our Annual Commencement.

The collegiate year, preceding the one now about to close, was marked by events calculated seriously to alarm the friends of this institution. It was deprived, by the death of Dr. Bemiss and by the resignation of Dr. Logan, of the services of two of its oldest, ablest and most influential professors. Further, the senior member of our Faculty, Prof. Richardson, resigned the deanship, in which office he had during twenty of the most critical years in the history of the Medical Department, guided it with rare fidelity

and ability. Still further, Dr. A. B. Miles resigned, to the regret of the Faculty, the Demonstratorship of Anatomy, to which office he had given ten years of valuable and satisfactory service. A fifth serious injury was inflicted by the death of Patrick Carey, the faithful janitor, who, by sixteen years of devoted service, had secured a thorough knowledge of the numerous details requisite to the efficient discharge of his many responsible duties. Never before in the history of this institution were so many grave misfortunes incurred in so short a period.

Notwithstanding these serious causes for alarm, the Medical Department has been unusually prosperous. The present class numbers 266, which is 43 more than last year, and 36 more than any class since 1861; and, in the number of *bonâ fidé* students, the present class exceeds, with three exceptions, all other classes during the fifty-two years' existence of this institution. Among the causes for this gratifying progress there are three which deserve consideration.

The members of the present faculty are heirs to predecessors, whose solid worth and well trained brains laid a firm foundation for an abiding prosperity. To their labor, the Medical Department owes its enviable reputation and the high position, in professional and public esteem, which has enabled it to endure unshaken the grave misfortunes which I have deplored. To the example of these honored predecessors is due a spirit of emulation which incites every worthy successor to zealous efforts, that the high repute of the chair which each holds shall not be impaired by his possession of it. It is not for me to testify to the talents and learning of my colleagues; but, having had intimate knowledge of most of our predecessors, even of three members of the first Faculty of 1835, I will be pardoned for bearing witness, that this institution has never had a Faculty more faithful than the present in the discharge of duty.

Notwithstanding the present outcry against hard times,

the population tributary to the Medical Department was blessed last year with good crops and with well earned success, and to this is in part due our increased numbers. During the past twenty years our prosperity has always varied, notably with the public welfare. It would be natural to suppose that if disease benefited *anything* it would be a *medical* college, and yet every epidemic of yellow fever has been followed by a marked decrease in the size of our class.

A third, and perhaps the chief cause for the increased prosperity of the present session, is found in the adoption of the Medical Department, by the Tulane University. Although this was effected in 1884, yet the present session is the first which could begin to reap the many benefits, which an unpolitical and a more permanent Board of Administrators—possessed of the power which money gives and of the wisdom needful for its judicious expenditure—has conferred, and is destined still more signally to confer on every department of the University. Although Paul Tulane, the wise and generous benefactor of Louisiana, may not have specially intended to aid in founding more firmly the Medical Department, yet such has been one of many other good results incidental to his noble benefaction. And, it is hoped that his declining years may be cheered by the assurance, that from this day forth, many thousands of the afflicted will owe largely to him that skilled attention which serves to heal the sick and to soothe the dying.

Allusion has been made to the fifty-two years' existence of this institution. Founded in 1834, as the "Medical College of Louisiana," it began with eleven students and conferred its first diplomas, in 1836, on fourteen. In 1843, when the State first came to its aid, the class numbered only thirty-eight. In 1847, the class had increased to one hundred and sixty-six; *then* the Medical College of Louisiana became the "Medical Department of the University of Louisiana," in the founding of which University the

Medical College was the chief agent; and *then*, the present building, which cost the State \$40,000, was first occupied. In 1850 and 1853, the State expended \$31,000 for the museum and laboratories, and in 1860 and 1861, the classes numbered over four hundred. From May, 1862 to October 1865, three disastrous years of war, the doors of the Medical Department were closed. Since then its classes have varied in number with the prosperity of this section. From two hundred and thirty students in 1867, the number gradually declined to only one hundred and five in 1875,—a time when political maladministration cast a cloud of despair over every hope. Rescued at last from a thralldom which blighted every good thing, a continuous progress has marked the past eleven years, so that our classes have increased from 105 in 1875 to 266 in 1886.

During the forty-nine sessions held in the fifty-two years' existence of this institution it has had 8011 students, and it has conferred diplomas on 2350 of these,—namely, on 2200 Doctors of Medicine and 150 Masters of Pharmacy. The two senior members of the present faculty have aided in educating 5126 of these 8011 students, and 1642 of these 2350 graduates. Having become a part of this institution in 1858, at the dawn of its greatest prosperity, they have witnessed such variations of fortune as are indicated by a class of 404 in 1861 and of 105 in 1875.

Now, once more, the future of the Medical Department is full of promise. What this future may be the past indicates. The three classes which exceeded in number the present class were those of 1859 with 333 students, of 1860 with 402, and of 1861 with 404. For this brief exceptional prosperity there were exceptional causes.

Sectional hostility had become so great that Southern students in large number abandoned Northern colleges in favor of those at the South; the general prosperity of this section was then at its maximum; the deficiency of railroads caused a larger number of students than now to remain nearer home; there were then few if any of the



numerous cheap medical colleges which now compete with this institution by underbidding, charging very small fees, as is just, for very inferior educational advantages: and, finally, our college was apparently benefited by the competition of the N. O. School of Medicine, which, organized in 1856, had 236 students in 1861. In fact, our two antebellum medical colleges attracted to New Orleans 618 medical students in 1860, and 640 in 1861. Thus twenty-five years ago New Orleans was one of the greatest centres of medical education in the United States, and this institution was, in the number of its students, the third in America.

This city should be restored to this commanding position. The 55,000,000 population of the United States have 89 regular medical colleges, with about 10,000 medical students. Eight of these medical colleges have each from 300 to 600 students, and seven of these colleges have from 200 to 300 students. The population geographically tributary to New Orleans, as a medical centre, is at least 6,000,000, and the number of medical students to which this city is *therefore* entitled varies from not less than 500 to more than 1000—depending on whether the total population or solely the white population be considered.

To a medical college of the first class a great hospital is indispensable, and there cannot be such a hospital except in a large city. In this most important particular our nearest competitor is St. Louis, and there is nothing to indicate that any nearer place is likely in the future to equal New Orleans in hospital advantages. This superiority of New Orleans as a great centre for medical education is much enhanced by the following facts: Our single great hospital is much more advantageous to students than are the numerous smaller hospitals which in most large cities supply its place; our Charity Hospital is fortunately administered exceptionally well, so that this superior management not only facilitates greatly the study of disease, but also constitutes in itself an invaluable lesson to the future

physician ; our hospital presents for study, better than any hospital in the world, the class of diseases which the physicians of the South-west need most knowledge of ; and, finally, exceptionally wise laws and customs give to medical students much easier access to our hospital and far better opportunity for the study of diseases therein, than are enjoyed by medical students in the hospitals of other large cities.

The advantage to the Medical Department of our great Charity Hospital cannot be over estimated. To this is it chiefly due, that this college has for so many years occupied a pre-eminent position throughout a vast section of our country. As a result of this with other advantages, the Medical Department has been able, in spite of vigorous competition and in spite of very inadequate aid from the State, to retain sole possession of New Orleans as a field for medical education. Shall this position be preserved ; shall the advantages now possessed be utilized to the utmost ; and shall this institution and this city be provided with *all other* advantages which are to be found in *any* great medical centre ? I respectfully solicit the attention of those, whom the future will hold responsible for favorable answers to these questions, to the following facts :

All the knowledge of medicine accumulated by man to the year 1800, is surpassed by the amount acquired during the present century ; and the future is destined to witness a continuous and still more astounding progress. Therefore, the thorough culture of medical knowledge requires that it shall be subdivided into more numerous branches ; that the instructors in these branches shall be specially skilled experts ; and that these shall be provided with libraries, museums and laboratories, amply supplied with the books, specimens, instruments and appliances to which modern science is constantly contributing improvements and additions, for, all of these things are indispensable to the *best* teaching and culture of the various branches. The day

has passed when from \$50,000 to \$100,000 sufficed to provide a first-class medical college. The best of these have cost from \$300,000 to \$500,000. Such colleges, and there are only three or four of them, demand from students applying for admission proofs of adequate preliminary knowledge; they enforce a graded course of at least three years; they demand greater attainments for graduation; they have lengthened their sessions; they have increased their corps of teachers; and they have endowed their chairs so that their professors are no longer dependent upon the number of students for their daily bread and, therefore, are no longer tempted to keep the standard of medical education as low as now contents, to its great detriment, an inappreciative public.

Our Board of Administrators has proved itself so wise and efficient, that I enjoy a firm faith that, through its instrumentality, the Medical Department will grow in usefulness and fame as rapidly as means may permit; and that the day will come when even the enthusiast in medical education will find such hopes, as I have intimated, realized.

Mr. President—I have repeatedly alluded to the size of the present class. It would be unjust to me to suppose that I value quantity more than quality, and it would be unjust to the class, should I close without allusion to its merits. Modern civilization is characterized by the more general education of the people and a wider dissemination of knowledge; hence, higher professional attainments are demanded by the public. For such reasons, there has been in progress for many years an improvement in the quality of medical students. These are no longer the vulgar rowdies graphically depicted in the literature of the past, but young gentlemen who possess as much courtesy and culture as characterize students in other departments of knowledge. It affords me exceeding gratification that I am enabled not only to testify to the industry and intelligence of the present class, but also to extend to every

member of it my high appreciation of the prompt and cheerful deference always paid to the Dean's authority, and my heartfelt thanks for the kind and courteous consideration shown invariably to me, as also, no doubt, to every member of the Faculty. The class of 1866 is therefore commended, not merely for the number of its students, but also for their worth.

Especially confident of the worth of the *graduates* of the present class, it is not doubted that their careers will be prosperous and honorable, thus furnishing the best testimonials to the good work of the Medical Department, and thus serving to enlarge the usefulness and to extend the renown of the Tulane University of Louisiana.

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### New Orleans and her Commercial Depression.\*

By DR. T. S. KENNEDY, V. P.

On the night of the 30th of last October, Mr. President and Gentlemen, there was read before this body a paper by our distinguished fellow, Dr. Joseph Holt; a paper at once remarkable for the clearness of its views and its fine English, both qualities being greatly enhanced by the earnest and graceful delivery of its author. The discussion which followed must, I think, be fresh in the minds of most of us, and especially so in mine are the words which fell from the lips of the eminent Divine, present on that occasion.

I feel sure all will agree with me that his utterances were born of conviction, and therefore merit our serious consideration,

If I rightly understood the Rev. Dr., he desired to impress upon his auditors the facts, that the commercial depression which has existed here for many months, and still exists, is entirely due to the absolutely filthy condition of our city; to her high death-rate and to her being, to use his own words, nothing more nor less than a pest-house,

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\*Read before the New Orleans Medical and Surgical Association.

and that until we thoroughly sanitize her, we might hope for naught but a continuance of her utter lack of commercial prosperity.

With all due respect to the distinguished Divine I think that, in this instance, he breathes but accusation vast and vague, and such I trust to prove it.

Now just here a very pertinent question comes to the front Do our sanitarians, in speaking of the death-rate of New Orleans, refer to those deaths only which occur in individuals residing within the filthy area which they propose to sanitize, or, do they include those invalids, who, coming from the different parishes of this and other States to New Orleans, as a medical centre, seeking cures and failing to find them, die within her gates? If so, I cannot but think they do her a deep injustice; for surely she should not be held responsible for those tributary streams of mortality, which flowing into her death river cause it often times to overflow its banks.

As bearing strongly on this point, it would be most interesting and instructive to have a thorough canvass made of the records of the Charity Hospital, Touro Infirmary and Hotel-Dieu, and thus reach the exact number of non-residents dying in said institutions. To this add those strangers who die here in private practice, all accidental deaths, and then by subtracting the whole from the general death-rate as now published, I feel sure New Orleans would be able, not perhaps to lay claim to the proud title of being the healthiest city in the Union, but certainly to make a far better showing before the world than she now can.

A simple assertion that the measures recommended may not very materially decrease our death-rate, or that other cities include in their death lists non-residents coming to them sick and dying within their limits, cannot militate in the least against our position.

Let other cities pursue what course they will, our great aim is to reduce our death-rate to that figure for which

New Orleans alone is responsible, and by so doing to invite immigration.

He must indeed be wedded to sanitation who is not willing to reduce a death-rate by any and all means outside of sanitation. With, perhaps, the finest surgical climate in the world; with all our serious diseases as small-pox, scarlatina, diphtheria, pneumonia, bronchitis and measles far less fatal than other places proud of their sanitary condition;—with our lying-in women enjoying an immunity from diseases, incidental to them, perfectly astounding when we take into consideration the great dangers surrounding them in many cases, to-wit: dirty, illy ventilated bedrooms, bossed by midwives, white and colored, the greater part of whom reek with filth; dirty clothes, dirty skins, skins that, like the widow Bedott's, haven't had water all over them within twenty years; dirty hands, with dirt enough between finger-pulps and nails to plant acres of corn; women who utterly defy all the orthodox rules laid down by the shining medical lights of the world for that sacred precinct known as the lying-in chamber; and all this resulting in a mortality that is almost nil. With our summers, outside of epidemic years, so healthy that many of our druggists are barely able to meet their expenses; with the greater number of our practitioners idle, remaining here, many of them, during our heated term, simply because their bank accounts are not fat enough to permit their going away; with all these facts speaking trumpet-tongued in our behalf, we are told, forthwith, in all seriousness, that we must stand forth as a medical body and announce to the world, that our city is the home of rotteness and disease.

Now gentlemen I ask you, in all honesty, can we consistently do so?

But as the French say, “*revenons à nos moutons,*” and put the question,—If the commercial depression of New Orleans is not due to her alleged unsanitary condition, to what is it due? My answer is,—she has ceased to be a

centre of supply. I am so limited as to time, as to be able only to give an outline of the many causes necessary to account for said depression. Intelligent and well directed competition of other cities; freight discriminations by railroads, steamships and grain elevators, representing Eastern and Northern capital; radical trade changes inaugurated by the centralizing tendency of the day; elimination of middle men, and the thoroughly organized efforts made by railroads and steamships, to bring producers and consumers into direct relationship; these, together with our political situation and our loss of confidence in public servants, are some of the causes necessary to account for the commercial depression of New Orleans.

In conversation with one of our leading merchants the other day, about the state of trade, he said: "Dr. I will give you one example from which you may infer the whole. A party bought of me the other day a bill of goods and ordered them shipped to Perry's Bridge, Louisiana, via the Morgan road. The quantity to be shipped amounted to one dray load, and consisted of one hogshead, one tierce, two boxes and one barrel. With the bill of lading I handed the driver a ten dollar bill, thinking it would largely overpay the freight charge. Judge of my surprise, when in a little while he returned, stating he needed fifty cents more, as the freight charge was ten dollars and a half. Now, I can have the same load sent to me from Trenton, N. J., for the sum of three dollars and a half."

Here there is a discrimination by a railroad against New Orleans that speaks volumes.

Now for a second discrimination, this time against her cotton interests.

I cannot do better than to read a few short extracts from the Report of Proceedings of the Fifteenth Annual Meeting of the N. O. Cotton Exchange:

The commercial years of 1884-5 proved the most unfavorable season to our local cotton trade that we have passed through since the war, with continued inroads from the f. o. b. business encouraged by railroad

facilities. Notwithstanding the crop proved to be within 6000 bales of the year prior, the quantity of cotton handled in our presses was reduced to 984,587 bales, a falling off of 118,792. On the other hand, the transit cotton reached 712,740 bales, or 106,738 more than in 1883-4.

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Hence, in reviewing the business of the departments and the prospects for their maintenance incidentally, the general question of the position of the trade from year to year must come under consideration. Sufficient time has elapsed since the completion of railroad connections with Texas and the new route to Cincinnati via Meridian, to enable us to judge of their value to our cotton trade, and we are forced to the conclusion that the anticipations of a large increase in our local business have thus far proved groundless. It is of interest and importance to know how far railroad discriminations are responsible for the decreased percentage of the cotton crop brought to this market for sale, in the face of a marked increase in the volume of transit cotton; how far discriminations are being made against New Orleans by means of onerous local rates; and what measures, if any, may be taken to counteract them.

Your committee cannot do better than reiterate these remarks.

With the added experience of another year, the conditions have changed only to show more clearly the existence of discriminations against our market that are telling severely to our detriment.

The decrease in the amount of cotton handled for sale during the past year was a clear loss of trade. As will be seen by the annexed statement, 41 9-10 per cent. of the gross receipts handled during 1884-5 passed through in transit, an increase over the year prior of 6 4-10 per cent. The fact that other Southern outports are suffering from similar causes, in some cases to even a greater degree than New Orleans, does not justify us in quietly accepting such results as inevitable and beyond recall. What steps should be taken in the premises are matter for grave consideration by the trade.

And she is not only discriminated against by the railroads as far as transit cotton is concerned, but also by that close corporation composed of St Louis men, and known as the Mississippi Valley Transportation Company. This company drops its barges all along the river, gathering cotton from all available points, and floats it down alongside European bound steamers—transfers it to them, but jealously guards against its ever touching our soil.

While we freely admit that yellow fever epidemics strongly militate against New Orleans, we have to acknowledge the fact, notwithstanding her perfect immunity from any such visitation during the past seven years, she has nevertheless gone steadily downward. Thus, have I en-



deavored, with the limited time and means at my disposal, to prove that not only is New Orleans not the home of rottenness and disease, but that her commercial depression is due to her having ceased to be a centre of supply, and to all that that phrase carries with it.

As there are in this assembly many earnest friends of sanitation, let me say to them that my love of sanitation is no less than theirs, and I gladly avail myself of this opportunity to assure them that I am ready and willing to go hand in hand, "*pari passu*," with all intelligent and well ordered movements in that direction.

I cannot close without an expression of gratitude and admiration for that gentleman who has done so much for our dear old city, Dr. Joseph Holt,—he who has taken quarantine from the dark shadows of the *ignorant past* and brought it forth into the bright sunlight of science; thoroughly systematizing and establishing it upon the soundest of scientific principles: and who has again placed us under obligations by his instigation and manly support of the Yellow Fever Commission Bill.

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### A *Résumé* of the Cholera Conference held in Berlin, May, 1885.

Translated from the *Berliner Klin. Wochenschrift*,

By GEO. F. ELLIOTT, M. D., Attending Dermatologist Demilt Dispensary, Asst. Visiting Physician. N. Y. Skin and Cancer Hospital, etc.

Continued from November number.

#### II.

The second day's meeting of the Cholera Conference, which met in Berlin, was called to order by the president, Prof. Virchow, on May 4th, 1885. Before taking up that division of the subject, which had been set apart for consideration on this day, the debate on the first division of the cholera question was continued. Von Pettenkofer defended Emmerich and attacked Koch. As nothing materially important was brought forward by him, I think his remarks may be omitted. Prof. Virchow followed him,

and it will be sufficient to conclude the debate on this first division of the subject by giving a résumé of his statements. Virchow.—He referred to Emmerich's assertion, that after an injection of his cholera bacteria, it mattered not where, whether in the skin or the intestine, the small intestine was the most constant and most prominent part affected. He compares this result to those obtained by him in 1847, when he made many experiments while investigating the so-called phlebitis and pyæmia, which occurred in that year. He had made numerous injections of decomposed substances, but more especially of a thin fluid obtained by digesting coagulated fibrin for days and weeks at body temperature and excluded from the air. This liquid, injected into the veins of animals, produced apparently an attack of cholera, accompanied by those symptoms attendant upon acute intestinal affection. He had not, however, deduced from this, that he had produced cholera, but had always held, that such symptoms could be caused in many ways, e.g. in poisoning by arsenic. Virchow thinks that the experiments already made must be carried out still further, and something more than an encapsulated diarrhœa must be produced, to prove that the cholera bacilli can do more than the injection of decomposing substances. In describing the cholera bacteria discovered by him, Emmerich compared them to the diphtheria bacteria, which they resemble in size and shape, differing, however, from these in their appearance under cultivation. Virchow had always observed during cholera epidemics a constant occurrence of diphtheritic cases though in variable numbers. He first noticed this during the epidemic of 1848, and in every epidemic since has seen diphtheria, it may be of the vagina, or gall-bladder, or œsophagus, or even of the bronchi or ureters. Could not Emmerich by chance have met in his investigations just those cholera subjects, who were at the same time affected with diphtheria? It is known that the diphtheria cocci invade all the tissues, while on the other hand, no facts exist which show that the comma bacillus is found

anywhere except in the small intestines. On considering the results of the experiments as a whole, Virchow would not say, like Pettenkofer, that Emmerich has found the true bacillus and Koch's is only accidental; he would say, Koch has found the true bacillus of cholera and Emmerich's is present only by chance. Virchow agrees with Koch in that the comma bacillus has never been found except in the digestive tract of those affected with cholera. The *sedes morbi* of the disease is by universal concession the small intestines, and though one or more organs may be found diseased in cholera subjects, yet the changes found in them are entirely of secondary importance. That Emmerich found his bacteria in other organs is therefore of not great importance as far as cholera is concerned.

In the investigations which he made in 1868, he found, that when the intestines of cholera subjects were distended with fluids the reaction was acid, and became neutral or alkaline only quite a distance downwards. In the Berlin epidemic of 1869, he found that the fresh stools were oftener neutral than alkaline. True alkalinity always struck him as a sign of beginning decomposition and destruction of the epithelium. But since this decomposition is accompanied by progressive annihilation of the parasitic organisms, it seems doubtful to him if absolute alkalinity, or at least abolition of the acid reaction, is necessary before cholera can occur in human beings. In regard to the acidity of the stomach, we do not yet positively know, but from observations made upon persons suffering from a gastric fistula, it is presupposable that certain irritations can bring about abolition in the acid production. This may be the case in apeptic or dyspeptic individuals, and in these the stomach, being alkaline, or at any rate non-acid, will allow the bacillus to pass unharmed through it into the small intestine.

Virchow does not think that Pettenkofer's arguments in regard to the variable intensity and varying degree of virulence seen in different epidemics are at all antagonistic to

the comma bacillus. There are seasons when plants flourish more and bear more fruit, and if this is true for plants, why should it not be for fungi. Some years may be more favorable to the development of the fungus, in the same way as for plants, and though this has not been as yet proven for any bacteria except for the splenic fever bacillus, yet it is a rational supposition.

The discussion was continued further by Hirsch, Pettenkofer, Koch and Pistor. Their remarks may, however, be omitted. The second day's division of the subject was then taken up.

DISSEMINATION OF CHOLERA BY MEANS OF HUMAN INTERCOURSE, ESPECIALLY BY MEANS OF PILGRIMS AND SHIPS.

Koch opened the discussion by stating that in Europe it was a fully accepted fact, that cholera was disseminated by means of human intercourse. He cites the case of the woman, who travelling from Odessa to Altenburg with a child sick with diarrhœa, thus brought cholera to the latter city; the bringing of cholera from Rome to Zurich, as described by Biermer, and other cases. Notwithstanding, however, many such instances, certain Anglo-Indian physicians held very different views. Sanitary commissioner Cunningham has stated in his yearly report, that human intercourse has nothing to do with the spread of cholera, and in a publication, "Cholera, what can the State do to prevent it," denies that cholera can be disseminated by either pilgrimages or by ships.

Such views held in India, the home of cholera, are of very great interest to those exposed to the danger of having the contagion brought to them. Cunningham claims that every case of cholera nostras is a case of true Asiatic cholera, and in this he is wrong. The difference between the two diseases is well enough established. There are a certain number of cases of cholera nostras which occur in India; in addition there are cases of pernicious fever, which often commence there with symptoms exactly like true

cholera, and reliable physicians in India have assured Koch that the distinction between them can oftentimes only be established by an autopsy. It is upon such cases that Cunningham bases his statements, that previous to an epidemic outbreak of cholera in a place sporadic cholera has existed, and concludes from this that the disease could not have been brought there. He even goes so far as to claim that cholera always exists in Europe, and he and Surgeon-General Hunter assert that the Egyptian epidemic of 1883 was only the result of the one which occurred in 1865. In other words, the cholera poison remained latent for eighteen years!

Koch states that a very important factor in the cholera subject in India is ignored by Cunningham. This is the immunity acquired by individuals and, in fact, by entire populations, after having passed through a cholera period. The population of India enjoy immunity for a period of three to four years subsequent to an epidemic. After this period, a new epidemic starts wave-like from the endemic region and spreads in the direction of the greatest intercourse, viz., towards the N. W. part of India. Bryden was the first to study this wave-like progression, but erroneously ascribed it to the action of the monsoon, which in one year blew the cholera one-quarter of the way, in a second year another one-quarter, and so on. Koch points out how wrong this view is, since the monsoon blows all the year round, and why should it then constantly need three to four years to carry the cholera from Bengal to the N. W. provinces? Koch explains this wave-like progression by means of the immunity acquired by having passed through an epidemic. Furthermore, he claims that this immunity reconciles together the seemingly contradictory facts associated with pilgrimages. Cunningham has stated that because cholera seldom occurs at Hurdwar, where millions of pilgrims come together, and because when it does break out it only proceeds in a N. W. direction, that therefore pilgrimages have nothing to do with the

spread of cholera. Koch considers that among these millions a major part are protected by immunity, and that it spreads towards the N. W., because in that direction are situated the provinces inhabited by the least immune portion of the population of India. He mentions how in the Crimean war the cholera almost died out after having ranged through the French army, but as soon as reinforcements, who had not hitherto been exposed, arrived, the disease raged again with as much vigor as formerly. In support of the intercourse theory, he mentions the changes resulting from the opening of the railway to Pundjab. From 1820 to 1860 there occurred only five epidemics in that province. In 1860 the road was opened for traffic, and we find epidemics occurring in 1861, 1862, 1865, 1867, 1869, 1872, 1875, 1879, 1881. It is noteworthy that these follow an almost tri-yearly period in their appearance. A city visited every year by countless pilgrims is Puri. The mortality from cholera in this city has two acmes, one in March, a little earlier than the time that the highest mortality is reached in Calcutta, and one four times as great in June and July, when the cholera mortality is at its lowest point in Calcutta. It should be mentioned that Puri lies S. W. of Calcutta, in the province Orissa, and is situated on the coast of the Bay of Bengal. Its seasons and climatic conditions are the same as those of Calcutta. In both March and June there are pilgrim celebrations in Puri, the lesser one occurring in the former month, and the greater one, when the car of Juggernaut is drawn by the pilgrims, being in the latter month. The largest number of pilgrims visit Puri for this later celebration, and if the number of pilgrims had nothing to do with cholera, it seems strange that the highest mortality should always occur at the time that the greatest number were present. Koch thinks that the conclusion in favor of dissemination of cholera by intercourse is obvious, and states further, that in November there is again a small celebration at Puri, and an increase in the mortality from cholera is found like-

wise to occur at that time. The same course on the cholera mortality is seen in the city of Nidnapur, the last station on the way from Calcutta to Puri, as in Puri itself.

Koch next turns to the effect that ships exert in transporting cholera, and states, that in his belief it is one of the most important means of dissemination. In support of this he gives many instances, of which I will only cite one, viz: the case of the steamship *Matteo Bruzzo*, which sailed from Genoa for Montevideo in the fall of 1884. There were 1333 persons on board, 1244 of whom were emigrants coming mostly from a part of Italy where there was no cholera. The cholera had just appeared in Genoa when the ship sailed on October 3d, and this fact was stated in her clearance papers. From the ship's books it appears, that on October 8th, a 14 year old boy died from anæmia; on October 14th, an eleven months child from severe digestive disturbance; on October 16th, a six months child from cramp. On October 25th, a woman died of colic, and two other deaths from obscure causes followed. On October 28th, the ship arrived at Montevideo, but was not allowed to land her passengers. While in the harbor of Montevideo three deaths occurred on November 7th, and for the first time cholera is entered as being the cause. According to the books, the first case of cholera occurred on the 34th day out from Genoa. Deaths from the same cause having taken place on the 8th, 9th and 10th of November, concealment was no longer possible and the captain notified the authorities. They ordered him privately to go to the island *Enselada las Palmas*, a quarantine station off Rio de Janeiro. After some difficulty, the ship finally arrived there. No one was allowed to land, coal and provisions were furnished, and the vessel sailed for Genoa, where she arrived on December 19th. There was thus no one on board, who came in contact with the land after the ships had sailed from Genoa according to the ship's books, the first case of cholera occurred on the 34th day and the last case on

the 52d day of the voyage. Koch knows of only one other ship upon which cholera lasted so long, the Apollo, which is said to have had cholera on board for 56 days. On the Matteo Bruzzo there were 40 cases, 20 of which died. Koch believes that all those deaths, which were reported previous to November 7th, were also caused by cholera, and asserts that it is impossible to believe the ship's books, which are made to show what is desired, not what is. As examples he mentions the English merchantman Accomac, which left Bassein February 28th, 1884, and arrived at Suez March 24th, 1884. At quarantine the captain stated that his crew numbered 28, and that there had been no sickness on board. The crew were, however, only 26 in number, and it was afterwards discovered that four cases of cholera had developed after leaving Bassein, and two of these had proved fatal. The English troop-ship Crocodile left Bombay April 3d, 1884. Deaths were reported from "diarrhœa and debility" during the voyage to Suez. On arriving at the Suez quarantine, the ship's doctor stated that five deaths had occurred from "maladies ordinaires," but that all on board were well. Yet on the same day there was a death from "abscess of the liver," and on the next day, the 12th of the voyage, the quarantine having been passed, but while the ship was on its way through the canal, a fatal case is reported as due to cholera. Six more deaths from cholera ensued up to the 20th of April. These examples show how utterly unreliable the statements of ship's officers are, desirous as they are to conceal the truth in order to further their own interests.

Pettenkofer followed Koch and stated that he also believes that cholera is continually imported by intercourse with India, but yet he agrees with Cunningham in that the dissemination is not entirely due to cholera patients, but that it spreads at times to places where as yet no cholera had existed. He does not think that pilgrimages exert any influence, because the cholera does not spread on all



sides—following the march of the various bands of pilgrims. That this does not occur is due, not to the immunity claimed by Koch, but depends upon local conditions, which do not favor the development of cholera in a place. Pettenkofer ascribes everything to the locality, which under certain climatic influences undergoes changes, which are favorable or unfavorable to the epidemic development of an already existing or imported cholera. In support of this, he mentions how in 1866 cholera raged among the troops in the north of Germany, but though the Bavarian troops brought a few cases with them on their return from the seat of war, yet the disease did not spread. Salzburg and Innsbruck in Austria have never been visited by a cholera epidemic. All the Austrian troops after the war of 1866 were disbanded in those two cities, and though some of the soldiers were attacked with cholera, yet the disease did not develop further.

Pettenkofer states that the dissemination of cholera by means of ships is not all in accordance with the theories of the contagionists. If the examination of ships at quarantine was as careless as Koch has asserted, then cholera ought to be continually imported. The freedom of Egypt from cholera from 1865–1883 is according to such views strange, when the yearly increase in the traffic between India and Egypt is considered. He is firmly convinced that it is erroneous to explain the occurrence of cholera in a locality by means of intercourse alone.

The conference then adjourned and met again the next day, May 6th. The discussion of the previous day was continued, and at the suggestion of Prof. Virchow, the influence of the soil, air and water was included in the subject.

The discussion was begun by Dr. Gunther. He pointed out, that the results of his investigations in regard to the cholera which occurred in Saxony, from 1836–1873, showed that the dissemination of the disease did not correspond to the development of the railroads. He also spoke of the

cholera which raged in the environs of Dresden in 1873. Between these suburbs and the city proper a most extensive intercourse existed, and yet the first case of cholera in Dresden occurred six weeks after the disease had been present in these suburbs, and it was limited almost entirely to one street and to only a few persons.

Koch followed him and defended his assertions of the day before. He brought forward many facts in support of them, and easily disposed of the various objections brought forward by Pettenkofer and others.

Virchow supported Koch's views in regard to the influence of intercourse upon the dissemination of cholera. He mentioned the groups of cases which occurred in his division in the Charité in Berlin, cases which have already been reported by his assistant, Dr. Weisbach. (Virchow's *Archiv.* vol. lv, page 249.) Virchow was at the time in charge of the wards, where sick prisoners were treated. These wards were situated in the 3d story, and completely isolated, the patients having no intercourse whatever with the outside world. On the afternoon of September 18th, 1871, a man was brought to the ward, who had had vomiting and diarrhœa for two days. The general history was obscure, and it was only ascertained that he had been for some time homeless. When examined, he was found to be in a condition exactly similar to the typhoid one of cholera. He was promptly isolated from the other patients. Three convalescents, who had been for quite a while in the wards, assisted the regular nurse in attending to him. The patient died Sept. 20th. On the 21st of September, one of these nurses was taken sick. Patient was 60 years of age, and had been in the wards since Sept. 3d, suffering from ulcers of the legs and œdema of the feet. He was immediately transferred to the cholera ward of the Charité, and died on the following day from cholera. On Sept. 25th, a second one of the nurses fell sick. He had been in the wards since the 28th of March. He was taken violently ill, was transferred to the cholera department and recovered. The third

one, who had a laryngeal affection, suffered from diarrhœa for eight days but was treated in the ward. Virchow states that there was absolutely no intercourse with the outside world, not even the clothes of the first patient entered the ward, and asserts, that it would be preposterous to ascribe these cases to anything else but contagion. He knows of no better proof in favor of transmission of cholera by intercourse that can be given, than these cases.

In regard to epidemics on ships, he cites the case of the Franklin, a ship belonging to the Stettin-Lloyds, as one proving conclusively to him the effect of intercourse with cholera patients. The Franklin sailed from Stettin for New York with emigrants. She left Stettin October 10th, Swinemunde the 11th, Copenhagen the 12th, was in Christiansund the 14th, and went to sea the 15th. Out of the 611 emigrants on Board 200 were taken sick with, according to the ship's books, "choleraic diarrhœa." Of these, 40, or more than 7 per cent., died. At first some doubtful cases of diarrhœa were reported, but only on November 1st is cholera mentioned. On that day six died; on the 2d, two; on the 3d, three; on the 4th, four; on the 5th, five; on the 6th, three; on the 7th, 2; on the 8th, one; on the 9th, two; on the 10th, one; on the 11th, one. On the 12th the ship arrived at New York, and three more deaths occurred there. Virchow ridicules the idea that these people acquired the cholera from the soil from which they started; the way in which it commenced and the sequence of cases are all in favor of the theory of intercourse.

The remainder of this day's discussion and the major part of the next was devoted to a consideration of air, water and soil.

To give a résumé of all the matter brought forward would require too much space. The closing remarks of Prof. Virchow on these subjects will demonstrate sufficiently well the tenor of the meeting's views.

In answer to Pettenkofer, who sees the origin of cholera in the soil, and who protests against the drinking

water being a factor in the disease, Virchow says that he cannot understand why the infection should be limited to only one possible source, the soil. Why should the disease only be developed there and nowhere else? Besides, it is perfectly possible for the germ of the disease to get into the water from the soil.

In the course of his remarks on the subject, Koch had pointed out the great improvement in the cholera mortality which resulted from supplying Calcutta with good water, but Pettenkofer had claimed that this improvement was also due to the other matters which were benefited at the same time by this, such as sewers, etc. Virchow thinks that before Pettenkofer's views can be considered valid, it must be proven that these other matters are of equal or greater importance than the water. He allows that an increased and sometimes improved system of sewerage results from a better water supply. He says that this question is of the same importance in cholera as in typhus. Some years ago he investigated the condition of many cities in regard to their water supply and sewer system, and he found in Halle a most remarkable example of the benefits derived from an improved water and sewer system. In this city, previous to the time when good drinking water was furnished, the mortality from typhus ranged from 160 to 254 yearly. After this improvement had been made, the number of deaths from typhus fell to 62, and has ranged between that number and 28 yearly. The difference in the cholera mortality in Calcutta after similar work had been done, as shown by Koch, is not more surprising than this. If a bacillus is the cause of a disease, it is important to consider in what way this bacillus is brought to man. It cannot be decided *a priori*, whether it is through the air or the drinking water; and, at any rate, it cannot be said that because other things were changed at the same time that the drinking water was, that the drinking water as a source of infection must consequently be excluded. He would only say, that the water being pure, the danger of

infection is minimized. In regard to the cholera bacillus, it has been demonstrated that it can live perfectly well in water, and if this comma bacillus is the true cause of cholera, the effect of drinking water as a source of infection cannot be denied.

In regard to the uncleanness of the soil and the effect of the subsoil water as being favorable factors for the development of the bacillus, Virchow thinks that the presence of true subsoil water causes a continual moist condition of the upper soil strata, and consequently the necessary factors for the development of organic processes in the soil are favored. To ascribe, however, cholera, like typhus and some other diseases, to the unclean strata of the soil is rather arbitrary. These strata may contain germs, and appearances may be in favor of such views, yet everything should not be arbitrarily ascribed to this condition of things. He mentions the experiments made by Babes in his laboratory. These were made with a view of ascertaining how the comma bacilli behaved in the presence of other bacilli. Babes found that all the bacteria which grew rapidly, more especially the bacteria of decomposition, exerted a very decided influence. A sufficient amount of a pure culture of comma bacilli was placed on culture gelatine alongside of flourishing colonies of the above mentioned bacteria. No culture of the comma bacillus ensued. Virchow points out how markedly this corroborates Koch's assertion, that water-closet fluids exerted a destructive action over the cholera bacilli. This is a very important point and shows that care must be taken in concluding, that several or more germs will develop equally well because they happen to be in a filthy soil. The development of these germs will be dependent upon very different and special circumstances. A local disposition will exist, which, according to circumstances, will hinder or favor the growth of the germ. Virchow says that all of these experiments however are as yet crude and in their infancy. That individual predisposition is an important factor, no one who has ever

seen an epidemic of cholera can deny. Virchow's autopsies on acute cholera cases always showed, that digestion was going on at the time of the attack. He thinks that this origin of cholera during a digestive period is an important point in studying the disease. During the first epidemics, it was well established that the attack was with many persons brought on by the food which they eat. As will be remembered, the importance of finding some method by which the cholera bacilli could be removed from a long continued action of the gastric juice was demonstrated by the experiments. This is the first requisite for producing cholera. If, therefore, there is any disposition of the stomach to empty the ingesta rapidly into the duodenum, this first requisite is present. Now, there are many persons whose stomachs are so irritable that in a half hour after eating certain things they have diarrhœa. Under these circumstances a large amount of the contents of the stomach must have passed very quickly in and through the intestines, and it can easily be understood how organisms, which would otherwise have been destroyed by the gastric juice, get out of the stomach into the intestines. When the food remains in the intestine, as in the guinea-pigs, it can be seen how the bacillus is under the most favorable conditions for development.

Koch is of the opinion, that the air as a cause of cholera, except in certain exceptional cases, is to be disregarded. Virchow thinks differently. He had lately been engaged in investigating the connection between bed-linen, etc. and cholera, and it seemed strange to him, that many persons were attacked with cholera, who did not wash the soiled linen, but only had manipulated it. In this category belong also those cases, which were acquired in places where the soiled linen had been kept unwashed. Infection through the air seems to him to be the only explanation of them. He does not mean that the infection takes place through the lungs, but when one breathes, many things, which are in the air, get into the mouth and are swallowed with the

saliva. In this way moist particles, which are detached from the linen through manipulation and are suspended in the air, can be taken up by those in the vicinity. Virchow thinks that this possible mode of infection through the air must be accorded recognition and be acknowledged.

Remarks were then made by Pettenkofer and Koch on this same subject, after which the next division for consideration was taken up.

#### PRACTICAL MEANS TO BE USED AGAINST CHOLERA.

Koch.—The means to be used against cholera must be based upon the fact that the cause of the disease is produced inside of the patient and is contained in the evacuations. These are consequently to be immediately disinfected. For this purpose he finds a 5 per cent. solution of carbolic acid the best. It should be mixed in about equal quantities with the stools and the vomit. Everything else, the bed-linen, the vessels used, the person of the patient should likewise be thoroughly disinfected. Since, however, the soiled bed-linen and the linen of the patient do not require to be disinfected on the spot, they may be placed in some weaker disinfectant fluid, where they can remain for one or more days. Clothing, featherbeds, mattresses, etc., which would be injured by being put into fluids, can be disinfected by steam of a temperature of 100° C. As he is of the opinion that dryness kills the bacillus, he recommends that those things, which cannot be disinfected by means of steam or fluids, should be put out of use and subjected to a current of dry air. Among such articles are furniture, wagons in which cholera patients have been transported, etc. Where proper means for disinfection, as in small towns, villages, etc., do not exist, all small articles and those of little value should be burnt, those of value should be well aired. To disinfect rooms, the suitable means are, to air them well, to dry them by means of fire or heating, and to subject them to currents of dry air. He thinks that the use of gaseous

disinfectants, more especially sulphur, is not only unreliable but for the most part useless.

Those engaged in nursing the sick must be instructed not to touch their mouths with their hands and to wash these latter often with a solution of bichloride of mercury or of carbolic acid, especially if they have been soiled by the evacuations or vomit. Eating in the same room where a person lies sick with cholera should be strictly forbidden. These are means proper in the presence of severe cases of cholera.

During epidemics, however, the contagion is spread to a large extent by those cases of choleraic diarrhœa, which does not prevent those affected from attending to their avocations; in many other ways, almost impossible to prevent, the contagion is also carried around. Against these, general precautionary measures are to be used, those already given not being applicable to them. To this end, all fæces and slops are to be removed away from the neighborhood of the dwelling place. This is best done by proper sewers. But where these do not exist, then the fæces, etc., must be thoroughly disinfected. Koch does not think that it is necessary to disinfect the sinks and water-closets for reasons already given, and because the bacilli are as little capable of rising into the air out of moist places, as other bacteria are. All food, and especially the water, must be thoroughly protected from pollution. The water by means of a good system of water supply; the food by carefully watching the markets and places where it is sold. Particular attention should be given to the milk business. If there is any suspicion in regard to some article, it must be thoroughly cooked before being eaten. It is also advisable to boil the water.

In fighting cholera, all the necessary means should be in readiness before hand. If the first case that occurs is rightly diagnosed and acknowledged, energetic measures will in the majority of cases be rewarded by a limitation of the disease. The diagnosis can always be established by



finding the comma bacillus, and every physician should educate himself to recognize it. The first few cases which appear in the beginning of an epidemic, should be isolated in a special hospital, or be quarantined, and the neighborhood where they occurred should be most rigidly disinfected. During cholera times the meeting together or the transportation of large numbers of people should be avoided, and careful watching of this should be exercised over ships and railroads.

Education of the people is to be made one of the general rules against cholera. They should be instructed in a general comprehensive way in regard to a sensible diet, the avoidance of intercourse with persons suffering from cholera and with places where cholera exists, the nursing of the sick, the proper cleansing and disinfection of the hands, the treatment of soiled clothing and linen, the danger attached to the transportation and washing of the linen of the sick, the precautions necessary in regard to the food and drinking water, the treatment of the dead, and in many other matters in which the sanitary authorities require the aid and support of the people.

A sufficient quantity of suitable medicines should be supplied, and also physicians numerous enough for the work. Encouragement should be given to private charity in regard to furnishing the poor with a proper diet, with linen, etc. These are the measures, which Koch recommends to be used in waging war against cholera.

In answer to Gunther's inquiry as to what constituted pure water, and when was it to be considered impure, Koch says that in determining this question, it must be remembered that the number of micro-organisms present in the water is the only important point to be considered. The chemical composition of the water is of no value. Even though it may not be possible to find in a given specimen the few infecting spores which are present, yet the presence of a large number of micro-organisms is sufficient to show that the water is polluted with decomposition products

loaded with micro-organisms. Among these many harmless ones, there may also be some which are pathogenic. As far as it has been established up to the present day, the number of micro-organisms present in good water varies from 10-150 in a C. C. As soon as this number is exceeded the water should be suspected of receiving unclean additions. Should the number be increased to 1000 in a C.C., Koch would not allow such water to be used for drinking purposes. To demonstrate the presence of organisms in water, the culture methods should be used.

Dr. Gunther further requested Koch to state his views in regard to the measures which were called for at the frontiers of a country. Dr. Gunther mentioned those which had been enforced at all the principal points on the Franco-German frontier, such as ocular examination of all travelers by physicians, the removal of the sick to isolated and specially provided quarters, the uncoupling of all cars which had been polluted, and their thorough disinfection. Gunther thought that these would not be of much use, and he protested strongly against forcing a traveler to break his journey to a certain point.

Koch thought that in cholera epochs there should be a most rigid medical examination of all travelers, on account of the large number who would be fleeing from the disease. Railway employes should be directed to carefully note any passenger affected with vomiting or diarrhœa. They should be isolated as much as possible from the other passengers, be removed from the train on arriving at the frontier, and not allowed to travel any further. In addition, all necessary medical aid, care and nursing should be immediately furnished.

Further discussion on this subject was carried on by Pistor, Gunther, Mehlhausen, Neumann, Koch, Eulenburger and Kohler.

Dr. Pistor asked Koch what would be advisable in those places where, owing to dampness, the floors and walls could not be thoroughly dried. Koch recommends that

the walls be freshly whitewashed with lime, and he considers this to be one of the best methods for the disinfection of rooms. In some instances, even removal of the wall paper and replastering the walls would be of benefit.

Questioned in regard to bichloride of mercury as a disinfectant, he says that astonishingly small quantities of it will destroy the bacillus, but, owing to its dangerous properties, he does not recommend its use except in some special cases.

The continuation of the discussion brought out nothing more of importance.

The Conference was adjourned by its president, Prof. Virchow.

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## HOSPITAL REPORTS AND CLINICAL NOTES.

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We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

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### GUNSHOT WOUND OF THE ABDOMEN; EXPLORATORY LAPAROTOMY AND SUTURE OF WOUNDED BOWEL; DEATH.

Service of Prof. T. G. RICHARDSON, M. D.

Reported by ANDREW A. FORSYTHE, Resident Student.

This case is reported as a fatal case, since we believe that such ought as well to be published as those that recover, if we would arrive at correct conclusions concerning this surgical injury. A. F., a native of Louisiana, laborer by occupation. About 12:30 o'clock of the night of March 19, 1886, while seated, eating fruit, in the Trémé Market, he was shot by the accidental discharge of a 38-calibre pistol in the hands of a friend, who was not more than five feet away. The ball entered about one inch and a-half to the left of and on a level with the umbilicus. The man fell from the stool to the floor, where he was found by the ambulance surgeons, who arrived shortly after the ac-

cident. It was noted that there had been considerable external hæmorrhage. The ambulance conveyed him quickly to the hospital where he was seen about 1 A. M. by Dr. F. W. Parham, the assistant surgeon.

One quarter of a grain of morphia sulphate had been administered hypodermatically in the ambulance, but this seemed to have produced no effect. The man showed signs in his face of great distress, kept the legs drawn up and complained of great pain and tenderness over the abdomen. The respiration, costal in type, was accelerated, the pulse frequent, quick, small and rather compressible, the face and chest cool and bedewed with perspiration and the temperature apparently below the normal. The man was clearly suffering profoundly from shock. The temporary dressing being removed, the hæmorrhage externally was found to have ceased. There was slight distension only of the abdomen, the tension from the muscular spasm being very great. Considering the position of the wound and the fact that the ball had been delivered at such short range, it was thought probable that the shock was the result partly of injury to the abdominal contents, partly of internal hæmorrhage, notwithstanding the slight amount of distension, the spasm of the abdominal muscles doubtless accounting for this. The patient vomited occasionally a bilious-looking fluid, but it contained no blood and there was none passed by the bowel. No fæcal matter escaped from the wound. In view of the condition of severe shock, the uncertainty regarding the internal injury and the difficulties attending an attempt at midnight to suture lacerated intestine, should such be found, it was determined to defer exploratory laparotomy and administer opiates liberally. Owing to the extreme suffering and restlessness of patient, it was found necessary to administer morphia in quarter-grain doses hypodermatically three times during the night, in addition to three one grain opium pills given at regular intervals. In the morning Prof. Richardson, in whose wards he had been placed,

saw the patient a little before 9 o'clock, and the history of the previous night was related. The condition of the man at this time was only slightly changed, the pulse being slightly fuller and the abdominal pain somewhat less intense, as an effect of the opiates and the application of warmth to the lower extremities, but the restlessness was still very great and the shock profound.

Another hypodermatic injection of a quarter of a grain was given. After a consultation with Prof. Lewis, Dr. Jamison, Dr. Tebo and the House-Surgeons, it was decided to make an exploratory laparotomy to determine the course to be pursued. The patient was taken into the operating room and the operation performed under ether by Prof. Richardson in the presence of the medical class of the University. An incision about an inch in length was made just below the umbilicus and antiseptic precautions being taken, the peritoneal cavity was opened. Immediately there was a rush of blood through the opening. The incision was quickly enlarged by prolonging it above and below, and the source of the hæmorrhage examined for. As fast as the cavity was sponged out it refilled, showing that the bleeding was still going on. The coils of intestine were lifted from the cavity, withdrawn and covered with warm carbolized towels after careful examination. Three rents in the intestine and one in the mesentery of the *ascending* colon were found. The openings in the intestine, through which grape-hulls protruded, were sewed with fine silk and the laceration of the mesentery, which was the source of the hæmorrhage, ligatured. The toilet of the peritoneum having been made (with carbolized solution), the abdominal opening was closed with silver wire and intermediate silk sutures. A glass tube was introduced at the lower end of the wound, well down into the pelvic cavity, and the wound dressed with corrosive sublimate gauze and cotton, a layer of gutta percha tissue being laid over. The duration of the operation was about one hour and a half. At the end the patient's pulse was quite fre-

quent and feeble. ℥ij of aromatic spirits of ammonia was given by enema, ℥ss ether hypodermatically and the patient sent to the ward. Hot applications were made over the abdomen and to the extremities, and the ether injection was repeated twice within an hour. Subsequently morphine was administered hypodermatically in quarter-grain doses and opium in one-grain pills by the mouth, repeated often enough to keep up the opiate influence. Fluid extract of digitalis and atropia were also given from time to time, but, though he seemed to revive for a time, he gradually sank. At 6, P. M., he passed in the bed a copious stool containing some blood-clots. He died in collapse at 11, P. M.

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A CASE OF LABOR COMPLICATED BY PROLAPSUS UTERI,  
DUE TO INJURY DURING PREGNANCY.

Reported by WARREN STONE BICKHAM, Charity Hospital.

On Saturday, April 10th, Mrs. B. M., aged 32 years, and a native of this city, was admitted to the Hospital for her fourth confinement. The date fixed for the commencement of labor fell upon Thursday, April 8th. Upon Friday, the day following, she became conscious of her approaching condition by the occurrence of slight, ineffectual pains at long intervals. Upon the same day, while engaged in carrying a basket of clothes, she stumbled and fell forward, striking the right side of her distended abdomen, midway between the umbilicus and anterior superior spinous process of the ilium, upon the edge of a step. The injury was so severe, and the pains of labor so much increased, that she went to bed and summoned a midwife. By the time the accoucheuse arrived a tumor of considerable size protruded through the vulval opening and so perplexed the assistant that the patient was advised to go to the Hospital.

On Saturday the woman entered the lying-in ward and was seen for the first time on the evening of that day, about thirty-six hours after the injury.

Upon examination an exceedingly congested mass of tis-

sues projected about four inches from the mouth of the vagina, resembling very much several contorted coils of intestine, and for a moment really leading to the suspicion of a rupture of the intra-vaginal wall. The consistency of the protruded mass and the intense congestion precluded the possibility of its being the membranes, which fact was later verified by the persistence of the protrusion after spontaneous rupture of the bag of waters. The true nature of the case was not positively determined until the finger, introduced by gradual insinuation through what appeared to be a depression in the centre of the mass, came into contact with the posterior fontanelle within the distended membranes. There then remained no doubt that a prolapsus uteri had resulted from the fall and that the prolapse consisted of the lower segment of the uterus, the cervix and lips of which were œdematous and hyperæmic to an enormous extent. When first examined, immediately after the woman had assumed a recumbent position, the uterus projected beyond the vagina to the extent of about four inches and was larger than a closed hand. The patient stated that she first noticed the presence of the tumor between her thighs an hour or two after the fall, and that several hours after the accident its size was nearly twice as great as when first examined in the Hospital.

Labor was not imminent, though pains continued at intervals. The course adopted was to reduce the œdema by pressure applied to the lips and cervix. Within less than an hour the parts were so much diminished in size by digital compression, causing the oozing out in large drops of a serous fluid tinged with blood, that they were easily replaced within the pelvis, though not so easily kept from descending to the mouth of the vagina, beyond which, however, they did not protrude until labor began.

This condition of affairs continued with no marked change until Monday morning at half-past ten, when the membranes were spontaneously ruptured as the patient turned in her bed. During this time no particular discom-

fort was experienced, the pains being feeble and at long intervals, and the woman's condition not interfering with the discharge of her functions, nor the gaining of rest and sleep. This loss of liquor amnii did not apparently hasten labor, for no perceptible difference was noticeable in the parts for over twenty-four hours, the returned uterus remaining within the vagina, though œdema had reappeared to a less extent. The os uteri continued soft and relaxed, but without further dilatation for some time.

At half-past twelve, Tuesday afternoon, when called to the ward, labor was found to have begun in earnest, and the pains to have assumed a propulsive character. The head descended gradually, and engaged in the right-oblique diameter, the occiput pointing to the left foramen ovale. All efforts at keeping the lips of the uterus pushed back beyond the occiput, by insertion of the fingers within the vagina, proved futile. Ether was given during the second stage to lessen the frequency and force of the pains and to give time and relaxation for the reposition of the lips, but it seemed to have little effect in that direction. At twenty minutes past three, the head was born with the anterior lip of uterus wedged between the occiput and pubis and protruding beyond the vagina at least an inch. The posterior lip likewise preceded the head, but naturally did not protrude to the same extent. After drawing the cord, which encircled the neck, over the child's head, the remainder of the body was quickly expelled, without the slightest laceration of any part. The placenta followed naturally, 15 minutes later. The child, a well-formed, strong-looking boy of seven pounds, breathed at first with slight difficulty, but was entirely revived by alternate immersion in cold and hot water. He appeared to do very well for several hours after birth, when the nurse noticed that at intervals his face became deeply cyanosed, her attention first being called to it by the child's attempting to nurse its mother. When seen seven hours after birth, it was breathing with great difficulty, its whole body seeming to enter into each respiratory effort.



Efforts were made at resuscitation by means of cold and hot water, irritation of the cutaneous surface with mustard, brandy, heat, &c., but the child gradually grew weaker and expired. Its death was immediately preceded by the steady and quite profuse flowing of bloody froth from the nostrils. It seems at least probable that death resulted from an injury received by the fall of the mother.

Upon this, the fifth day after confinement, the patient's condition is very satisfactory, with the exception of a temperature which has ranged at intervals from normal to  $104^{\circ}$  F., averaging  $100\frac{1}{2}^{\circ}$  F. The uterus appears to be undergoing involution quite naturally, and no local trouble of any kind has been discovered—the patient not even appearing to be disturbed or rendered uncomfortable by her elevated temperature.

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GENERAL ARTERIAL DILATATION, ESPECIALLY MARKED IN  
THE RIGHT SUBCLAVIAN; PROBABLE ANEURISM OF  
ARCH OF AORTA; LARGE EFFUSION IN  
LEFT PLEURAL CAVITY.

Service of Dr. C. L. SEEMANN.

Reported by L. G. LEBEUF, Charity Hospital.

Walter Dale, a tall, well-built negro, aet. 45, by occupation a laborer on the levee, was admitted to the hospital March 11, 1886, suffering from severe dyspnoea and a pain in left side. He had, up to a year ago, been in good health, had been doing much heavy lifting, and had been much exposed to the weather in attending to his work on the levee, the handling of tarpaulins, which were often much increased in weight by the falling rain. His habits had been fairly good. He gives a history of venereal disease, but no syphilitic infection could be made out. The maculation of the skin observed is the result of small-pox, from which he suffered several years ago.

About one year ago, in pulling at the tarpaulins he strained himself severely, and soon after felt an acute pain

in his chest. Since that date he has gradually lost strength and has been incapacitated for exertion, by reason of attacks of dyspnoea induced. For several months past he has had a dull, heavy feeling in the left side of the chest. Condition on admission: Nothing especially worthy of note in the general appearance, except that, as he lies in bed, a marked heaving of the body is noted, caused by the exaggerated impulse of the heart and the unusually forcible distension of the arteries. This violent pulsation of the arteries is noted especially in the right and left subclavians and carotids, but is even well marked in superficial arteries of the size of the temporal. The impact of the heart against the chest is violent, causing it to bulge with each systole. The left side of the chest is perceptibly enlarged, and the intercostal spaces bulge somewhat. The apex-beat is not found in the usual position, but is pushed over to the right of and above the ensiform cartilage. Just below the outer half of the right clavicle is a marked pulsating bulging, over which a thrill is heard and felt; this is visible, though less marked over the same area on the left side.

Vocal fremitus and vocal resonance entirely absent over the whole of the left side of the chest, except near the apex in front and the vertebral column behind. The thrill, mentioned above, is distinguished over most of the larger vessels. There is absolute flatness over the area of absence of fremitus and voice sounds, and over this same area there is absence of breathing.

Towards the clavicle in front on the left side, the percussion note is clear and vesicular breathing is distinguished; there is bronchial breathing and broncophony near the spine of the scapula behind; absence of heart sounds in their usual location on the left side. Over the right side the sounds are normal, save those produced in the heart and vessels. Over the location of the greatest intensity of the apex-beat is heard a beautiful, soft, blowing murmur during systole. At the base a dull, rasping sound, systolic, is heard near the sternal articulation of the second costal car-

tilage. The stethoscope, distinguishes a soft and low-pitched murmur both in the aorta and the pulmonary artery. An aneurismal bruit is made out above the right clavicle and is traced down to the point where the pulsating bulging is observed below the clavicle, above referred to.

No dullness on percussion was made out anywhere on the right side, corresponding with the location of the murmur. The pulse is 92, respiration 40 and the temperature 101° Fah.

The diagnosis was resolved upon: Large pleural effusion of the left side, associated with general arterial dilatation, especially marked in the right subclavian, with probable aneurismal dilatation of the aortic arch involving possibly the innominate. The left radial pulse was thought to be weaker than the right and a little later in its beat, but this difference was subsequently not found to exist.

Dieulafoy's aspirator was employed, and through a point behind the left axillary line, on a level with the lower angle of the scapula, a few ounces over one gallon, measured, of ordinary pleural effusion fluid was drawn out. The heart gradually swung back into place, the impulse being felt in its normal location, though somewhat diffused. It was found impracticable to withdraw all the fluid, a good quantity being left in the chest, hoping that absorption would evacuate the rest. A pleuritis, marked by slight elevation of temperature and pain on inspiration, followed the puncture, gradually subsiding in a few days under the influence of opium, quinia and counter-irritation. The dyspnœa was markedly relieved, and the patient was up and around in a few days after the aspiration.

April 16th.—The patient has continued to improve. There is some diminished percussion resonance, but the fluid in the cavity has gradually become absorbed. The vesicular breathing can be heard almost everywhere over the chest, and the other signs of expanded lung are also present. The same remarkable heaving of the chest and forcible arterial pulsation still perceived, even more exag-

gerated than before the aspiration. The apex of the heart is a little higher than normal, and the beat rather diffused. The patient has occasional attacks of dyspnœa and pain in the side and becomes easily short-winded. The temporals, carotids, subclavians, even the femorals, are distinctly enlarged. The case is still under observation

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## PROCEEDINGS OF SOCIETIES.

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### LOUISIANA STATE MEDICAL SOCIETY.

#### FIRST DAY.

The eighth annual meeting of the Louisiana State Medical Society was called to order by the President, Dr. Sam'l Logan, of Orleans, in New Iberia, Wednesday, April 14th, 1886, at 12, M.

Prayer was offered by Rev. Mr. Kramer.

Roll was called and 39 members answered to their names.

On motion of Dr. Chassaignac, the reading of the minutes of the preceding session was dispensed with.

Dr. T. J. Woolf, in behalf of the President of the Attakapas Medical Society and the good people of New Iberia, gave a short address of welcome to the Society.

The reports of the Standing Committees were now in order.

Dr. Thos. Hebert, Chairman Committee of Arrangements, offered as his report the printed programme, together with letters of excuse for absence from Drs. Bickham, Souchon and Wilkinson. The report and the excuses were received.

Dr. Newton, Chairman of Committee on Scientific Essays, etc., being absent, no report was read, but Dr. Logan,

the President, called attention to the large number of papers on the programme as evidence that the committee had done good work.

The Judiciary Committee, through its Chairman, Dr. Day, reported that Dr. G. W. Watters, of Bossier, confessed that in his poverty he had allied himself with one Ellis for the treatment of piles by secret nostrums, but he begged for forgiveness of the Society and promised to do so no more. The committee recommended withdrawal of charge and reinstatement of Dr. Watters. Carried.

Neither the Committee on State Medicine and Legislation, nor that on Organization had any report to make.

The Committee on Publication had printed and distributed the Transactions as instructed. The committee recommended the omission of the Constitution and Code of Ethics from the next volume.

Dr. Bruns moved to allow greater discretion to this committee, by striking out certain paragraphs of Art. IV, Sec. 6 of the By-Laws.

Dr. Dupre moved that Dr. Bruns' motion be considered after all reports had been handed in. Carried.

The Committee on Necrology reported upon the death of Drs. J. A. Dunn, W. A. Burriss and F. Guilbeau.

The Recording Secretary announced the receipt of various Journals and Transactions in exchange.

Dr. Herrick, Corresponding Secretary, being absent, his report was read by the Secretary. The aggregate showed that there were 1111 physicians in the State. Of these, 808 were regular, 52 doubtful, and 251 irregular.

The Secretary also read the report of the Treasurer, Dr. Parham. A committee, consisting of Dr. Friedrichs, Fox and Bruns was appointed to audit the same.

Dr. Bruns' motion to allow discretion to Committee on Publication, was now called up. In the course of a spirited debate, Dr. Day suggested that revision of Article IV of the By-Laws be referred to a committee of three. Dr. Bruns moved to amend by appointing a committee of three

to revise and simplify the Constitution and report at the next annual meeting. Seconded by Dr. Miles and carried.

Dr. McCutcheon now moved that suggestion of Publication Committee that Code of Ethics and Constitution be omitted from the next volume of Transactions, be carried out by resolution. Seconded by Dr. Fox.

Dr. Day vigorously opposed. We should show ourselves firmly wedded to Code of Ethics. We should not retrace our steps.

Dr. Chassignac supported resolution.

Dr. Bruns thought we could show ourselves in accord with the Code by omitting the Code and Constitution, and inserting in our next volume the preamble to our Constitution.

Dr. Perkins wished the consideration postponed.

Dr. Dupre supported Dr. Bruns' proposition.

A rising vote showed 12 in favor and 10 opposed,—not being two-thirds the motion was lost.

Dr. Woolf moved that the rules be suspended, and the following gentlemen elected by acclamation : Drs. G. W. Martin, A. Duprier, L. A. Burgess, B. F. Mosely, F. M. Thomas, Edgar Barry, B. Guilbeau, C. P. Smith, C. J. Dacoty, T. W. Tarlton, F. J. Mayer and R. M. Littell.

Dr. Bruns seconded the motion, but gave notice on behalf of certain members, that they would hereafter oppose all elections by acclamation. The gentlemen were then elected by acclamation.

Under Miscellaneous Business, the Secretary submitted a communication from the Nebraska State Society, proposing that in every State Society there shall be one member to represent each State Society of each State in the Union. It shall be the duty of these representatives to bring to the attention of their State Society all facts of interest to the profession that have taken place in the States they represent during the year, and to communicate to the Secretaries of the Societies of the States they represent all

of interest that has occurred in their own State during the year.

Upon motion of Dr. Hebert it was referred to a committee consisting of Drs. Hebert, McShane, and Chassaignac.

Letters were read from Drs. T. S. Dabney and A. A. Lyon, resigning because of having left the State. Dr. Lyon was made an honorary member.

Application of Dr. Lynch for membership was laid before the Society. It had been in the hands of the Secretary since last meeting. It was referred to Judiciary Committee, which reported favorably, and the gentleman was elected.

Dr. Dupre submitted the following resolutions:

*Resolved*, 1. That this Society adheres to the Code of Ethics of the American Medical Association.

*Resolved*, 2. That this Society endorses the action of the American Medical Association at its meeting held in New Orleans, April, 1885, in enlarging the membership of the Committee on Organization of the Ninth International Medical Congress, to be held at Washington in September, 1887. Further, be it

*Resolved*, That this Society endorses the action of the Executive Committee of the American Medical Association in the preliminary organization of the Ninth International Medical Congress.

Dr. Miles thought this an exceedingly important subject, and moved that the resolutions be laid on the table subject to call. Carried.

Dr. Gates exhibited a patient who had had a large wound made by a stubble-shaver on the lower back part of the leg, severing the tendo Achilles and chipping a piece of bone from the tibia. The foot had been extended, and leg flexed on thigh, by an apparatus extemporized from plaster and hoop iron. Excellent results with tendinous union, which was rare, ensued. Patient walked as well as ever, the heel perhaps a little elevated, if anything; would have expected a little dropping.

Dr. A. McShane, of Orleans, read a paper on Pyo-Pneumo-Thorax, as follows :

The patient was a mulatto, 35 years, laborer ; good constitution and bad habits. His history prior to his admission into the Charity Hospital was clearly one of acute pleurisy of the right side, brought on by the patient jumping into the water immediately after several hours of hard labor. This indiscretion was indulged in about September 1, 1885. At about 9, P. M., September 23, he felt something give way in his right side. A violent pain seized him, his breath became very short, and he almost fainted. He was admitted into the hospital on September 24, 1885. Upon examination he presented all the signs indicating the presence of liquid or of air in the right pleural cavity. Succussion and amphoric breathing were very plain ; the latter was heard up to within three weeks before the patient's death. The heart was pushed over to the left. The point of apex impulse was two inches to the left of and one inch below the left nipple. A slight mitral systolic murmur was heard. Dyspnœa was the most distressing of the patient's symptoms.

Upon exploring the right side with a hypodermic syringe, an odorless, opalescent liquid was obtained which, under the microscope, was found to contain a large number of pus corpuscles. On December 14, 1885, he was aspirated with a Dieulafoy's aspirator ; eighteen ounces of this seropus were withdrawn.

The liquid rapidly reaccumulated after the aspiration ; and on December 24th, 1885, the right side was again aspirated, twenty-six ounces being removed. The liquid was the same as before.

Meanwhile, the patient's cough altered in character ; he began to spit much frothy mucous, frequently containing masses of muco-pus. Some of this sputum was sent to the Pathological Department, and examined microscopically : it was reported free from bacilli tuberculosis. It was again



examined after an interval of a few weeks, and again reported free from bacilli. The urine was normal.

It is needless to describe in detail the patient's further symptoms; suffice it to say that his strength grew rapidly less, his appetite was entirely destroyed, he became very anæmic, the feet and ankles became œdematous, and he gradually sank and died on January 3d, 1886.

The autopsy was held four hours after death. The rigor mortis was slightly marked; body emaciated. Right side of chest somewhat dilated; on puncturing the side, air issued from within. Right pleural cavity was lined with pyogenic membrane, and half filled with a greenish, purulent liquid, which was, however, odorless. Right pleural cavity extended to the left of the sternum. Right lung was compressed against middle line of body, extending from the upper to the lower part of the chest; it adhered to the upper surface of the diaphragm by one fibrous band, and to the apex of the chest by two or three such fibrous bands. It was compressed into a carnified cylindrical mass, about  $2\frac{1}{2}$  or 3 inches in diameter. No opening on the surface of the lung could be demonstrated by inflating the bronchi with a pair of bellows. On the outer side of the upper lobe, about four inches from the apex, a small cicatrix was found. This cicatrix marked the site of the perforation. It led into a small phthisical cavity about as large as a thimble. Both lungs contained tubercles; the left lung contained a number of small cavities.

On the left side, there was general pleurisy; the left pleural cavity contained a large amount of sero-fibrinous exudation. The heart and large blood-vessels were pushed to the left; the aorta did not pass to the right of the sternum. No valvular lesions were found. The liver was pushed downwards and to the left; it was slightly fatty. The spleen and kidneys were normal.

*Remarks*—In our case, the perforation of the pleura was undoubtedly due to the breaking down of a subpleural tubercle. The pleura may be involved in various lesions, but

our patient's symptoms rendered most plausible the diagnosis of disintegrating tubercle. To confirm or correct this opinion, the sputum was twice examined microscopically, and no bacilli were found. These organisms, even when tuberculosis does exist, are not present in the sputum until the tubercles begin to break down. The tubercular cells, which contain the bacilli, disintegrate, discharge their contents which become mixed with the sputum. As in our case, the tubercles must have been undergoing disintegration, we must infer that the search for bacilli must not be confined to one specimen of sputum; but that, on the contrary, where clinical phenomena would permit us to entertain reasonable suspicion of tuberculosis, we must make repeated examinations for bacilli.

The opening in the pleura remained patulous up to within three weeks of the patient's death. Then there must have been a free passage of air from the bronchi into the pleural cavity for a considerable time. During this time, an albuminous liquid always lay in the chest. Why, then, did not decomposition take place in the liquid? If we expose an albuminous liquid in the open air, decomposition very soon sets in, caused by, or, at least, accompanied by the development of various micro-organisms, the spores of which have been deposited in the liquid from the atmosphere. As the liquid in our patient's chest did not undergo decomposition, we might infer that the air, in passing through the lung, had become deprived of the spores usually found floating in the atmosphere. If this supposition be correct, how did this purification take place? In Green's "*Pathology and Morbid Anatomy*," we read: "The micro-organisms are found in large numbers on the skin and bronchial and alimentary surfaces, which are in contact with air. Inhaled with each breath, they are found in the larger bronchi; but the smaller ones and alveoli are probably free, for Tyndall has shown that the complementary air is pure by its causing a non-luminous gap in an electric beam thrown across a dark room. Further proof lies in the fact

that mediastinal empyemata communicating with the lung generally remain free from putrefaction, whilst those from external wound of the pleura always putrefy.

What causes the absence of these micro-organisms from the smaller bronchi? It is barely possible that the liquid that moistens the bronchial mucous membrane absorbs or sucks out of the air all of its contained zoöspores, although carbonaceous particles are undoubtedly so absorbed, and become incorporated in the lung-tissue. Ozone is a powerful germicide, and if we could contrive to find ozone in the bronchioles or alveoli, we would be able to find an efficient cause for the non-putrefaction of the empyema. But where the pleura breaks through, the air rushes in at such a rate that it would be difficult for ozone to form or for particles to be absorbed. Why, then, did not that empyema putrefy?

During life, a mitral systolic murmur was heard, and after death no valvular lesions were found. May not the abnormal position of the heart, and the unusual pressure to which it was subjected, have given rise to this murmur? This is not improbable, for I have often noticed, in demonstrating to students the action of the mitral valve by passing a stream of water back through the aorta, that pressure upon the walls of the ventricles would sometimes cause the water to pass between the valvular curtains, and, at other times, that pressure upon the middle of the posterior wall of the left ventricle would cause the valve to close perfectly, whereas, without this pressure, water would manage to squeeze between the flaps of the valve.

Adjourned until 8, P. M.

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FIRST DAY — EVENING SESSION.

The Society was called to order promptly at 8, P. M. The hall had been handsomely decorated by the ladies of Iberia, and was now packed with an extremely large and attentive audience.

After prayer by Mr. Kramer, Dr. Logan was introduced. He thanked the ladies for the decorations and named the little city of New Iberia the "City of Roses" as evidenced by the vast quantity of flowers. He then read his address which was upon Medical Education and Medical Organization. He thought it unfair as is now commonly done, to cast the blame of the low standard of medical education upon the colleges. In the earlier days colleges had to be started by private enterprise, and relied on the money received from students for support. Few were endowed and none save these few could be expected to take steps which would lower their attendance. The remedy lay in thorough organization amongst the profession at large. Nothing could be accomplished now-a-days without organization, and the pointing out to the colleges what changes must be made in their courses if they wished to merit the approval of the profession. Only those colleges should be supported which made the changes, and students should be advised to seek only the best colleges. The speaker advised the creation of a permanent committee on Medical Education in this Society.

The address was listened to carefully and with attention. It was characterized by earnestness and directness, and a simple and unaffected manner of delivery.

The President then introduced the Annual Orator, Dr. H. D. Bruns, of New Orleans, who took as his subject, "Some of our Forgotten Worthies." He labored to show the constant heroism of the medical man. He is not rewarded, and should not be, as the soldier is. His reward is the consciousness of duty well performed, his monument an abiding place in the hearts of his confrères. He appealed to them to remember their heroes. This picture, he said, had been drawn that those present might see that the profession had a right to demand their aid in the accomplishment of one of the chief objects of the Society—the suppression of quackery in Louisiana. They were the State, and he did not hesitate to

say that they should force the legislators to pass a law requiring every one who wished to practice medicine in Louisiana, to get a license from the State, after examination on the principles of medicine by an examining board appointed by the Governor. The Society ought to abandon all other efforts to influence legislation until they had secured such a law. This could best be accomplished by having such a law drafted, and by endorsing it and urging it upon the Legislature, year by year, until the persistent efforts of the Society were crowned with success.

Adjourned until 10, A. M., April 15th.

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SECOND DAY—MORNING SESSION.

The Society was called to order at 10, A. M., by the President.

After prayer by Rev. H. O. White, the minutes were read and approved.

Under suspension of the rules, Dr. S. A. Dickson was elected a member.

A communication was received from Dr. Chaillé, stating the position of matters in the hands of the Committee on State Medicine and Legislation. The letter was accepted as the report of the committee, and Dr. Chaillé, at his request, was relieved of the position of chairman.

A letter was received from Dr. R. J. Dungleison, Treasurer of the American Medical Association, in reference to the election of delegates to the Association.

A communication was received from the Attakapas Medical Society in reference to the Act of 1882, regulating the practice of medicine and surgery. It was recommended that the penalty be made criminal and not dependent upon a civil proceeding on the part of the Charity Hospital, as heretofore. Dr. Smith presented a full set of resolutions as amendments to the act in question.

Dr. Jos. Jones stated the inefficiency of the old act

and thought these resolutions should be adopted and referred to Drs. Dupre and Day of Baton Rouge.

Dr. Logan moved that since these gentlemen would be upon the Committee on State Medicine, that the motion be referred to that committee. His suggestion was accepted and the resolutions so referred.

The nomination and election of officers and delegates being in order, a Nominating Committee was formed by the representatives of the various Parishes selecting one of their number to act upon the committee. A recess was taken for this purpose.

When the Society was called to order the Secretary read several papers: one by Dr. W. C. Patterson, of Bienville Parish; one by Dr. J. C. Brown, of Arcadia, and a third by Dr. J. D. Wylie, this last by title.

Dr. McShane was permitted to read a paper on Ozone, by Mr. I. H. Stathem, of the Louisiana State Board of Health. The thanks of the Society were offered Mr. S. for his paper, which was referred to the Publication Committee.

The report of the Special Committee appointed to consider the plan of inter-State representation, as suggested by the Nebraska State Society, was received. They approved of the plan.

The Auditing Committee's report was received and accepted.

Dr. L. G. Blanchet, on behalf of the Attakapas Society, extended an invitation to dinner at 4, P. M.

Dr. T. J. Woolf here read a paper entitled, "Two Cases of Extra-Uterine Pregnancy." Case No. 1 came under observation May, 1884. The woman had ceased to menstruate February, 1883. Abdomen commenced to enlarge; usual symptoms of pregnancy followed. Enjoyed good health till about end of natural term, when pains commenced and continued more or less during October, November and December. Commenced to lose flesh and was violently attacked with nausea, January 29th. Was in the

hands of a quack until seen by me. Nature already pointed an opening at the umbilicus. Operated in May; found perfect adhesion of sac to abdominal wall. Removed fœtus whole through enlarged opening; woman died twelve hours after operation. Labor pains at usual time, though nothing in body of womb to excite it to contraction. What was the cause? Case No. 2: Noticed abnormal pregnancy March, 1883. Menses ceased for three months, when they returned as a scanty sanguineous discharge, unaccompanied by pain; continued to appear at irregular intervals until May, 1884. Noticed lump or tumor in right side, but had given up all idea of pregnancy. I diagnosticated pelvic cellulitis, never once suspecting that I had another case of extra-uterine pregnancy to deal with. I concluded to evacuate what I considered an abscess, and it was followed by an enormous flow of purulent stuff and total cessation of pain. Fever ceased, appetite returned, and I thought my patient all right. A bone, said to have been found in the napkin, was brought to me by her husband. Careful examination per vaginam and rectum satisfied me of nature of tumor. Concluded to operate per vaginam and remove by piece meal, but my attention having been directed to bladder, owing to difficulty in voiding urine, discovered presence of bones in that viscus. There had been no vesical irritation up to that time. Bones were removed through urethra without serious trouble or damage to it. It was followed by temporary paralysis of sphincter for about six weeks.

The paper was referred to Publication Committee.

The Nominating Committee reported as follows :

For President, Dr. D. R. FOX,

For Vice Pres., 1st Con. Dis., Dr. J. JONES.

“ “ 2d “ Dr. A. B. MILES.

“ “ 3rd “ Dr. L. G. BLANCHET.

“ “ 4th “ Dr. J. A. S. FISH.

“ “ 5th “ Dr. R. W. SEAY.

“ “ 6th “ Dr. L. G. PERKINS.

Recording Secretary	Dr. P. B. McCUTCHON.
Corresponding Secretary,	Dr. S. S. HERRICK.
Treasurer,	Dr. F. W. PARHAM.
Annual Orator, Judge W. F. BLACKMAN,	of Alexandria.

Alexandria was selected as the place, and the second Thursday in April, 1887, the time for the next meeting.

As Delegates to the American Medical Association, the following :

DR. SAMUEL LOGAN,	DR. JOS. JONES,
DR. R. H. DAY,	DR. T. G. RICHARDSON,
DR. S. E. CHAILLE,	DR. A. B. MILES,
DR. L. G. PERKINS,	DR. C. M. SMITH,
DR. G. K. PRATT,	DR. T. J. ALLEN,
DR. W. W. LESSLEY,	DR. C. D. OWENS,
DR. J. H. BEMISS,	DR. F. R. BERNARD,
DR. J. W. DUPRE,	

The report was adopted as a whole.

The Committee also offered the following, which was agreed to :

*Resolved* ; That in view of the valuable and efficient services rendered by the Recording Secretary, and Corresponding Secretary of the Society, an honorarium of \$200 be awarded to those officers, to be equally divided between them.

Dr. Jos. Jones read a paper on "Diseases and Deaths Occurring in the Medical Service of Jos. Jones." The paper was referred.

Dr. Day read a paper on "Malarial Hæmaturia," of which the following is an abstract:

Very little is said in the authorities of this disease. It was first known only empirically, since first discovered by country practitioners, whose facilities for scientific investigation were few. It prevails from 42° N. lat. to the Gulf. Dr. Day had seen it as far back as 1842. Older citi-



zens had seen it even before. Its origin is malaria, all its symptoms show its relationship. It varies in intensity from a mild intermittent attack to the severe comatose forms. A great distinctive characteristic between the mild and severe forms is the presence of free or disintegrated blood corpuscles. It may be as Harley thinks that the derangement of the biliary secretions due to malaria may be the cause of hæmaturia. The main features of treatment consist in restoring the function of the liver by means of calomel and soda, and combating the poison by quinine, either by mouth, or hypodermatically, if the stomach is irritable. In addition, counter irritation over the kidneys and morphia are indicated. When improvement has begun use tincture of iron freely.

The paper was referred.

On motion the Society adjourned to 7 : 30, P. M.

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SECOND DAY—EVENING SESSION.

The Society was called to order at 8, P. M. Upon motion by Dr. Hebert, the reading of the minutes of the morning session was dispensed with.

Dr. Fox read a paper on "Malarial Pneumonia." The Doctor had had a large experience with this affection, and in his treatment had discarded all depressants, depletants and nauseants. He now depended upon a saline and alkaline treatment, together with quinine, stimulants and nutritive and supporting measures. He has also quit syrups containing squills, ipecac, &c. Depressants debilitate, and syrups produce acidity, spoil appetite and prevent assimilation. He seldom gives opium, but relies mainly on bromides. He, many years ago, ascertained that many of the cases of so-called croup in this climate were not due to inflammatory action, but to an acid condition of the stomach caused by indigestion and fermenting food irritating that portion of the pneumogastric nerve that supplies the

stomach, and so by reflex action causing disturbances in the larynx and lungs. Here a few doses of soda bicarbonate and potassium bromide were most useful. In the Doctor's own case, acid wines, lemonades, spirits, bring on spasmodic asthma with profuse secretion of tenacious mucus. Ipecac, even  $\frac{1}{8}$  gr., has the same effect. Half a tumbler full of strong solution of bicarbonate of soda, gives prompt and complete relief. He has found the following good for sympathetic coup, acute and chronic bronchitis and also pneumonia :

R̄	Potass. Bromid. . . . .	ʒii
	Sod. Bicarb. . . . .	ʒi
	Ammon. Carb. . . . .	ʒss
	Aromat. Spirit. Ammon. . . . .	ʒij
	Aquae font q. s. ad. . . . .	ʒiv.

M. Tablespoonful every 3 hours.

Dr. Fox cited a series of seven interesting cases in support of his views. In one of them he suggested the use of tea with milk and sugar as a useful stimulant in infantile diseases—a point worthy of note.

The Doctor also read by title a paper on "Tetanus." Both papers were referred.

Dr. W. D. White, of Vermillionville, read a paper on "Recto-and Vesico-Vaginal Fistula." Was called in consultation to see T. F., age 38 years, married 20 years. First menstruated at the age of 16. No pain, general health good. Had had eight children and four miscarriages. She was suffering from a large recto-vesico-vaginal fistula, caused by impaction and retention. Treatment for three months with tonics and hot water injections greatly improved her. December 4th, performed Emmet's operation; sutures removed on 10th day; fistula united; no leakage. Fifteen days after operation patient rode long distance over rough road in a hack. Two weeks after some breaking of adhesions. Fistula formerly large enough to admit two fingers into bladder, now had to be found with

probe. On February 23d, had to operate under unfavorable circumstances, patient intoxicated. Seized mucous membrane as it prolapsed and gradually snipped away enough and put in wire sutures, which were removed in 11 days. Fistula reduced from  $1\frac{1}{4}$  inches to  $\frac{1}{4}$  inch.

Dr. R. W. Seay spoke before the Society on "Prophylactic-Treatment of Fevers."

Dr. Bruns after thanking Dr. Seay for introducing a new method of presenting a subject before the Society, referred in very high terms to Dr. Jno. B. Elliott's two papers setting forth what might, he said, be termed the correlation theory of fever. Dr. Elliott's first paper had appeared in the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*, in 1880, and was a far more complete and beautiful presentation of the correlation theory than that outlined in the papers of Drs. Broadbent and Ord.

In Dr. Elliott's second paper published in the November number of the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*, he had recounted several confirmatory experiments, but he had been able to add nothing to the exposition of the theory. Dr. Elliott's second paper and the paper of Dr. Ord had appeared about the same time. The Englishman's paper had been discussed in nearly every journal in the United States. That of the Southern Professor had not been mentioned.

Dr. Bruns was glad of an opportunity to assert the claims of one, who with that modesty which always accompanies genuine merit, had failed to urge them for himself.

Dr. Day heartily endorsed Dr. Bruns' remarks, and stated that of the three papers on this subject by Drs. Elliott, Broadbent and Ord, he could not hesitate in saying that Dr. Elliott's was far in advance of the other two.

Dr. Logan was surprised that Dr. Elliott's paper, published in the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL* had not been more thoroughly noticed throughout the country,

Dr. Seay's paper was referred.

Dr. A. G. Friedrichs read a paper on "The Care of the Teeth."

The Doctor presented the necessity of early and special attention to the care of the teeth. As the germs of the teeth begin to develop during intra-uterine life, he would environ the pregnant female with such conditions as would be most apt to produce a healthy offspring, as a healthy child is generally the possessor of a perfect denture.

The importance of preserving the deciduous teeth until their successors are ready to be erupted, was insisted upon. He called attention to the conditions of the mouth that are productive of caries, and the measures necessary for their prevention, and spoke of the duty of physicians, as it is under their care that the first evidence of dental disease arise.

Dr. Hebert read a paper entitled "Observations on the Nature and Etiology of Typho-Malarial Fever, so-called." The following are the main points of this valuable paper:

An analysis of 20 cases of Continued Fever, occurring in my practice, bearing upon the Nature and Etiology of Typho-Malarial Fever, so-called.

The question of the dual nature left open, and an attempt made to prove the existence of a sporadic fever of typhoid type in certain malarial districts. Type exemplified by the clinical history of a case.

Summary of general facts pertaining to the clinical history of these 20 cases.

Majority of patients, young, 18 under 25 years of age.

Majority males; 6 females.

A prodromic stage of about a week.

Abdominal symptoms develop *pari passu*, with Typhoid state.

These critically prominent about 12th or 20th day.

Average duration, 35 days.

Fever remittent, continued remittent, (intermittent occasionally) in its course.

Epistaxis occasional.—Hæmorrhage from bowels occasional. Pneumonia, intercurrent, occasional. Bronchitis invariable.

*Etiology.*—The fact of water contamination being a cause of typhoid fever, having counterpart in the possibility of infection of our cisterns by dust from roof of houses.

A series of five cases connected by contagion go to show that this form of causation is deserving of important consideration in discussing the etiology of Typho-Malarial Fever.

Facts in the consideration of etiology are:

Origin during the hottest portion of summer.

Continuation during fall and winter months.

Prevalence of virulent malaria at time of origin.

Sporadic nature and endemicity.

If water is not vehicle, we are forced in our present state of knowledge to adopt some such hypothesis as that malaria may be so modified as to develop in patients, favorably disposed, the fever under consideration.

The theory of water contamination probably sufficient to explain existence of these cases.

With Vice-President Woolf in the chair, Dr. Dupre offered a resolution thanking Dr. Logan for his able address, and appointing a committee of three to consider the same. The same resolution contained a vote of thanks to Dr. Bruns for his very earnest and elegant oration. The motion was seconded and unanimously carried. The committee was formed of Drs. Dupre, Miles and Day.

Dr. Dupre's resolution, referring to the American Medical Association and the International Medical Congress, was called up. After much discussion the following, by Dr. Logan, was adopted as expressing the opinion of the Society:

*Resolved*, That this Society approves the constitution and action of the Executive Committee of the American Medical Association appointed at its last meeting in the preliminary organization of the Ninth International Medical Congress.

*Resolved*, That in the opinion of this body, any further agitation of this matter will only result in injury to the profession of America, and will tend to impair the success of the Congress.

On motion, the Society adjourned to 9, A. M., Friday.

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THIRD DAY—MORNING SESSION.

The Society was called to order at 9:15, A. M., by the President.

The minutes were read and approved.

Dr. Seay moved that the President be requested to appoint a committee of three to recommend for nomination delegates to the Ninth International Congress in 1887, the committee to report at the next annual meeting. Carried, and Drs. Seay, Allen and McCutcheon appointed.

Dr. Dupre, from his committee, reported that the recommendations in the President's address should be referred to the committee appointed to revise the Constitution.

Dr. Matas read a paper entitled "Some Considerations on the Anatomy, Differential Diagnosis and Surgical Treatment of Acute Iliac Abscesses."

In his introductory remarks, the reader stated that to those who are familiar with the exhaustive literature which has enriched the bibliography of iliac inflammations since the crude and primitive productions of Paulus Aegneta, Jean Liebaut, Guilleman, Mauriceau, LaMotte, Puzos and Levret, to the more perfect latter day labors of Dupuytren, Velpeau, Nelaton, and in our own day of Déspres, Jaccoud, Matterstock and Krassould, the remarkable indifference or inadequacy with which this important subject is dealt with in the large majority of our regular and most popular texts is, to say the least, surprising. The reader here referred to most popular medical and surgical texts in this country and in England, in which this subject was treated very unsystematically and, as a rule, limited to two

of the many causes of iliac inflammation and abscess, i. e., cæcal inflammation and vertebral or pelvic caries. But it was not on the ground of the etiological omissions in the texts, but more on account of little attention usually paid to the anatomical relations of the subject, that he especially wished to direct the attention of the Society to this particular study. Before presenting the subject matter of his paper, he read an account of a case of sub-peritoneal iliac phlegmon which presented a very peculiar and deforming posture of the lower extremity, and which, in the way of its surgical treatment, would fairly serve as a text for his remarks. The reader then discussed the topographical anatomy of the fossa in its relations to the cæcum and sigmoid colon, in which he called particular attention to the erroneous description of the cæcum which was given in all anatomical works. This intestine is not connected by a loose atmosphere of areolar tissue to the iliac fossa, as taught, but is a free *cul de sac*, invested throughout by the peritoneum. According to his and Mr. Treves' observations, it was impossible for any such thing as the paratyphlitis of Oppolzer, Brosard and others to exist. Other points were also dwelt upon in this connection, and especially the anomalies of the appendix vermiformis were passed in review. The sub-serous areolar tissue of the iliac fossa was next taken up and its relations to the pelvic areolar tissue considered. The interesting and valuable experiments of Köms, Schlessinger and Fenger were referred to, to illustrate the relations of pelvic to iliac suppurations in the female. The iliac aponeurosis was studied in its surgical relations, and the anatomical distinctions between the supra- and infra-aponeurotic abscesses were detailed and demonstrated. As a conclusion to his paper Dr. Matas then drew a synopsis of the differential diagnosis of iliac abscess and other conditions for which it might be mistaken and discussed at some length the modern surgical treatment of iliac suppurations. Here he dwelt especially upon the admirable work done in this line of surgical practice

by American surgeons. He referred to the early papers of Lewis, Willard Parker, Gouley, Pooley, Noyes, Sands and especially of Dr. William T. Bull whose treatment of these abscesses, especially the so-called perityphitic, by early incision, he warmly advocates.

Dr. Miles remarked that he had listened with exceeding interest to the very able and exhaustive paper by Dr. Matas. He said in discussion of the paper: I confess to being unacquainted with the cœcum described in the paper, which is entirely surrounded by peritoneum and which is simply suspended in the iliac fossa. I regard such an anatomical arrangement as extremely exceptional rather than the rule as stated by Mr. Frederick Treves. In regard to treatment the most concise and complete summing up of modern views on the subject which has recently appeared in print, is a paper by Dr. W. T. Bull on 'Some Surgical Points in the Treatment of Perityphitic Abscess,' published in the March number of the *Medical Record*, from which the reader quotes extensively. I concur in the views therein expressed with one exception. To the extreme ground taken by Dr. Bull in speaking favorably of incision even before pus has been detected by aspiration I strongly object. It is well for the surgeon, who has cut by mistake and found no pus, to say that the incision will act beneficially in relieving tension and inviting pus to the surface. Such a method of surgical procedure is entirely too hazardous to be warranted. The modern views of the subject of treatment of iliac abscess may be briefly summed up in favor of early exploration and early evacuation. The exploration should be repeated at reasonable intervals until the diagnosis is made positive; and if pus is detected its evacuation should follow without delay. Some iliac abscesses recover after evacuation with the aspirator; I prefer the method of evacuation by incision.

Dr. Seay related a case of a little boy 12 years old who was brought to him in a buggy. Left foot could not be



put to ground ; leg was flexed and everted. Absence of tumor and pain was noticed but muscles were rigid. Four weeks after a hardness appeared in iliac fossa. After poulticing it was opened, but pus was only found after a deep second incision. Drainage was kept up for a week ; the boy recovered.

Dr. Logan looked upon Dr. Matas' paper as very suggestive. His remarks on etiology and symptoms were excellent, though under the latter he had not elaborated as much as he might, the value of pain in peripheral branches of the nerves near the seat of the trouble as a diagnostic symptom. He endorsed fully the early use of the hypodermic syringe and trocar in making a diagnosis. It satisfies the eye, which is very assuring, and moreover, when one has determined to operate, if the syringe discovers pus, one can thus readily without reinserting the needle apply cocaine along the course of the proposed incision. This is done by unscrewing the barrel of the syringe, washing it out, filling it with a solution of cocaine, refitting it to the needle, which had been left *in situ*, and as the needle is slowly withdrawn leaving the solution along the track. This procedure saves both the patient and physician.

Dr. Logan has not seen the cœcum hanging loose in the iliac fossa. He thinks perityphlitis a good term. Even if cœcum has no loose connective tissue behind it, the peritoneum must be joined to its muscular coat by this tissue, and inflammation starting in connective tissue between these coats will dissect them from one another and the pus will spread around and upwards, thus giving rise to a genuine perityphlitis. He had lately seen a case in which pus had spread thus from end of cœcum to the level of the diaphragm.

Thus, though he enters a protest against the extreme views of the author, he does not hesitate to say that the paper as a whole was the most complete one upon this subject he had ever heard or read.

Dr. Matas had been very much gratified by the remarks of Drs. Miles, Seay, Logan and Hebert, but he must insist that paratyphlitis was impossible. He had moreover only given the words of Dr. Bull, but had not endorsed them; he insists upon the detection of pus before making any incision. He called attention to the fact that his case was just the reverse, so far as position is concerned, from that detailed by Dr. Seay. He remarked, also that neuralgia along the course of the crural nerve indicates inflammation of the areolar tissue of psoas muscle. Distal abnormal sensations mean that the abscess has involved the sheath of the muscle.

The paper was referred to the Publication Committee.

The President elect was here introduced and took the chair. He announced his Standing Committees as follows :

#### ARRANGEMENTS.

DR. J. S. FISH, Chairman,  
DR. J. A. JOHNSTON,                      DR. SMITH GORDON.

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#### ORGANIZATION.

DR. D. R. FOX, Chairman,  
DR. JOS. JONES,                      DR. A. B. MILES,  
" L. G. BLANCHET,                      " J. S. FISH,  
" R. W. SEAY,                      " L. G. PERKINS.

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#### NECROLOGY.

DR. JOS. JONES, Chairman,  
DR. A. B. MILES,                      DR. J. S. FISH,  
DR. L. G. BLANCHET,                      DR. R. W. SEAY,  
DR. L. G. PERKINS.

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#### STATE MEDICINE.

DR. J. W. DUPRE, Chairman,  
DR. T. J. BUFFINGTON,                      DR. J. P. DAVIDSON,  
" R. H. DAY,                      " A. S. GATES,  
" T. J. ALLEN,                      " S. S. HERRICK,  
DR. S. LOGAN.

## SCIENTIFIC ESSAYS.

DR. I. J. NEWTON, Chairman.

DR. H. D. BRUNS,	DR. THOS. HEBERT,
“ W. W. LESSLEY,	“ W. L. DICKSON,
DR. W. D. WHITE.	

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## JUDICIARY.

DR. S. E. CHAILLE, Chairman,

DR. J. C. EGAN,	DR. C. M. SMITH,
“ A. GIVENS,	“ G. T. TREZEVANT,
DR. G. A. B. HAYS.	

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## PUBLICATION.

DR. R. MATAS, Chairman.

DR. L. C. TEBO,	DR. G. B. LAWRASON,
“ S. S. HERRICK,	“ F. W. PARHAM,
DR. P. B. McCUTCHON.	

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Dr. Miles offered the following, which was unanimously carried.

*Resolved:* That the thanks of the Society are due and are hereby tendered to Dr. Samuel Logan, the retiring President, whose official influence has contributed so largely to the success of the present meeting; to the other officers associated with him for the valuable aid they have rendered; to the Committee of Arrangements for the very satisfactory discharge of their duties; to the Attakapas Medical Association, for its cordial hospitality; to the people of New Iberia, for their generous reception; especially to the Ladies, whose beautiful offerings inspired the President when he christened this, “The City of Roses”; to the Superintendent of the Salt Mines, for his courteous invitation; and to the Averys of Avery’s Island, for the bountiful welcome to their home.

Dr. Logan for himself and in behalf of the other officers,

thanked the Society for its resolutions, in so far they applied to them. This had been a holiday for him as well as another opportunity to renew his associations with the members. Especially did he wish to speak of the prominent and useful part taken by the young men in the proceedings. He felt that they deserve the highest tribute which he could offer, and he would so make it with the heartiest pleasure.

Dr. Fox offered the following, which was carried :

*Whereas*, the experience of the last ten years has shown that the cultivation of rice along the Mississippi river and its tributaries in the State of Louisiana has been detrimental to the levees and dangerous to the health of the citizens; therefore

*Be it resolved*, That the General Assembly be respectfully petitioned, at its next regular session, to appoint a special committee to investigate the subject of rice culture in all its bearings.

Upon motion, the Society adjourned to meet in Alexandria, La., on the second Monday in April, 1887.

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## LEADING ARTICLES.

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### THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.—Published monthly at \$3 per annum in advance  
Single copies, 30 cents.

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Correspondence, notes and queries upon medical matters and clinical reports are invited from every source and will receive prompt attention. Information concerning deaths, marriages, removals, etc. of physicians, and all matters of local or general interest relating to medicine are solicited from the Profession of the South.

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### EIGHTH MEETING OF THE LOUISIANA STATE MEDICAL SOCIETY.

We propose, with running pen, to review the medical work of the past meeting, touching upon the hospitalities extended to the Society, which enhanced so much the pleasure of the reunion, and offering such suggestions for

the future as seem to us indicated. The New Iberia meeting, held on the 14th, 15th and 16th of April, was certainly eminently successful in medical work, very harmonious in its proceedings and marked by social features, which were exceedingly pleasant.

Twelve new members having been added, the roll of the Society now numbers one hundred and sixty of the eight hundred and eight regular practitioners in the State, or about one in five. The financial condition of the Society is very good, the Treasurer reporting \$511.26 in the treasury. Indeed, the Society, in every respect, was never in more encouraging condition, and the future of the organization is full of promise. The meeting just past has contributed greatly to welding more firmly together the elements, which make up the organization, and the *esprit de corps* manifested was so strong and striking, that it promises to pervade more thoroughly than it has ever done every parish in the State. Our experience in the past has taught us the truth of the adage that only in unity there is strength. As our Society improves its medical status and becomes representative of the regular profession of Louisiana, in the same degree will its influence become more potent in directing all those medical matters, which belong by right to medical men. It would, in our opinion, improve very much the status of the Society, in the eyes of our legislators, if it were made a regularly chartered organization.

Right here, a fact occurs to us which deserves mention, as contributing in no small degree to the success of the past meeting and the general good feeling which prevailed. The younger members of the Society were treated with more than usual consideration by their seniors present. There is a large number of members, graduates of the past ten years, earnest, industrious and intelligent, whose energies could be made more useful in promoting the welfare of the Society, if warmed into life by a closer affiliation with their seniors, and encouraged occasionally by such kind words as were spoken by the retiring President upon finally vacating the chair.

It has been proposed to select some permanent place for holding the meetings of the State Society; not with our concurrence. It is necessary that the Society should go into every section of the State to arouse to activity and cooperation those who are lukewarm in their loyalty; and it is only right that members of the profession, all over the State, should enjoy as much as possible equal advantages for attending its meetings.

The address of the retiring President was an able paper, replete with valuable suggestions for the good of the Society, and appealing strongly to the profession of the State for a better organization in our medical ranks and a higher standard of medical education. The excellence of medical education is a matter insisted upon as being determined as largely by physicians themselves and by medical societies as by medical colleges. He recommended the addition to the list of Standing Committees of a Committee on Medical Education. The address also appealed strongly to those higher sentiments which ennoble the lives of medical men. When it appears in our pages we will again commend it to the careful attention of our readers.

In regard to the excellence of the annual oration, there are reasons which restrict us in the expression of our opinion. There can be no impropriety, however, in the writer of these lines concurring in the view, which, at the time, was expressed unanimously, that it was a masterpiece, both in its scholarly composition and the earnest manner in which it was delivered. It recalled very impressively our forgotten worthies, heroes in medicine, and there was not a medical hearer present, who was not thrilled with a sense of professional pride at the mention of such names as John Hunter, Jenner, Radcliffe, Lettsom, Haller, Raymond Chalin de Vinario, Gentilis of Foligno, Guy de Chauliac, Helen Prideaux, Desgenettes, Llewellyn, of the Alabama, and Austin Flint. The speaker very graphically and impressively alluded to the harm done, nay, the crimes committed, by the incompetent persons, who infest the land from one end to the other, going

about in the livery of a high calling, "murdering people in their beds." We wish his words could have been uttered in the hearing of every man, woman and child in the State. The people must defend themselves. The law will not defend them unless they make some effort in their own behalf. The orator insisted that the State should assume the right to say who may and who shall not practice the art of medicine within her borders. He urged the appointment by the Executive of an Examining Board, which shall meet once or twice a year, and examine all who wish to practice medicine within the State. And such license granted by this Board should be a credit to the physician holding it.

The following medical papers were read : A Case of Pyo-Pneumo-Thorax, by Dr. A. McShane; Diseases and Deaths Occurring in the Medical Service of Joseph Jones, M. D., from 1869 to 1886, by Dr. Joseph Jones; The Pathogeny of Pneumonia, by Dr. R. H. Day; Malarial Pneumonia, by Dr. D. R. Fox; Remarks on the Prophylactic Treatment of Fevers, by Dr. R. W. Seay; Two Cases of Extra-Uterine Pregnancy, by Dr. T. J. Woolf; The Care of the Teeth, by Dr. A. G. Friedrichs; Observations on the Nature and Etiology of Typho-Malarial Fever, So-called, by Dr. Thomas Hebert; Iliac Abscess, by Dr. R. Matas. The papers read were of a high order of merit, and dealt with matters in which we as Southern practitioners are especially interested. The Volume of Transactions will certainly prove the most valuable which has yet emanated from the Society.

Under the head of New Business, several matters of interest came up to which we wish to allude.

Resolutions were passed expressing the sense of the Society in regard to the controversy over the local organization of the International Medical Congress; approving the constitution and action of the present Committee on Organization, appointed at the New Orleans meeting of the American Medical Association; and disapproving of further agitation of the questions at issue, as calculated to injure

the American profession and imperil the success of the Congress. The resolutions passed unanimously.

A committee of three was appointed to revise and simplify the Constitution and By-Laws of the Society, and report at the next annual meeting. The vote was recorded without a single negative; for, we venture the assertion, that there are few members of the Society, past Presidents included, who have not felt themselves uncomfortably hampered by rules and regulations, the intricacies of which they were unable to master. The articles of our Constitution and By-Laws are too elaborate and complicated for the members of a medical society, who are more deeply concerned in the medical work of the meetings than in expert knowledge of parliamentary tactics. We have observed in the past much of our time taken up in discussing points of order; and, more than once, have we observed the feelings of honest members, disposed to do right, stirred up by unexpected, if not unprovoked, reminders of their parliamentary transgressions. While we deem it the duty of the Revisory Committee, mentioned in a preceding line, to move with great circumspection in the revision of articles, which were framed with the utmost precision and with every precaution, we also deem it their duty to reduce these articles to the simplest forms necessary for our guidance, and for the dispatch of business, while the Society is in session.

By a resolution, adopted unanimously, the recommendations set forth in the address of the retiring President and the Annual Orator were referred to the Committee on Revision of the Constitution and By-Laws. This resolution imposes on the committee very important duties, in the discharge of which we feel sure its members will receive kindly any assistance proffered by other members of the Society.

The election of Dr. D. R. Fox, of Plaquemine Parish, as President of the Society, meets with our hearty approval. The Shreveport Medical Society and the Plaquemine Parish Medical Society were the prime movers in the



inauguration of the State Society; and the election of Dr. Fox is not only a just compliment to the latter Society, but a deserved tribute to a man, who has the cause of medicine as much at heart as any other in the State. He is a representative of that large class of country practitioners, whose honorable and useful lives are spent laboriously in the work-a-day world of medicine.

Dr. I. J. Newton remains the chairman of the Committee on Scientific Reports and Essays, which is charged with the important duty of collecting matter for the coming meeting at Alexandria. The success of the sessions is due very largely to the work of this committee, and no more energetic and interested man could have been selected for the chairmanship.

We shall advocate hereafter the setting apart of a place in the Order of Business for short, written, clinical cases, general medical observations and items of medical news relating to the profession of the State. This will allow a member to report briefly any instructive case, or number of cases, which may have occurred in his practice during the year, the importance of which, perhaps, may not warrant an exhaustive paper, made up largely of material upon which the ordinary text-books all agree. This innovation, if approved, will largely increase the medical matter of the meetings; that matter, too, of most practical value. The part in the Annual Transactions, set apart for Clinical Cases, Medical Observations and Louisiana Medical News, would be a very convenient place for abstracts of papers not intended by the writers for publication.

Many changes suggest themselves, as we write hurriedly along; for instance, the propriety of some other way of electing officers, the necessity of following a prescribed course for the admission of new members, etc., which, in the future, will claim our attention. Let us remark, right here, that there is a distinction which membership in the State Society should carry with it, which is likely to be impaired by any irregular manner of admitting new members.

The sociability and general good-feeling of the meeting

were quite notable. New Iberia, the happily selected place of meeting, is situated in one of the most delightful sections of the State. The little city looks, in the distance, as if it had been sprinkled down on the velvety-green prairie, along side the banks of the Tèche, with its edges unraveling all around in the wide pastures of the Attakapas. The surroundings are very pretty and picturesque. The people are famous for their delectable society and their cordial hospitality. Their latch-strings hung on the outside while the Society was in session.

The Society was entertained at dinner by the Attakapas Medical Association. The toast of the occasion was "The Retiring President," to which that officer replied most appropriately and impressively. The Society, by the courteous invitation of the Superintendent, visited the Salt Mines of Avery's Island, a natural curiosity of exceeding interest. We descended to galleries ninety-seven feet below the surface, where the walls, ceilings and supporting columns were of solid crystal salt. Seventy-five feet lower still, the miners were blasting away and sending up huge masses of salt, like blocks of quarried marble. The strata in the solid salt run vertically. Before the geologists of the Society could solve the problem how this mountain of salt was upheaved in the centuries past, and turned over on its side, the members were invited to dine at the home of the Averys. The retiring President, in returning the thanks of the Society, expressed the sentiment of every member present, when he said at parting, "Ye are the Salt of the Earth."

We feel sure that there was not a member present, who does not look back upon the eighth annual meeting of the Society as one of the most successful and satisfactory in its history; and, further, it gives us pleasure to testify that the official influence of the retiring President, Dr. Samuel Logan, contributed very largely in promoting its success and strengthening the bonds of our fraternity, which, we sincerely trust, in the years to come, will bind us more closely together.

## THE MEDICAL DEPARTMENT OF TULANE UNIVERSITY OF LOUISIANA.

In the report of the Dean, concerning the Medical Department of Tulane University of Louisiana, is found much for congratulation regarding the present improved condition of the Medical Department, as evidenced by a comparison of the session just closed with the history of the past. The following words especially pleased us: "Our Board of Administrators has proved itself so wise and efficient, that I enjoy a firm faith, that, through its instrumentality, the Medical Department will grow in usefulness and fame as rapidly as means may permit; and that the day will come when even the enthusiast in medical education will find such hopes, as I have intimated, realized." Such hopes were: "Proofs of adequate preliminary knowledge," "a graded course of at least three years"; "greater attainments for graduation"; longer sessions; "increased corps of teachers"; endowment of chairs, so that professors "are no longer dependent upon the number of students for their daily bread, and, therefore, are no longer tempted to keep the standard of medical education as low as now contents, to its great detriment, an inappreciative public." But what makes the public inappreciative? Truly, the trouble rests greatly with the public and its inability to distinguish the bad doctor from the good; but is it not largely due, also, to the practice of some of the most *reputable* colleges of turning out in large numbers, every year, men, who are, many of them, incompetent? When a respectable medical college says on its diploma that a man is fit to practice medicine, what must people do but accept this diploma as evidence of the doctor's fitness, until to their sorrowful experience they owe the knowledge of his dangerous incompetency? Does it not, then, behoove the most respectable colleges, and we put Tulane high up in the list of these, to do what is in their power to teach the easily-fooled public and make it *more* appreciative, by rejecting all men who are incapable of becoming good doctors? And, would it not save these men themselves much time and mortification, if they were debarred by

preliminary requirements, from crossing the *threshold* of the medical college? Again: supposing that preliminary education was not demanded, would not a longer course and a severe examination reduce the graduation of incompetents to a minimum? In the June and October numbers, 1885, of this JOURNAL, we expressed ourselves at some length concerning the needs of medical education. We can but reiterate the views then expressed regarding the means of raising the standard of the profession.

We repeat what we said in our June editorial: "Let such schools as the medical department of the magnificently endowed Tulane University set the example of requiring a respectable preliminary education. With an enviable reputation for long years past, she can enhance her fair name and carve out a grander future if she but watch the signs of the times and anticipate their meaning. With the great Charity Hospital, second to none as a place for clinical instruction, legally and freely open to her students, she is in a position to raise her respectable standard to the level of the highest, and the fault will be her own if in the years to come she does not make herself renowned as one of the foremost medical schools in the country. Let her express such a determination, and it will be the duty of every medical man in the South to rally to her support in the crusade against ignorance in the profession." The Dean has now spoken, and we take his words as prophecy. We shall look confidently forward to the time when his hopes shall be realized. When they do become accomplished, no voice shall be more emphatic than our own in sounding the praises of those who shall have aided in adding new glory to the already glorious name of Paul Tulane.

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## EDITORIAL COMMENT.

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### VITAL STATISTICS OF SELMA, ALABAMA.

We have before us the Annual Report of the Registrar of Vital Statistics of Selma, Alabama, for the year 1885. From this we gather the following facts of interest:

Population; whites, 4020; blacks, 5440; total, 9460. Births for the year; whites, 93, or 23 per 1000 of population; blacks, 124, or 20.95 per 1000; total, 217. Deaths: whites, 61, or 15.10 per 1000; blacks, 156, or 28.65 per 1000; total deaths, 217, or 22.93 per 1000.

It will thus be seen that the total births and deaths were equal; that the white births exceeded the *deaths* by 32, or 8 per 1000, but that the deaths exceeded the *births* among the blacks by 32, or 8 per 1000. The report states that this excess of deaths over births among the blacks may be partly accounted for by the fact that all the births among the blacks are not reported. This would seem a fair inference, for we all know how prolific the negro is. If the figures, as reported, were really correct, it would indicate the ultimate numerical ascendancy of the whites, should the disproportion between the white and black births be kept up.

The report further shows phthisis pulmonalis to be four times more fatal among the blacks than among the whites, 4 deaths, or 6.55 per cent. of deaths being caused by this disease among the whites, and 15, or 9.6 per cent. of deaths among the blacks.

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## ABSTRACTS    EXTRACTS    AND    ANNOTATIONS.

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### MEDICINE.

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#### PERNICIOUS ANÆMIA AND ITS TREATMENT.

(Pladey.)—Arsenic possesses undoubted therapeutic properties in pernicious anæmia. The cause of this elective action is difficult and, perhaps, impossible to discover, but the therapeutic fact exists; the use of iron, on the contrary, in the treatment of this idiopathic affection, has been shown to be worse than useless. Whilst iron is valuable in anæmias and in chlorosis, it appears notwithstanding to be contraindicated in the anæmia of Biermer, in which its action seems to paralyze that of the arsenic. It is well, then, not to overload the patient with chalybeates, and not to employ other tonics unless as auxiliaries. The prepara-

tions of arseniate or arsenite of iron should be discarded; Folwer's solution is the best preparation. Pladey considers arsenic as the remedy *par excellence* against this particular dystrophy, and thinks it capable of reducing the mortality.—*Gazetta Medica di Torino*.

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## SURGERY.

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### FRACTURE OF THE PENIS.

This injury has ceased to be uncommon. The case herein related, taken from the *Peoria Medical Monthly*, is the third recently recorded in these pages. The following is the report of Dr. A. A. Conkling, of Belleflower, Ill.: "I was called at midnight, November 1st, 1885, in haste, to attend Mr. W., a carpenter, aged 35, weight 215 pounds. \* \* \* He said that a short time before, while in a doze, or half asleep, he had an erection and in attempting to bend the organ down it suddenly broke with an audible sound. I found the following condition: The penis (*corpora cavernosa*) was fractured about midway in its length. In the upper and left two-thirds there was a decided separation of continuity with great extravasation of blood, which filled the skin to its utmost distention, with considerable discoloration.

"With regard to the treatment, I would say that it was new to me. I made a neat paste-board splint, well padded, and applied it; turned the organ up against the abdomen and held it in place by a T bandage. There was but little pain; two slight attacks of priapism. The same treatment was continued. At the end of two months there was a hardened ridge at the seat of the fracture which gradually disappeared."

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## OBSTETRICS, GYNÆCOLOGY AND PÆDI- ATRICS.

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### CIRCUMSCRIBED PERITONEAL DROPSY SIMULATING OVA- RIAN DROPSY.

Dr. H. P. C. Wilson reports a case in a paper before the New York Academy of Medicine, in which circumscribed peritoneal dropsy was mistaken for an ovarian tumor. The dropsy was limited by peritoneal adhesions so complete, as to simulate accurately ovarian dropsy. By adhesions from general peritonitis, the fluid was restricted

to the front and lower part of the abdomen, and not allowed to gravitate throughout its whole extent. Change of the patient's position did not change the position of the fluid, and there was nothing in her history or symptoms to cause suspicion of a former or recent peritonitis. She had never been sick a day in her life, and all her organs were acting well.

On examination, a permanent fluctuating tumor of the lower abdomen was found. The percussion was dull to two inches above the umbilicus and in either groin, and the tumor presented the characteristic roundness and prominence of a cystic tumor of the ovary. Change of position did not change the lines of dullness anywhere. There was no tenderness over the abdomen to any amount of thumping or pressure. The uterus was free in the pelvic cavity and measured three inches by the sound. At the operation, on opening the peritoneum a greenish serum was discharged and a tumor was found which consisted of a mass of intestines agglutinated with lymph. The uterus and ovary were healthy. The wound was closed and the patient fortunately recovered. The case is interesting, from showing how mistakes may be made, even with the most careful diagnosis.

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## OPHTHALMOLOGY.

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### MASSAGE FOR LEUCOMATA OF THE CORNEA.

In *Recueil d'Ophthalmologie* for March, Dr. Boucher translates from *Deutsche Medizinische Zeitung*, January 28, the following account of Dr. Heistrath's method of treating leucomata of the cornea. The method consists of direct friction of the cornea with the finger covered with a little grease or medicated ointment. Favourite formulæ are :

Hydr. ox. flav.....	1 part.
Vaseline.....	6 parts.
Potass. iod.....	6 parts.
Sod. bicarb.....	5 “
Vaseline.....	10 “

The rubbing is made for half a minute every day. It is followed by a little pain and lachrymation. Combined with antiseptic abrasion of the cornea, massage gives brilliant results. The author thinks that it acts mechanically, promoting the intracorneal circulation and leading, by the

determination of blood which follows its employment, to absorption of the exudate and inflammatory deposits in the cornea. The author cites in support, ten cases of cicatricial, scrofulous, or granular leucomata, and leucomata consequent upon rodent ulcers, in which great benefit was had. In four cases, superficial abrasion of the cornea was combined with the massage.

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## REVIEWS AND BOOK-NOTICES.

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*A Treatise on the Diseases of Infancy and Childhood*, by I. Lewis Smith, M. D., Clinical Professor of the Diseases of Children, in Bellevue Hospital Medical College, New York. Octavo, 867 pages, 40 illustrations. Cloth, \$4.50; leather, \$5.50. Philadelphia: Lea Brothers & Co., 1886. (New Orleans, Armand Hawkins.)

This is the sixth edition of this well-known book, the fifth having appeared five years before. The revision has been thorough, the chapters on cerebro-spinal fever, scarlet fever, pseudo-membranous croup and infantile diarrhœa have been entirely rewritten. This edition certainly maintains the reputation earned by former ones. G. B. L.

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*Inorganic Chemistry*. By Edward Frankland, Ph. D., D. C. L., L.L. D., F. R. S., Professor of Chemistry in the Normal School of Science, London, and Francis R. Japp, M. A., Ph. D., F. L. C., Assistant Professor of Chemistry in the Normal School of Science, London. Philadelphia: Lea Brothers & Co.; 1885. [New Orleans: Armand Hawkins, 196½ Canal street.]

This work is the successor of *Lecture Notes on Chemistry* by one of the authors, already published. These notes were intended as the precursors of complete text-books on Mineral and Organic Chemistry. The publication of this volume executes the plan as far as inorganic chemistry is concerned; and in giving it to the world the authors have increased the number of valuable text-books on inorganic chemistry. The volume is entirely devoted to the consideration of chemical subjects, and no space is given to matters that belong properly to the domain of physics.



The plan of the work is admirable; it is the outcome of an experience extending over nearly twenty years. If the volume on organic chemistry, promised by the same authors, attains the same degree of excellence as the present volume, the complete work will be a valuable addition to chemical literature. A. McS.

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*Aids to Gynæcology.* By Alfred S. Gubb, L. R. C. P., M. R. C. S. Price 25 cents.

*Aids to Obstetrics.* By Samuel Nall, R. A. Cantab., M. R. C. P., London. Price 35 cents. New York and London: G. B. Putnam's Sons, 1885. (Armand Hawkins, 196½ Canal street, New Orleans.)

These form part of the "Students Aid Series" and will be found very serviceable to students in refreshing their knowledge on those branches of medicine. G. B. L.

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*An Atlas of Clinical Microscopy.* By Alexander Peyer, M. D. Translated and edited by Alfred C. Girard, M. D., Assistant Surgeon U. S. Army. New York: D. Appleton & Co., 1, 3 and 5 Bond street, 1885. (New Orleans, Armand Hawkins. Price \$6.)

This book consists of nine parts: 1st, Microscopic examination of the blood; 2d, of the mammary secretion; 3d, of the urine; 4th, of the sputum; 5th, of the intestinal contents; 6th, of the contents of the stomach; 7th, of the fluids of various abdominal tumors; 8th, of secretions of the female sexual organs, and 9th, of various micro-organisms provoking disease, and consists of numerous admirably executed plates with explanatory text. Too much praise cannot be given to the editor for giving the profession an English translation of Dr. Peyer's work, G. B. L.

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## PUBLICATIONS RECEIVED.

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*Comments on Pasteur's Method of Treating Hydrophobia.* By Charles W. Dulles, M. D. Reprinted from the *Medical Record*, February 13, 1886.

*The Pathogeny of Pneumonia.* By R. H. Day. Reprinted from the March number of *Gaillard's Medical Journal*.

*The Pneumatic Cabinet and Pneumatic Differentiation.* By F. Donaldson, Jr., B. A., M. D. Reprinted from *Maryland Medical Journal*.

*The Bromides.* By Wm. B. Hazard, M. D. Reprinted from *Gaillard's Medical Journal*, February, 1886.

*Report of a Case of Cæsarean Operation, with Some Comments.* By Edward W. Jenks, M. D., Detroit. Reprint from vol. x, *Gynecological Transactions*, 1885.

*A Brief Synopsis of the Various Points Involved in the Coarse Examination of the Brain and Spinal Cord.* By Francis X. Dercum, M. D., Pathological Laboratory, State Hospital for the Insane, Norristown, Pa.

*The Genu-Pectoral Posture. Its Value in Impeded Uterine Reduction and in the Prolonged Nausea and Vomiting of Pregnancy.* By Henry F. Campbell, M. D., Augusta, Ga. Reprint from Vol. X, *Gynecological Transactions*, 1885.

*Esthetics of Medicine.* By H. A. Cottell, M. D. Reprint from *American Practitioner and News*, March 20, 1886.

*Clinical Lectures on Orthopædic Surgery.* Delivered at the Philadelphia Hospital, by A. Sidney Roberts, M. D. Nos. I, II. Reprinted from the *Medical News*, March 13 and 20, 1886.

*Sull' Azione Fisiologica E Sul Valore Terapeutico dell' Acqua Amara Francesco Guiseppe di Buda-Pest.* Ricerche Esegnite Nella Clinica del Prof. A. Cantani, dall'Assistente Dott. Alfredo Rubino, Estratto dal Morgagni, Anno, 1885.

*Meningite Semplice Acuta con Esito in Guarigione in una Bambina Lat-tante.* Considerazione Patologico-Cliniche del Dott. G. Somma, Estratto dall' "Archivio di Patologia Infantile," Anno IV, 1886.

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## PERSONAL.

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In December last, DR. E. E. JENKINS, of Charleston, S. C., was taken down with pneumonia and suffered subsequently with so much irritation of the lungs, that he sought the more genial climate of Florida, as soon as he was able to leave his home. After nearly three months the doctor has returned to Charleston, very much improved in health, and has resumed the practice of his profession. The doctor is an elder brother of Gen. Micah Jenkins, who was killed in Virginia, if we mistake not, at the Battle of the Wilderness.

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## Deaths.

DIED, at Cotile, Rapides Parish, La., on October 31st, 1885, of malarial hæmaturia, Dr. JOHN ALFRED DUNN. Dr. Dunn was born at Montgomery, Winn Parish, La., on September 5th, 1860. Graduated in medicine at the University of Louisiana 25th March, 1881. Was a member of Rapides Parish Medical Association and Louisiana State

Medical Association. He was actively engaged in the practice of medicine and was a popular physician.

Dr. J. J. CALDWELL, of Atlanta, died at his home in that city March 14th, in the sixty-sixth year of his age.

Dr. J. BURRELL FICKLEN, died at his home in Washington, Ga., March 3d, 1886, in the 56th year of his age.

Dr. GEO. W. ALLEN died at Edwards, Miss., March 29th, 1886.

Dr. T. Grange Simons, of Charleston, S. C., lost his little one year old daughter April 3, 1886, of whooping-cough.

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## MEDICAL NEWS AND MISCELLANY

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THE Southern Medical College held its annual commencement at Atlanta, February 28th, and graduated a class of thirty-four.

By some inadvertency the following names of gentlemen who received the doctor's degree at the last commencement of the Medical Department of Tulane University, were omitted from our list: G. W. Jones, La.; G. D. Mahon, Texas; B. C. Marsh, Texas, and W. A. Ratliff, Mississippi.

THE eleventh annual session of the State Medical Society of Arkansas was held in the Council Chamber at Little Rock, on Wednesday and Thursday, April 28th and 29th, 1886.

THE NORTH CAROLINA STATE MEDICAL SOCIETY will meet at Newbern on May 29th.

THE COMMITTEE appointed by the American Medical Association to obtain subscriptions for the purpose of placing a statue of Rush in the National Capitol, will meet on Monday, May the 3d, in the large parlors of the Lindell House, St. Louis, Mo. This will be the headquarters of the committee during the meeting of the Association, and it is to be hoped that members will there resort in large numbers and enter their names upon the subscription books, for it would be a graceful thing for the profession to place the image of its distinguished representative among those

of the famous statesmen, lawyers and inventors that now adorn the halls of the nation.

Subscriptions may be sent at any time to the chairman, Albert L. Gihon, M. D., Washington, or to the Secretary, Geo. H. Rohé, M. D., Baltimore.

AT A RECENT meeting of the Board of Regents of the University, of Texas, Dr. A. G. Clopton, of Jefferson, was chosen to deliver the memorial address (on the life and services of the late Dr. Ashbel Smith), at the commencement of the University, which takes place June 16.

DR. T. D. WOOTEN has been elected President of the Board of Regents of the University of Texas, vice Ashbel Smith deceased.

THE GOVERNOR OF TEXAS has issued his proclamation instituting quarantine against all infected ports on and after May 1st, 1886.

THE LEGISLATURE OF VIRGINIA passed, on March 3, 1886, an excellent "act to incorporate the Virginia Pharmaceutical Association, and to regulate the practice of pharmacy, and to guard the sale of poisons in the State of Virginia."

THE LOUISIANA STATE BOARD OF HEALTH met on Monday evening, April 19th, and re-organized. The only new member was Mr. J. J. Mellon, appointed by the Governor, who supplies the place of Dr. L. F. Salomon, elected Secretary and Treasurer of the re-organized board. We cannot but regret that Dr. S. S. Herrick, Secretary and Treasurer of the last two boards, failed of re-election, for thereby the board and the public have lost the services of a faithful and competent officer.

A CABLEGRAM from Paris dated April 6th, says: "A Brittany paper states that twenty-five cases of cholera have appeared in the vicinity of Audiern, in Finistere, and that one of them has proved fatal.

A STATE HOSPITAL FOR VIRGINIA. — A Richmond paper says: "The Medical Fraternity are moving in the matter of securing from the legislature an appropriation of \$12,000 a year for the maintenance of a State hospital to be located in Richmond. Without going into the full details of the scheme, as set forth in a bill now before us, we should say that the main object is to furnish treatment for indigent persons from the State of Virginia, who are suffering from

curable but non-contagious diseases and injuries.”— *The Medical Record*.

THE MISSOURI MEDICAL COLLEGE held its annual commencement exercises March 2d, in the entertainment hall of the Exposition Building. Eighty-five of the applicants were graduated and eight rejected. The valedictory address was delivered by Prof. P. Gervais Robinson. It is said that the Missouri College and the Medical Department of the State University are soon to be consolidated.

Just before going to press we received the following :

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

OFFICE OF THE SECRETARY,  
AUSTIN, TEXAS, April 20, 1886. }

Dear Sir—The Annual Meeting of the Association of *American Medical Editors* will be held in St. Louis, May 3d, 1886. You are respectfully invited to be present; and, if so inclined, to read a paper on any subject of interest to the profession.

The programme for the occasion has not yet been announced, but will embrace an address by the President, papers by well known authors, and perhaps a banquet.

Cordially and fraternally,

F. E. DANIEL, M. D., *Secretary*.

Many thanks, Brother Daniel. We hope to be represented on the occasion.

At a meeting of the Board of Medical Censors of the Sixth Congressional District, held in Vicksburg, Miss., April 4th, Dr. B. T. Edwards, of Vicksburg, and Dr. R. S. Toombs, of Greenville, Sanitary Commissioners, issued favorable certificates to the following applications: Dr. J. N. Dexter, of Friar's Point; Dr. H. M. Edwards, of Centerville; Dr. John Bommer and Dr. Geo. L. Pope, of Washington county; Dr. B. W. Truman, of Woodville; Dr. Joseph Darling and Dr. Phil. A. Adams, of Bolivar county; all of whom acquitted themselves creditably before the board.

THE GEORGIA MEDICAL SOCIETY at its last meeting discussed quite fully the question of shortening quarantine detention of vessels. The sentiment of the members present was that so long as Savannah is kept clean and in a good sanitary condition there need be no fear that infectious diseases

will be transported here and spread. Resolutions favoring a change in Savannah's system were adopted and referred to the board of trade's special committee on quarantine.

THE anniversary meeting of the Howard Association of Charleston was held recently and the following officers were elected for the coming year: President, Jacob Small; senior vice president, T. M. Hanckel; junior vice president, S. Y. Tupper; treasurer, Edward Willis; secretary, L. D. DeSaussure.

Directors—Ward 1, H. T. Baker and H. Leiding; ward 2, T. P. Lowndes and D. Ravenel; ward 3, H. Cogswell and J. C. H. Claussen; ward 4, A. McLoy and F. Von Santen; ward 5, A. Melchers and C. P. Aimar; ward 6, J. H. Devereux and C. F. Panknin; ward 7, J. M. Eason and S. J. Pregnall; ward 8, James Allen and J. B. Bissell.

The Howard Association was the outcome of the yellow fever epidemic in 1854, and since that time has labored faithfully in the fulfilment of its object, which is to provide, as far as practicable, for the indigent sick of the city, more especially during the prevalence of epidemic diseases. It has in years past already done a vast amount of good in the way of dispensing medicine and providing the poor with medical advice and relief. It played a conspicuous part in the yellow fever epidemics of 1854 and 1872, and expended large sums of money in the prosecution of its work. It has also furnished pecuniary assistance to Memphis, Savannah, Pensacola and Port Royal in times of yellow fever epidemics, and was instrumental in sending physicians and nurses from Charleston to the relief of Memphis in 1876.

A SANITARY CONVENTION, the object of which will be to afford an opportunity for an expression of opinion on matters relating to the public health and the discussion of methods looking towards an advancement in the sanitary condition of the commonwealth, the prevention of sickness and avoidable death, and the improvement of the conditions of living (so runs the preliminary circular), will be held in Philadelphia, under the auspices of the State Board of Health, on Wednesday, Thursday and Friday, May 12, 13, 14, 1886. The address of welcome will be delivered by His Excellency, Hon. Robert E. Pattison, Governor of Pennsylvania. The public are cordially invited to take part in and help to make a success of this Convention.

Any other information may be obtained from Joseph F. Edwards, M. D., 224 S. 16th St., Philadelphia, Pa.

THE preliminary circular of the American Public Health Association has been issued. The fourteenth annual meeting will be held at Toronto, Ont., October 5-8, 1886. Mr. Henry Lomb offers the handsome sum of seventeen hundred and fifty dollars to be awarded in three prizes for essays on sanitary subjects. Further information may be had by applying to Irving A. Watson, Concord, New Hampshire.

ON March 23d, Mr. Davis, of Massachusetts, from the Committee on Public Health, reported a bill to prevent the introduction of contagious and infectious diseases into the United States, and to establish a bureau of public health. The bill was referred to the Committee of the Whole. It is devoutly to be wished that the bill may pass, but we have only faint hopes.

THE SOUTH CAROLINA MEDICAL ASSOCIATION convened in Camden, April 20th, at 11 o'clock, Dr. O. B. Mayer, of Newberry, President, and Dr. W. Peyre Porcher, Secretary, being present. Dr. D. L. De Saussure delivered the address of welcome on behalf of the Kershaw County Medical Society, and Gen. John D. Kennedy on behalf of the citizens of Camden. Dr. Mayer responded in a neat and appropriate address. Eighteen counties were represented. The annual Presidential address was delivered by Dr. Mayer, which proved to be replete with words of wise counsel to the medical fraternity.

Upon the call for voluntary papers Dr. Parker, of Charleston, presented several valuable papers and exhibited specimens secured in surgical operations. Dr. C. W. Kollock, of Cheraw, read a paper on *Osteo Sarcoma*, Drs. J. J. Chisolm and F. T. Miles, of Baltimore, and DR. SAMUEL LOGAN, of New Orleans, were elected honorary members. The Secretary read a paper on Antipyrine, by Dr. J. C. McMillan, which was referred to its appropriate committee.

The present members of the State Board of Health were unanimously renominated for appointment by the Governor.

The following officers were elected to-day to serve for the ensuing year: Dr. C. W. Kollock, of Cheraw, President; Dr. A. A. Moore, of Camden, Dr. Bratton of York,

and Dr. Wannamaker, of Orangeburg, were elected Vice-Presidents: Dr. W. Peyre Porcher, Recording Secretary and Dr. Dawson, Corresponding Secretary.

APRIL 21ST and 22d, THE LOUISIANA PHARMACEUTICAL ASSOCIATION held its fourth Annual Session, in this city. The complaint that members of the medical profession are falling more and more into the habit of prescribing proprietary preparations was general, a fact which speaks badly for our profession. It is to be hoped that the Association will be able to secure much needed legislation regulating the practice of pharmacy in Louisiana. The following officers were elected: O. Robin, President; C. L. Keppler, First Vice-President; F. T. Royer, Second Vice-President; L. F. Chalin, Recording Secretary; Mrs. E. Rudolf, Corresponding Secretary; J. B. Lavigne, Treasurer.

THE MISSISSIPPI STATE MEDICAL ASSOCIATION completed a very successful session at Jackson, April 22d. Resolutions were passed endorsing the action of the American Medical Association at its last meeting in New Orleans, in enlarging the Committee on Organization of the International Congress, and approving the present constitution and the action of the Committee. The following officers for the coming year were elected:

President, Dr. R. S. Toombs, of Greenville; First Vice-President, W. B. Longford, of Corinth; Second Vice-President, Dr. G. W. Trimble, of Grenada; Secretary, Dr. W. E. Todd, of Clinton; Assistant Secretary, P. W. Rowland, of Coffeeville; Recording Secretary, Dr. M. S. Craft, of Jackson; Treasurer, Dr. John F. Hunter; members of the Judicial Council, Dr. S. V. D. Hill, of Macon, Dr. W. D. Carter, of Ripley, and Dr. N. L. Guice, of Fayette.

Dr. George Redwood was transferred from an active to an honorary member.

Steps were taken looking to the establishment of a pathological museum and library.

The administration of Dr. Joseph Holt, President of the Louisiana Board of Health, was cordially indorsed.

The new officers were installed, and the Association adjourned till the third Wednesday in April, 1887.

THE Texas State Medical Lunatic Asylum has 574 inmates. The institution is said to be in a fine condition.

THREE of the wolf-bitten Russians who were inoculated against hydrophobia by M. Pasteur, have died with every symptom of the disease.



THE municipal committee appointed to inquire into the question of co-operating with M. Pasteur in the establishment of a hospital for the treatment of patients bitten by mad dogs, visited a number of M. Pasteur's patients to ascertain the results of his treatment.

The committee refused to apply directly to M. Pasteur, who is highly indignant because of their secret inquiry.

THE very latest cholera-bug hunting episode comes to us from Lansing, Mich., under date of March 23d.

Dr. Henry B. Baker, Secretary of the State Board of Health, has returned from Pinconning, where he was summoned by the local health officer to investigate a case of sickness closely resembling the dreaded Asiatic fever. Arthur B. Smith, a prominent lumberman in Pinconning, Bay county, was taken sick on March 16th with vomiting and diarrhœa, followed by cramps and collapse. He became cold and his pulse ceased at the wrist, in fact he had all the symptoms of cholera. Vigorous work by the attending physicians brought the patient through, and he is likely to recover. Thorough disinfection has been ordered.

Dr. Baker said: "I made vigorous efforts to learn any possible way in which cholera might have been brought into Pinconning. Immigrants had recently arrived in the vicinity but none were from a place known to be infected. The men in the camp where the patient had been had not been outside the State, nor had Smith been out of the vicinity. As to fruits from the Mediterranean, oranges had been in the house, but the patient is not fond of oranges. He is fond of raisins, however, and has been in the habit of eating them from the box. A box in the house came from Valencia, Spain, and the raisins which Smith had eaten were not coated with sugar, but were apparently fresh, probably of the crop of 1885, at which time cholera is known to have prevailed extensively in Valencia. The box will be examined for cholera germs.

In a report of the workings of the (Baltimore) Presbyterian Eye and Ear Hospital, published in the *Maryland Medical Journal* of January 9th, Dr. Julian J. Chisholm says: "Recently, on same day, four infants, from three to five weeks old, were brought to the Free Dispensary for treatment. Two of these were twins. Three days after birth the symptoms of purulent ophthalmia of the newly

born had set in. Under judicious treatment this dangerous disease would have been surely and promptly checked. These children had been seen daily by the attentive family physician, but not understanding this apparent case, and for want of the necessary knowledge how to treat these cases, seven of the eyes had been destroyed by perforating ulcers of the cornea, and the eighth was just about going out without the attending physician being aware of the accident."

And yet Credé's method is not practised even in our hospitals. How long, O Lord, how long!

IF CONTRIBUTORS who sometimes, and not without reason, feel aggrieved at the occasional typographical errors in their articles which will contrive to elude observation, could see some of the threatened disasters of that nature from which they are mercifully delivered, their feelings would be merged in one of deep thanksgiving. For instance, a gentleman held in the highest esteem by his contemporaries, professional and social, made the remark before a medical society, that "he had himself at one time considered cirrhosis the usual result of excessive alcoholic indulgence," which was printed "he had himself, at one time, considerable cirrhosis, the result," etc. Equally narrow was the escape of the gentleman whose remarks on the "Etiology of Rabies" were in the proof perverted to the "Etiology of Babies."—*Boston Med. and Surg. Journal*, March 25th, 1886.

THE recent illness of the Duchess of Connaugh was traceable to sewer gas that got into her bedroom through a hole in a pipe. Dr. Playfair scented the cause and remedied the evil. "The Duchess would certainly have died," says *Truth*, "if she had remained in the polluted rooms for another twenty-four hours."

*Augusta (Ga.) Chronicle*: "Col. Aleck McClure, who ought to know, says there is no more malaria in Florida than in Pennsylvania. Tho trouble is that Florida malaria is on the free list and the Keystone miasma is protected."

"DOCTOR, stop a minute. What do you do for a cold? Sit in a draught or get my feet wet! What do you want to get a cold for! Get up, Bolus!"—*Burdette*,

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ERRATUM.—Dr. Elliot's translation, p. 849, is from the *Wiener Klin. Wochenschrift* and not from the *Berliner*, as printed.

## MORTUARY REPORT OF NEW ORLEANS

FOR MARCH, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total
Fever, Yellow.....							
“ Malarial.....	5	3	5	3	6	2	8
“ Congestive.....	4	1	3	2	4	1	5
“ Continued.....	1			1	1		1
“ Intermittent.....	1	1	1	1	1	1	2
“ Remittent.....		1		1	1		1
“ Catarrhal.....		1		1		1	1
“ Typhoid.....						1	1
“ Puerperal.....	1			1	1		1
Fever Typhus.....	1		1		1		1
Fever Enteric.....							
Scarlatina.....							
Small-pox.....							
Measles.....							
Diphtheria.....	3	1	3	1		4	4
Whooping Cough.....		2	1	1		2	2
Meningitis.....	10	3	9	4	2	11	13
Pneumonia.....	31	21	31	21	32	20	52
Bronchitis.....	16	7	10	13	8	15	23
Consumption.....	42	39	38	43	80	1	81
Congestion of Brain.....	10		6	4	6	4	10
Diarrhœa.....	2	3	4	1	5		5
Cholera Infantum.....	1		1			1	1
Dysentery.....	3		2	1	2	1	3
Debility, General.....	2	1	1	2	3		3
“ Senile.....	19	17	15	21	36		36
“ Infantile.....	11	10	11	10		21	21
All other Causes.....	157	77	139	95	162	72	234
TOTAL,	320	188	281	227	351	157	508

Still Born Children—White, 25; Colored 15; Total 40.  
 Population of City.—White, 173,500  
 “ “ Colored, 64,500

Total, 238,000

Death rate per 1000 per annum for month.—White, 22.13.  
 “ “ “ “ “ “ Colored, 34.97.  
 “ “ “ “ “ “ Total, 25.61

W. H. WATKINS, M. D.,

Sanitary Inspector

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

## METEOROLOGICAL SUMMARY—MARCH.

STATION—NEW ORLEANS.

DATE	Daily Mean Barometer.	Daily Mean Temp't'e.	Daily Max. Temp't'e	Daily Min. Temp't'e.	Daily Rain fall, inches.	GENERAL ITEMS.
1	30.127	54.1	57.6	49.0	....	Highest Barometer, 30.293. 24th.
2	30.141	53.6	51.5	49.5	....	Lowest Barometer, 29.648. 20th.
3	30.069	52.0	55.0	46.0	.68	Monthly Range of Barometer, .645
4	29.930	51.3	55.2	49.9	1.82	Highest Temperature, 80.8. 29th.
5	30.058	54.5	61.4	49.9	....	Lowest Temperature, 40.1. 31st.
6	30.147	56.3	61.4	51.3	....	Monthly Range of Temperature, 40.7
7	30.101	53.8	57.6	49.9	...	Greatest daily range of Temp't'e, 2.5
8	29.999	54.2	57.0	51.9	.06	Least daily range of Temperature, 5.1
9	29.935	58.6	69.3	48.6	.07	Mean daily range of Temperature, 13.8
10	30.192	44.2	50.0	41.0	....	Mean Daily Dew-point, 49.8
11	30.021	52.3	59.0	40.5	.05	Mean Daily Relative Humidity, 16.4
12	29.731	57.6	64.3	54.4	.28	Prevailing Direction of Wind, S. E.
13	29.929	51.6	58.6	48.0	.06	Total Movement of Wind, 6,118 miles
14	30.072	53.7	61.9	45.5	....	Highest Velocity of wind and direction, 23—N. E. 4th. 23—S. E. 11th.
15	30.057	63.8	72.3	51.2	....	No. of clear days, 7.
16	30.042	61.4	69.7	56.3	.77	No. of fair days, 12.
17	30.018	64.1	73.5	58.4	....	No. of cloudy days, 12.
18	29.966	60.9	63.6	57.4	....	Dates of frosts, 14,
19	29.780	66.5	72.0	60.1	....	Dates of Thunderstorms, 3, 20, 29, 30.
20	29.711	65.2	72.9	60.1	1.22	
21	29.980	58.6	65.7	50.9	....	
22	30.168	58.2	68.3	53.9	....	
23	30.212	61.3	74.9	49.9	....	COMPARATIVE MEAN TEMPERATURE.
24	30.238	61.5	73.0	53.9	....	1873.....60.2   1880.....65.5
25	30.193	63.6	74.8	54.9	....	1874.....66.3   1881.....59.6
26	29.983	67.3	78.1	59.9	....	1875.....55.8   1882.....67.9
27	29.832	70.3	79.5	62.9	.51	1876.....59.5   1883.....61.7
28	29.821	66.9	71.5	62.5	.19	1877.....60.7   1884.....64.8
29	29.758	73.1	80.8	66.2	.92	1878.....66.4   1885.....58.4
30	29.819	54.0	70.5	46.1	1.78	1879.....64.5   1886.....58.6
31	30.020	49.5	58.2	40.1	....	COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.)
Sums	.....	.....	.....	.....	.....	1873..... 5.10   1880..... 6.66
Means	30.111	53.2	.....	.....	1.96	1874..... 5.57   1881..... 2.75
						1875.....13.85   1882..... .92
						1876.....11.32   1883..... 5.01
						1877..... 4.94   1884..... 8.24
						1878..... 4.63   1885..... 6.99
						1879..... 1.36   1886..... 8.41

JAMES CRAWFORD, *Private Corps, U. S. A.*

NEW ORLEANS  
MEDICAL AND SURGICAL JOURNAL.

JUNE, 1886.

ORIGINAL ARTICLES.

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

Address to the Louisiana State Medical Society, at the Annual Meeting held at New Iberia, April, 1886.

By SAMUEL LOGAN, M. D., President.

*Gentlemen:*

Accept my thanks for the honor conferred in selecting me to preside over your deliberations on this occasion. To have been considered worthy to occupy your presidential chair is a matter of pride and gratification to me now, and will ever remain so in my memory, especially when I call to mind the honored and beloved names of those who have preceded me in the enjoyment of this distinction. That I may be considered in some degree worthy to follow in their footsteps, will be my ambition. To their efforts is very largely due the establishment of this society, and in endeavoring to contribute my share towards a continuance of their line of policy, I propose on this occasion to take as my chief theme,

THE IMPORTANCE OF A BETTER ORGANIZATION IN THE RANKS OF THE MEDICAL PROFESSION.

To build up and sustain a State Medical Association in Louisiana has been a difficult matter, but one which, after more than one futile effort, may be considered "un fait accompli."

The sparseness of population in many portions of the State, and the want of rapid communication between its different sections, have hitherto proved the chief obstacles in the way of a permanently successful organization. The latter difficulty has in late years been in a great measure obviated by the completion of numerous railroads, which now penetrate and traverse many portions formerly quite isolated and practically inaccessible.

In this respect Louisiana presents, on a smaller scale, a representation of one of the chief features characterizing the present stage of human evolution in the civilized world. In all the ages of the earth's history, we know of no time at all comparable to that in which we live in regard to this particular point of rapid and easy intercommunication between different nations, between different communities, and between different individuals. In the rapid sweep of our daily life we hardly pause long enough to realize this patent but no less potent fact, and to appreciate how much we are affected by it. The world now thrills with a life-like energy around its whole circumference, and he who fails to feel its mighty throbs and to bring his intellectual nature into accord therewith, is but a drone, and must give way or be lost in the outer darkness of social and intellectual excommunication. To truly live in this age is to live in intellectual and spiritual communion with the whole world. The onrush of humanity now throbs its every wave around the earth with such celerity and force that its pulse is felt throughout the whole, and each community, and each individual is acted on and reacts with an infinite variety of mutual effect, the ultimate outcome of all which must tend to more and more elaborate evolutionary results, results time only will demonstrate in detail, but whose general tendency must be the "survival of the fittest," and thus the general advancement of the whole. Morbid indeed must be that soul which fails to realize this reasonable faith in human progress, under the wholesome working of divinely established law. Pessimism shuts its eyes to all the improve-

ments so palpably developing around us; optimism, dazzled by imaginary dreams of a near millenium, is equally blind; while he who believes that everything "worketh together for good" according to uniform law, and realizes that in the eye of the Supreme Law-giver "a thousand years are but as one day" stands on the mid-ground of this reasonable faith and feels that he, as an integral factor in the grand design, will find his highest happiness in contributing his individual efforts — feeble though they be — in voluntary accord with the laws evidently presiding over this progressive human evolution, or development, or advancement, for they are synonymous terms. As one of the palpable effects of this rapid intercommunion of intellect and of energy characteristic of our age, we find a rapidly developing tendency to cooperative action for the attainment of definite results. Without this rapidity of intercommunication the organized collective efforts of the age, of every description, would be sadly crippled, if not totally abortive. With it, these organized collective efforts have accomplished and are accomplishing wonders in the progressive evolution of the human race. To aid each other in a common cause is one of the instincts even of the animal creation, and methods of communication are adopted in aid of organized efforts for the common good. Man does the same by the exercise of his reason; and, by the invention of more and more efficient means of communication and of transportation, not only are his organized efforts rendered infinitely more effective, but his individuality is sharpened by attrition and competition. Hence, the individual improvement is assisted by the facilities afforded for prompter communication and stronger organization; while this individual improvement itself reacts favorably on the whole by enhancing the force and efficiency of the organized energies of the whole. Isolation thus becomes less and less possible, while organization for definite purposes is more and more the order of the day. Hardly any marked ad-

vance is accomplished without this organization, either directly or by its assisting influence. Co-ordination of purpose among many adds infinitely to the efficiency of individual efforts; and individual effort, in turn, stimulated to a higher activity by its association with others, reacts with the more force in furthering the common cause. If these principles apply in general to the working energies of human life in all their manifold directions, let us not forget that they apply with equal force to that phase of human aspiration we represent. We must avail ourselves of the same agencies most effective in other matters or prove unworthy of the times we live in. Our labor for the common cause to be effected must be organized; our individual activities must be co-ordinative with those of others and thereby rendered more effective. Otherwise we will prove unworthy of the trust placed in our keeping, unworthy of the confidence of the public, unworthy to bear a separate battle flag as one of the divisions of the grand army of human progress, which, in steady columns, ever marches onward and yet onward to greater and still greater victories. Let us then ask how bears itself our division on the march? Are its brigades and its regiments in position near the front? Are all its battalions and its companies in orderly and compact array? Does each component part of the organized whole so preserve its own organization as to contribute its full, its expected, its most efficient aid to the common end? Or are some of the constituent parts, —some of the battalions or the companies—so weakened by stragglers or so depleted by deserters, so disgraced by incompetents or so scandalized by charlatans, as to stand but a poor muster on review, and to render but imperfect service in our common struggle against the powers of ignorance and in behalf of humanity? Yes; some there are whose efficiency might be vastly increased by a more perfect discipline, by a livelier "*esprit de corps*," by some well deserved dismissals from the ranks, and, last but not least, by a firmer sense of individual duty in each soldier;



duty to the cause he has espoused, duty to himself and duty to his neighbor.

But I am dealing too long in generalities—glittering generalities, if you please, but glittering, I trust, because made of solid gold, not gilded tinsel. These generalities are weighty nuggets of truth. We cannot evade them. They are recognized and acknowledged by all, and we cannot afford to ignore them. To do good service we must work under the discipline of efficient organization. While common objects engage the whole profession, each division and sub-division has its allotted space in the field of battle, with its appropriate and special duty to perform, and each member should bear in mind that on his individual action, to a greater or less degree, must depend the effective effort of the whole. Our profession has much to accomplish, and will need all its individual and collective energies to be exerted in an intelligently disciplined and organized manner. This applies to the profession of the whole country as well as to that of each State. We have much to accomplish, not only in matters involving the welfare of our fellow-men but in matters referring specially to ourselves. Indeed, the efficiency of our efforts in the former direction will depend mainly on our success in the latter. In other words, to realize to any creditable degree what the civilization of this age is justified in expecting of our profession, we have much to accomplish inside the profession itself. We need better discipline in the ranks; we need that each soldier should be better instructed in his duties; and to attain these ends a thorough organization is the most efficient means. This organization should obtain in all sections and localities, in order that the full force of the whole profession may be used with effective concentration for the attainment of any important results; results referring either to the best interests of ourselves or to the interests of the public. Nor should we regard these as dissociated. On the contrary, whatever tends to develop our best interests as a profession will, *ipso facto*, equally con-

duce to the public good. I need not stop to argue this point. The intimate relations obtaining between us and the dearest interests of the community at large, as well as of its component individuals, are so evident as hardly to need mention. Whatever, therefore, inures to our best interests as a profession, *pari passu*, increases our efficiency for good to the community at large, as well as to the individuals composing it. It must be remembered that we stand in a dual relation to our fellow-citizens. As a representative of a noble profession, each of us should bear in mind that he is a public health officer as well as a practitioner. Our profession now claims the ear of humanity as much for its efforts in behalf of preventive medicine as of therapeutics and surgery, and one who claims to stand before his fellow-men as a representative of that profession should represent it fully, not in half measure.

I have said that the efficiency of our individual or collective efforts in behalf of the human race, must primarily depend on the grade to which, as individuals or as corporate bodies, we attain in the ranks of our profession. Here then is the chief point to which, in an introspective view, we should turn our attention. Have we, as a profession, attained to that standard of efficiency, individually or in our corporate bodies, which this age has a right to expect? Shall we with self-blinding complacency assert that we have? Rather let us, with honest candor, acknowledge that we have not. If this admission be true—and I hardly think any of us will deny it—wherein lies our deficiency, and wherein the remedy? While a truthful investigation into these points may not prove very flattering to our professional pride, it is nevertheless demanded of us; for to fully realize our defects will materially tend to their correction. I have already intimated our deficiency in one matter of prime importance, namely, our imperfect organization as a profession. By this want of organization our efforts, however well intended, are more like those of a mob than of a disciplined army, not only in effecting any outside pur-

pose, but in our efforts at self improvement in every sense of the word. In some of the States our profession is less amenable to this criticism than in others. Take Alabama for example. Through the efficient organization in the ranks of her medical men their influence is most satisfactorily exercised in the direction of such public affairs as should legitimately come under the guidance of medical authorities. Her State Medical Society has the ear of her government to the people's benefit. Can we yet say as much for Louisiana? Why can we not? Are we not ourselves partly, if not greatly to blame? Have we yet so united our efforts by efficiently organized co-operative and sustained action, that we have a right to expect success? Efforts have been made, and most worthy efforts—worthy of far better result, by this body, by a very few local societies, and by individuals—our energetic and able chairman of the standing committee on State Medicine for example. But as yet these efforts have failed to receive the active support of the members of the profession scattered throughout the State. Yes, scattered is the word. They stay scattered too much, and just therein lies the chief trouble. This deficiency of local organization, tends to defeat in any general effort. Nor is this all, for herein will also be found one cause, if not the chief, for other deficiencies which we must acknowledge. One of these I propose now to consider. It is rather a hackneyed subject, introduced on almost every occasion like the present, and frequently considered from a one sided point of view and in an intemperate style. I allude to the admittedly imperfect personnel of our profession in the matter of general as well as technical education. As one of the "learned professions," our members should be learned. Are they as much so, as might be reasonably demanded? We must acknowledge that they are not. Let me not be understood here as implying that in this respect we cannot bear comparison with the two other so-called "learned professions." By no means. Deficient as we may be, we are no more so than the lawyers or the divines.

Indeed the nature of our duties is such as to tend to a more thorough education of the mental faculties than in either of our associated professions; so that a more or less after education, in a certain sense, is forced on the active practitioner. Of him is demanded, and in him is therefore more or less cultivated, under the unpremeditated exigencies of his calling, a promptness of mental action not by any means so often required in the lawyer, and still less in the theologian. Of him is demanded so cautious a discrimination between the *post hoc* and the *propter hoc*, as to require him to exercise, in his every day life, a most rigid process of ratiocination, which brings out (i. e. educates) the best mental effort, as gymnastics do the muscles, and thereby strengthens the respective organs. This can hardly be said to apply in any like degree to the other professions mentioned. A medical man is rarely, as compared with others, a careless reasoner. Excuse this digression. The comparison is not made as at all a necessary portion of my argument, but only that I may not be classed with some who have gone so far as to endeavor to make the same comparison in a manner derogatory to our profession. An honest pride in that profession has prompted me here, and is pleaded in justification for these few remarks on that aspect of the subject in hand.

But the deficiency in others is no excuse for us. We must do better in this respect. We must have a higher education in our ranks. How is this prime desideratum to be best attained? Not by crimination and recrimination between its component bodies; not by the societies condemning the colleges, nor by honored and prominent members attempting to attach all the blame to these educational bodies, as if they alone were responsible. I have recently read two addresses from prominent talented and respected gentlemen, the chief burden of whose strains consisted of polished but one-sided tirades of this sort. It is not proposed to attempt any elaborate defence of the colleges in this matter. They are but integral portions of the profes-

sion, and as such share the responsibility with the rest. Even admitting that their share be proportionately greater—perhaps it is—does this fact not necessarily spring from the circumstances more or less unavoidable, in which they are placed, these being largely due to the absence of the aid they should receive from the societies and the individual members of the whole profession. Let us look into this matter a little more in detail. With but very few exceptions, our medical educational institutions owe their origin to the personal efforts of individual members of the profession, these uniting and forming corporate bodies. In some instances a nominal association with some State or other University was effected, either at the beginning or afterwards. But this association has, in very few instances, done much more than give a name to the corporate body of physicians, whose pockets, whose hard labors and whose credit had to supply all the rest. It was in this way that most of even our best schools originated. Indeed, in the earlier years of the Union there was no other way in which to start a medical college. True it is that there are serious objections to this method by which a self-constituted body takes on itself so responsible a duty. But what would we have done, without these originally self-constituted bodies? In the total or almost total absence of endowments, either from civic or professional sources, and in the absence of organized collective action of the profession, private enterprise had to be enlisted in behalf of such a system of medical education as private resources in each case would suffice to inaugurate and to sustain. Necessarily such a system found itself more or less dependent on patronage for its sustenance. Herein crept the chief evil which still impairs the efficiency of the system. But were not we as a body as responsible for this condition of affairs, *ab initio*, as the medical college authorities, and do we not still share with them such discredit as attaches to the generally admitted educational deficiencies too often exhibited by those who hold diplomas from institutions generally

recognized as respectable? We were responsible in the beginning by our neglecting to take such co-operative action as might have originated a better system. Having failed to do so then, and having done nothing practical since, it ill becomes us now to abuse those whose enterprise and whose often self-sacrificing energy prompt them to do their best with the means at their command. It is not, therefore, just for us to endeavor to saddle the responsibility for the still existing defects in our educational system solely on the schools. We still share the responsibility in great measure by our failure, individually and as organized bodies, to give that discriminating support so needed in the furtherance of those practical measures of reform and improvement now engaging the attention of medical educators. That such measures are engaging the attention of the better class of these institutions will hardly be denied. That the degree of progress made fails to satisfy all is to be expected. It does not probably satisfy the teachers themselves. But if we look back for twenty years, or even less, we see most decided advance, at least in so far as relates to such institutions as are worthy of the support of the profession—but too often failed to get it. From a long experience in such matters, I think I am warranted in stating that just here comes in the responsibility of the profession at large for the comparatively tardy progress made in improving the grade of medical education. Such colleges as have made and are making efforts in this direction have not received, and do not receive, that support from the other medical bodies and the individuals of the profession, which they might reasonably expect, when it is borne in mind that the end in view is one involving the most vital interests of all. The colleges, unendowed as for the most part they are—or but scantily endowed—are only made self sustaining through the tuition fees. A reduction in the amount received from this source must more or less cripple their means of securing the best talent for their chairs, as well

as for providing the best appliances for instruction. The tendency of any decided action taken by any one of the colleges towards the attainment of a higher grade of education is to diminish this their chief means of support just in proportion to the stringency of the proposed measure, whether it refer to the preparatory education, the length of study, or the standard required for graduation. This tendency can and should be counteracted by the profession at large and by its corporate bodies. Let each individual member so exert his personal influence as to discountenance the desire on the part of the student to seek the college where he can obtain on the easiest terms, financially and intellectually, his much coveted diploma. Let the local societies so keep up their discipline as to influence their members in like manner. Let the State societies do the same. One of the latter has already taken action in this direction. The Florida Medical Association has passed a resolution to the effect, that the establishment of any medical college in that State will not be conducive to the "promotion of medical education and the best interests of the profession," and advising that "The members of this Association will use their influence toward directing students of medicine to some of the many colleges of established reputation and reliability beyond the limits of this State." This is the sort of discriminating support most needed at this time from the organized bodies representing the profession. Let the example be followed whenever the occasion may call for such action. But more especially let the organized public opinion of the profession be so moulded and used, that other evils, equally patent as the attempted establishment of a school in every large village in the country, may also receive due notice.

Let this public opinion of the profession be exerted to hold up the hands of the true medical reformers in the struggle for a higher preparatory education, for a more thorough and systematically graded course of instruction and for a more rigid final examination, questions now agi-

tating, more than ever, the institutions for medical teaching. Without our assistance, the struggle is indeed a hard one; with it there can be no doubt of the final result proving satisfactory to all parties.

But it may be asked, what special action is proposed, what practical mode of wielding this public opinion of the profession is suggested?

In the first place let us remember that this indefinable, but yet most potent agency we call public opinion, if sound, healthy, and thoroughly established, possesses in itself an influence which silently but surely accomplishes its end, in many cases, without any definite organized action. It becomes therefore of the highest importance, that we should do all in our power to develop this healthful medical "*esprit de corps*," which I have designated as public opinion of the profession. This can be done only, as stated before, by a thorough organization of its members. So we come back to the point from which we started. The best interests of our profession, in regard to the improvement of its personnel, as well as in regard to its relations to others, demands of us a more thorough organization in our ranks. Through this our highest aims will be best attained, and here we find our chief deficiency. Let us first accomplish this "and other things will be added unto us."

So far as definite action is concerned, I have but one suggestion to make. Our constitution establishes certain standing committees, to whose special care is allotted various more or less important matters. In order more effectually and persistently to concentrate our efforts towards this most important matter, I would suggest that such amendment of our organic law should be made, as to add to these standing committees another on the "improvement of medical education." This committee should make yearly reports to the society, and offer such suggestions at each meeting as would tend to keep alive the attention of the body to this subject, and thus concentrate our efforts in such direction as may appear best calculated to protect



our ranks from the further obstrusion of ignoramuses, and to assist these of our educational bodies who are justly looking to the profession at large to aid them in their efforts at educational reform.

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### Some of Our Forgotten Worthies.

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The Oration before the Louisiana State Medical Society, at its Eighth Annual Meeting, New Iberia, April, 1886.

BY HENRY DICKSON BRUNS, M. D., New Orleans.

That very interesting person and skillful physician, Gil Blas de Santilane, relates in his autobiography, that once in his travels he was stopped upon an unfrequented part of the road, by the sudden appearance from behind a tree, of a gentleman, who pointing at his head a most murderous looking blunderbuss, addressed in the words "For the love of God, Senor," his petition for alms. And our friend Gil further assures us that his petition was not spurned.

Thus my friends did it fall out with me

Sitting last year in the hall of our society at New Orleans, wrapped, as I fondly believed, in the obscurity that veils a youthful member, I was suddenly aroused from my quiescence by the nominating committee, who, presenting at my head the nomination for Annual Orator, exclaimed into my startled ear in a voice that brooked no opposition, "For the love of your Society, Doctor!"

Is it necessary to say that overcome by my emotions, I uttered a few confused words of acquiescence—and here I am—at your mercy, ladies and gentlemen; and I may add with my store almost as empty of things valuable, as was that of my better known prototype.

But speaking soberly, Mr. President and Fellows of the Society, let me assure you that I am fully sensible of the honour you have done me. I appreciate too that it has been conferred to reward, to interest, and to stimulate to further

exertion, that body of young physicians in whose ranks I belong. Recruits come—and they are still steadily coming—to add their efforts to yours in promoting the usefulness of this important Association.

And I think I may say without assuming too much, that they too, appreciate your unusual and generous action, and they feel encouraged to know that their older and more distinguished fellows recognize their honesty and earnestness. Surely I may assert in their behalf that they own in rather more than common measure, those virtues of youth, hope, energy and ambition, and that these, tempered by your superior experience, learning and discretion, may be made the means for drawing near those golden days, we all sincerely hope the secret future may keep in store for the Louisiana State Medical Society.

As soon as I had recovered from the shock incident upon my election to this honourable office, I took down my copy of our Constitution and read “Article V., Annual Orator, Section 1: The Society shall elect annually an orator, whose duty it shall be to deliver at the ensuing annual session a public address, designed to interest a non-professional audience in the objects of this Society.”

This, then, was my task! I was to talk! I was to interest! But, great heavens, upon what? How?

I had no old experience upon which to draw. I did not dare to deck myself in the few shreds and ravellings I had caught from learning's robe and parade before this assembly of my seniors. What was I to do? In this unhappy frame of mind I chanced to pick up a volume of Froude's Essays, and my eye fell upon the one in which that brilliant historian recalls to the minds of his countrymen the deeds of Blake, of Raleigh, of Sir Richard Grenville, and certain others of those old captains, who have made the name of England famous on the seas. The paper is headed, “England's Forgotten Worthies.” Forgotten worthies! Why should I not seize the opportunity to say a word upon Our Forgotten Worthies? Not by you

forgotten, fellow members. Some of their names are certainly familiar in your ears as household words. But the record of their deeds is sealed in books never opened save by ourselves, and to the great majority of those fellow-men they lived, aye, and many of them died to serve, they are not forgotten—but unknown.

To you then, ladies and gentlemen, I address myself. Fellows of the Society, bear with me for my cause.

The distinguished lawyer, who last year preceded me in this office, drew a picture of the Blameless Physician—the physician as he should be. I purpose to give you one brief glance at the physician as he has been, as he is.

There are two armies. The one in splendid trappings, with gorgeous banners flaunting in the van, with gold-decked officers who cheer or threaten, with men whose faces gleam with the fierce delight of victory, or darken with defeat, sweeps over the earth with horrid noise of shouting men, and rattling musketry, and thunder-rolling guns. The air is darkened by its dust, and the earth shakes beneath its rushing squadrons. It passes, and the peaceful fields are blackened in its track; the clear streams are stained with long, dark streaks of blood, and all of nature's thousand happy voices are drowned in awful groans, wrung from the parched lips of mangled things that once were men.

The other host comes with so still a tread you hardly note the steadiness of its advance. Its men are sober suited, and the faces of them grave and set. Here and there upon some brow the deeper lines, the whiter hair, in some calm countenance the sadder eyes, mark alone the presence of a leader, whose daily foe for many years, perhaps in many lands, is death. For tho' no mortal ear may catch the sound of conflict, each man of this devoted band is target for a myriad poisoned darts that fall more gently than the silent snow: and many, ah! how many, as the great host keeps its unflinching way, drop stricken from its ranks and yield the ghost, not leaving even one dark stain on God's green grass to mark the spot they fell.

But they fall not in vain. Ever before them flee the fell sisters, pain and death. Ever behind them rise the deep sigh of relief, the murmured prayer of gratitude, the glad cry of Rachel, weeping no longer, but comforted, for her children are restored unto her.

The one is the army of death, the militant hosts of the world. Nations are proud to honour its heroes, and their monuments of brass or marble are lifted to every sky.

The other is the army of life, the host Æsculapian, and with the exception of a few, a very few, we may look, and we shall look in vain, for their memorials.

But yesterday the greatest captain of our league in America fell at his post in New York.

I will venture to say that there is not a child in this audience to whom the names of Wolseley, of McMahan, of Von Moltke are unfamiliar; but whose ears, fellow members, but our own know the name of Austin Flint? Who, save ourselves, has an inkling of the loss to all that suffer, or shall suffer, occasioned by his death?

But oblivion is easy to bear. Fame! Little reck the dead of fame! And think you, that the man whose life long energies are spent in striving to wring from the reluctant lips of nature some answer to those deep problems life lays before us; whose constant company is pain and death, sinks readily before "that last infirmity of noble minds?"

Jenner, the Washington of medicine, the man whose pure and devoted life remains an inheritance and an example to his fraternity forever—Jenner, replying to a London practitioner who had urged him to come to the metropolis and by reason of his great discovery make ten thousand pounds a year, says: "It is very clear from your representation, that there is now an opening in town for any physician whose reputation stood fair in the public eye; but here, my dear friend, is the rub. Shall I, who, even in the morning of my days, sought the lowly and sequestered paths of life, the valley, and not the mountain; shall I, now my evening

is fast approaching, hold myself up as an object for fortune and fame? Admitting it as a certainty that I obtain both, what stock should I add to my little store of happiness? My fortune, with what flows from my profession, is sufficient to gratify my wishes; indeed, so limited is my ambition and that of my nearest connections, that were I precluded from future practice, I should be enabled to obtain all I want. And as for fame, what is it? A gilded butt, forever pierced by the arrows of malignancy."

Assuredly the words of a man!

The practice of medicine, it has been said, is calculated to make a good man better, but a bad man worse. To the latter part of this proposition I cannot assent. I must believe that the knowledge the physician acquires of the physical causes of human frailties and vices, the constant appeals to his benevolence, and the ever-present spectacle of human suffering, must tend to broaden all but the narrowest intellects, to soften all but the hardest hearts; and it is in the nature of things improbable that the small-minded and cold-hearted should be attracted in any number to the study of our art. Observation, I am sure, will confirm this view. The medical student may be, and often is, both brutal and untutored; but who will point to a more liberal and kindly class than the older members of our profession, whose lives have been ripened in the mellowing influence of ministration to their afflicted kind?

The history of medicine is the history of one continued charity. These men have suffered long and been kind, rejoicing in the truth. Read the lives of Jenner and John Hunter and say if I am not right. And yet how many mute, inglorious Jenners and Hunters have there been? Gentler spirits, whose strength sufficing not for the rude wrestlings of this world, have sunk like the physician-poet Keats to early graves. God only knows!

What patterns of noble generosity, what examples of constancy in the face of hardship and temptation are lost to us with them, we partly may compute from the instances we have.

It is related of Hunter, that returning from the introductory to his first course of lectures delivered in London, he showed to a friend a bag containing 70 guineas with the remark that he had never before possessed so large a sum. Yet at this time he was past twenty five years of age. "Simmons gives a similar account of his own slender beginnings; and it is related by Sir James Earl, that at Pott's death a small box was found among his papers, containing a few pieces of money, not amounting to £5, being the whole which he had received from the wreck of his father's fortune."

Denman came to London to enter upon his medical studies with £75 in his pocket; and during the first year of practice received but £40, \$200, in fees!

Ah!

Full little knowest thou, that has not tride,  
 What hell it is in suing long to bide:  
 To loose good dayes, that might be better spent;  
 To wast long nights in pensive discontent;  
 To speed to-day, to be put back to-morrow;  
 To feed on hope, to pine with feare and sorrow;  
 To fret thy soule with crosses and with cares;  
 To eate thy heart through comfortlesse despair.

All this these unconquerable souls knew and endured.

None but the initiated know the temptations to which the physician is exposed; and yet how firmly are they set aside.

Dumoulin was one of the first practitioners of his day, but his fair fame was soiled by his inordinate love of money. It is of him that the story is told, that a certain miser having heard reports of his genius for saving, called upon him in the hope of acquiring some valuable hints. Dumoulin was seated in a bare chamber lighted by one small lamp. On learning that his visitor had called for the purpose of having some talk with him, he immediately extinguished his lamp, remarking that they could converse as well in the dark. Yet so thoroughly was the man imbued with those principles that actuate the conduct of all honour-

able physicians, that on one occasion when a “noble lord” offered him the enormous sum of \$10,000 for the performance of a secret and dishonourable operation, Dumoulin rejected the offer with scorn and bade his servant never again to admit the offending person.

Radcliffe, trained in the same school, scouted the proposition, urged upon him by Mr. Obadiah Walker, of Trinity College, that he should profess a change of faith. It was about the time that the bishops were sent to the Tower in the reign of James II, and we of to-day can hardly imagine the strength the temptation must at that time have had. “Radcliffe,” says the historian from whom I have gathered many of these stories, “made a frank and noble reply.” ‘I should,’ said he, ‘be in as unhappy a condition in this life, as I fear I shall be in the next, were I to be treated as a turncoat; and I must tell you, that I can be serious no longer, while you endeavour to make me believe what I am to think, you give no credit to yourself.’

Leaving aside all public charities and merely mentioning the fact that physicians alone, of all men, are called upon to *give* their services, aye, and to give them with alacrity and cheerfulness, when we come to consider their private acts of generosity, we are fairly overwhelmed with examples.

Dr. Baillie was once called upon to attend a young lady, whom he found to be suffering from a pulmonary disease, and advised to spend some time in a more favourable climate. Discovering, however, that her slender means would not permit her to make this final effort for the preservation of her life, Baillie contrived in some delicate manner to force her acceptance of an adequate sum.

It was the same physician, who, having attended through a long illness a lady of high family, but unfortunate circumstances, returned to her at the close of his attendance a bag containing all the fees he had received, saying he had felt sure that had he once declined to receive his guinea, she would not have allowed him to continue his services.

In the early days of the present century, Lettsom, born a Quaker and in very moderate circumstances, was one of the principal practitioners of London. His life was marked by innumerable deeds of kindness. On one occasion he was called to an old merchant living in the country. Formerly wealthy, he had long ago bought and adorned the beautiful place upon which he lived, and around which were clustered all the associations of his life time. Now old and impoverished, he was soon to be forced to leave it. The old man's heart was breaking. Leading Lettsom to one of the windows and pointing to his garden, he said: "Those trees I planted, and have lived to see some of them too old to bear fruit. They are part of my family; and my children, still dearer, must quit this residence, which was the delight of my youth and the hope of my old age." The kind hearted doctor, penetrating doubtless to the cause of his aged patient's disease, left behind him on quitting the apartment, a liberal sum enclosed in a letter, and shortly after, purchasing the house, presented it to the old merchant, who was soon restored to health.

It is of their lives, however, that medical men have been præeminently generous. All that a man hath will he give for his life; but how freely have these men staked their lives that other men might live!

See how calmly they die. Mason Good, sick unto death, during a lucid interval of his delirium prescribes for a young woman, who at her earnest solicitation is admitted to his bed-side; and, says our historian, he wrote a prescription which bears the usual character of his handwriting, and is marked by the peculiar elegance which always distinguished his pharmaceutic formulæ. The great Haller watched with interest the gradual failure of each vital organ. Placing his finger on his pulse, he turned to his friend Rosselet, saying calmly, "the artery no longer beats," and immediately expired.

Surely the audience I now address should best appreciate that professional heroism which interposes between the



people and those most fearful public calamities—epidemics. The recollection of our own experiences is too fresh in your minds to require recital by me. The fatal plague that for the past two years has prevailed in Europe, is not so dead it may not walk again, and even reach our shores. The mortar is not dry in the monument his grateful townsmen have erected to Theuiller, Pasteur's young aid who perished in Egypt; the flowers are scarce withered on the grave of Luigi Somma, who led the medical forces of Italy through two long summers, until at last the enemy smote him down and he had rest.

But the epidemics of our time are as nothing to those of former days. In the middle of the fourteenth century there broke forth in Europe that greatest plague of history, the Black Death, which by reason of its surpassing deadliness, became known in every country and for all time as the Great Mortality.

Coming from the East, it swept Northward and Westward, from the vineyards and orange groves of Spain to the bleak and frozen coasts of Greenland. It spared neither age, sex, rank or condition. Men and women, aged people and little children, the prince in his palace, the peasant in his hut, aye, the very beasts of the field, and the birds of the air went down before its blast. Those attacked were affected in the most horrid manner. Great carbuncles appeared in the arm-pits and the groins, while dark blotches, blisters and boils covered them from head to foot. They were consumed with fever and no liquids could slake the thirst that parched their blackened throats. The victim's chest was constricted as by iron bands or racked with agonizing pains; his person and apparel were stained with the blood he spat, and a sickening and fœtid odour hung upon his breath. Whom the plague smote, it slew. The most perished upon the second or third day. Some fell as though struck by lightning. The very few who recovered were still at the end of seven months marked by loathsome boils and sores. Flight was unavail-

ing. The fleeing carried the disease with them and perished miserably in the deserts whither they had fled. Cities barricaded their gates and sought, but sought in vain, to bar it out; the Black Death forced an entry by every port. The contagium was intense. It oozed from every garment, it hung upon the breath, the very glance of a plague-stricken person was supposed to dart destruction. There were populous towns whose sole inhabitants were corpses. Ships whose crews had perished to a man, wandered upon the seas, bringing to the shores on which they drifted—death. The world was a wilderness. The churches with doors agape, stood empty, abandoned by parishioners and priest. Bells were forbidden to ring. By night the rumbling carts with their attendants calling: Bring out your dead, alone broke the silence. The graveyards could not contain the corpses. They were thrown by thousands into vast pits, or into rivers consecrated into one great grave.

Amidst these appalling scenes all the ties of humanity and kinship were dissolved. Friend turned from friend; husband from wife, and wife from husband; and parents forsook their dying children. In the account that the cautious and exact Hecker has given us, I note but two examples of constancy and courage; the Sisters of Charity at the Hotel Dieu in Paris, and three physicians,—Raymond Chalin de Vinario; Gentilis of Foligno; and Guy de Chauliac. Chalin passed through two visitations of the plague; Gentilis fell in the discharge of his duty, June 18, 1348. The courageous Guy de Chauliac, scorning the excuse offered by many of his weaker brethren, who clung to the Arabian notion that medicine could be of no avail, fearlessly remained and went about administering to his stricken countrymen what aid he could, through two long and fearful epidemics.

Of modern diseases, diphtheria is perhaps the most dreadful. The contagium is horribly virulent. The smallest particle of the membrane coming in contact with the

lips or eye of the physician is almost certain to cause infection. In my opinion it requires bravery to attend a single case of this disease, yet when it is epidemic the physician passes from patient to patient without exciting a comment upon his courage. How many have fallen victims we shall never know. I recall two, who though still young at the time of their deaths, were deeply regretted on account of the splendid promise they had already given.

In 1880, Herbelin, an interne of one of the Paris hospitals, the son of a distinguished physician, contracted diphtheria from a child whom he was attending. Every attention was bestowed upon him by his devoted and skillful masters; the Minister of the Interior in person decorated him with the Cross of the Legion of Honour, hoping doubtless to recall by an honour so dear to the heart of every Frenchman, the fleeting life—In vain.

The second name, the name of Frances Helen Prideaux, my gentler hearers, is one that you especially should know and remember. By her earnest devotion to the profession she had chosen, by her exceptionally excellent parts, and by her fine traits of character, she won the respect and admiration of the whole medical world of London. During her course of studies at the University of London, she carried off the gold medal for anatomy, and took a first class in medicine and many other branches. Having in 1885 taken her degree of Bachelor of Medicine, she was appointed Surgeon to the New Hospital for Women. Here, on the eve of presenting herself for the doctor's degree, and in spite of most strenuous efforts to save her, she died. A few weeks ago the council of the University, presided over by Sir William Gull, its oldest member, that one who had longest and most vigorously opposed the admission of women to their halls, met to found the Helen Prideau prize fund for the reward and encouragement of women, matriculates of the University, engaged in the study of medicine. No words of mine can adorn this simple story.

The history of medical heroism in the face of epidemic

pestilence is well-nigh endless, but I cannot pass over the story of Desgenettes.

Nicolas-René Dufriche Desgenettes accompanied the great Napoleon in his expedition to Egypt, as Surgeon in Chief. Scarcely had the army disembarked, than many of the men were attacked by a fever characterized by the eruption of crops of painful boils. The soldiers thought themselves attacked by the plague, and their alarm became violent. Desgenettes soon convinced himself that this was not the case, and did all in his power to reassure the men. But his words passed unheeded; the terror of the soldiers rose to the highest pitch. Resolved to put an end to the panic and reduce the demoralized army to order, Desgenettes entered the hospital, inoculated himself in the presence of the men with the matter from their boils, and directed that the measures he had practised for their relief should in turn be employed upon him.

The roll of this honourable company is forever lengthening. The journals tell us of the death of Lawson, of scarlet fever "contracted from a patient;" of McCaughin, of typhus, taken while attending the prisoners in the jail at Albany; of Mott, my own college mate, of the same disease, caught in the hospital on Blackwell's Island. Ehue! Ehue!

The army of life-savers too, has accompanied that other one of destruction upon every field; and the members of the one have shared with the soldiers of the other, every danger, every hardship to which they were exposed. During our late war, on the federal side there were killed in battle, 32 surgeons; 9 were killed by accidents; 83 were wounded on the field; 4 died in prison: and 281 of diseases incident to the service. I have not been able to obtain the figures of the losses on our side, but doubtless they were as great.

A few days ago I saw a plan of a division of the British army in order of battle, and the position of the regimental surgeon was marked with a little black cross just behind

the front rank of the advancing troops. Here, says the explanation accompanying the diagram, he renders immediate aid to the wounded as they fall, and before they are carried off by the litter-bearers.

Here, do you understand that, here in the full blaze of the enemy's fire, incited by no hope of glory, untouched by the passion of conflict, nay, especially preserving the coolness necessary to their calling, here in this hell upon earth, these men must quietly go about their ordinary business.

Few of their names are preserved. Larrey's is one of the few. Most of you, I presume, have heard of how he made twenty-five campaigns in the service of France; how struck by the imperfection of the medical service of the Army of the Rhine, he invented, introduced and perfected the system of ambulances and ambulance wagons, which now constitute part of the armament of every civilized nation. Before Larrey's time the wounded often lay upon the field for thirty-six hours and then had to be transferred miles before any medical aid was rendered to them. The journey was made on litters or in peasants' carts, and its horrors can better be imagined than described. You have heard how in Napoleon's disastrous Russian campaign, by his splendid devotion to duty he brought succor to thousands of the wounded of both armies perishing amidst Northern snows. You have heard how remaining the last upon the field of Waterloo, he was taken by the Prussians and sentenced to be shot; how the surgeon who was about to place the bandage upon his eyes, recognizing him exclaimed: It is Larrey! and how having been made known to those in command, he was sent back to his country under a guard of honour.

All this you have doubtless heard, but who knows the name of Macintosh? And yet with the armies of England he made almost as many campaigns as Larrey with the opposing forces of France. Entering upon service with the army in Egypt, he introduced a new and better mode of treatment for the much dreaded Egyptian ophthalmia, and

thus improved the *morale* of the troops. Anxious to study the yellow fever and other diseases of the tropics, he volunteered with an expedition to the Barbadoes. He shared all its dangers, narrowly escaping death on many occasions, and it is said that his talents shone conspicuously, his bold and cheerful spirit encouraging the soldier on the field of battle. Overcome by the hardships of the campaign he long lay dangerously ill of a malarial fever. This he carefully observed, trying upon himself several remedial measures, which, having lived to return and establish himself as a peaceful practitioner in Edinburgh, he introduced into practice with great success.

Nor is the record of those of our fraternity who go down to the sea in ships a whit less glorious. In times of disaster it is the surgeon, who, having brought up all his sick or wounded and put them into the boats, is the last save the captain, to go over the vessel's side.

I have lately read an account of the great naval duel between the *Kearsarge* and the *Alabama*. After the latter had been reported sinking, the officer who went below to examine her condition, saw "Assistant-Surgeon Llewellyn at his post, but the table and the patient upon it were swept away from him by an eleven-inch shell." One of the *Alabama's* men reports having seen him returning below for some of the wounded when the ship was actually going down, and then he was never again seen alive by mortal eyes. His dead body was found floating upon the surface of the sea.

This picture, ladies and gentlemen, is no idle one. The lines have been laid down deliberately; it has not been over-coloured: it has been drawn with care that you might know what physicians have been and are, and so understand me when I say that we have a *right* to demand your aid in the furtherance of one of the objects for which this Society was founded—the suppression of quackery in Louisiana. This, in my opinion, can never be completely accomplished by law. All that the law can do is to crush

out the vilest and most murderous. As the very first step in this direction, the State must resume the right to say who may and who shall not practise the art of medicine within her borders. Let an Examining Board be appointed by the Governor (with the advice of the Medical Faculty of Tulane University, let us say), which Board shall once or twice a year, meet and examine all who wish to practise medicine within the State. Let the examination be a stringent one, on Anatomy, Physiology, Surgery, Practice of Medicine (Diagnostics and Natural History of Disease) and Toxicology. Let the results of such examinations be given the widest publicity, and the license of the physician occupy a prominent place in his office. A license from the State does indeed hang in the office of every physician who practises in Louisiana, but for the present it only serves to blazon the disgrace of a government that taxes a profession and then turns its back upon the just demands of that profession's members, although they spend a large portion of their lives in restoring to the State as useful citizens her sick and dependent poor.

There can be no doubt as to the constitutionality of the law we desire. A similar one exists in Illinois, North Carolina, Virginia, Alabama and other States, and has been found productive of much good. Such a law is imperatively demanded in Louisiana. It would annually save many of your poorer and more ignorant fellow-citizens from being murdered in their beds. A little reflection will show you how slight must be the pecuniary gain resulting to each physician from the passage of such a law, and so forearm you against the great stock argument of the charlatans who would be bound to oppose it. You are the State; you elect the men who make the laws, and I say frankly it is your *duty* to force them to enact some such measure. You have observed perhaps, that Therapeutics, or the application of remedies to disease, is omitted from the proposed examination for license. I freely admit that it is left out because the passage of a more radical bill is deemed impossible for the present and unnecessary for the future.

With a law such as I have outlined, time and the gradual enlightenment of the people, would be bound to bring about the triumph of the truth.

And now, Mr. President and Fellows, may I be permitted to say that I do not think that we have acted quite wisely in our efforts for medical legislation; that we have diffused rather than concentrated our efforts. Is it not logical to suppose that our first step should be towards attaining a definite standing in the eye of the law? Should we not have some such bill drawn up, and endorsing it year after year, urge it with all our power upon the legislature? Sporadic and violent out-croppings of enthusiasm accomplished nothing. It is the dogged persistence of the Teutonic stock that has made its races masters of the better part of our globe. In the second place, I would suggest that in our walks among the people we do not constantly, boldly enough point out to them the difference between the regular and irregular practitioner. A regular physician is not allopath. A regular physician belongs to no sect; he studies his case in the light of all experience and investigation, and applies to it according to the teaching of all observation and experiment, whatever remedies, in whatever doses, should be most likely to prove beneficial. The man who pretends to practise medicine by an exclusive dogma, be it like cures like, or unlike cures unlike, be he homœopath, or allopath, or any-path, is not a regular physician; he is narrow minded or a knave. Finally, we have failed to make the fact of membership in this Society carry with it the distinction it should. It should stamp a man at once as competent and honourable. If this were so the community would soon appreciate it, and no regular physician could afford to be without our pale. That it is not the case is due, I think, to the fact that we too readily admit all applicants for membership. This may have been expedient when our Society was very young and feeble, but I doubt it. Submission to the expedient seldom expedites. The right has a strong vitality and usually attains a vigorous growth. The time has come



to make a change. Would it not be well to have a name proposed for membership at one annual meeting and balloted upon at the next? Should not the newly-elected member be required to read an inaugural paper? I feel assured that some change is required

One word in conclusion. Let no one think from what I have said this evening, that I in any way deprecate the value of the military hero, or complain because the heroic physician does not attain a like reward to his. Such an idea I would be careful not to convey. No true man could fail to honour him who draws his sword and stakes his life in defence of what he deems a righteous cause. All honour to the man of war! Strew on his pathway every token of a people's gratitude, and after death let some tall shaft forever teach the coming generations of his race how sweet and good it is to die for one's country. To the physician-hero none of these belong. His only reward should be a consciousness of duty well performed. His only monument an enduring place in the hearts of his confères.

Ah! fellow members, let us guard those places.

In the ranks of republican France was a young soldier of family and fortune. Brave beyond compare; foremost in every danger; he scorned all proffers of promotion, and was never known by any title other than that acclaimed by an admiring host—The First Grenadier of France.

Finally in some fierce charge he fell. His comrades buried him on the field, and placed him dead as he had ever been living, with his face to the foe. And ever after on parade muster, the first name called from the roll of his regiment was that of La Tour d'Auvergne; and the sergeant stepping from his place, came to salute and made answer: *Mort sur le champ de bataille.* And so sir, when in calling our roll there comes no answer to our dead heroes' names, should not our hearts leap up and making the salute of honour, call out that phrase more glorious than any monument builded by human hands—*Mort sur le champ de bataille!* Dead on the field of battle!

## **The Nature and Etiology of So-Called Typho-Malarial Fever.**

Read before the Eighth Annual Session of the Louisiana State Medical Society.

BY THOMAS HEBERT, M. D., New Iberia, La.

MR. PRESIDENT AND GENTLEMEN:—A case of continued fever occurring under my observation in the Charity Hospital, New Orleans, while I was a resident student of medicine there, and which presented all the clinical phenomena of typhoid fever, has served to fix my attention upon the possibility of the disease originating in this climate. The patient had not been outside of the city of New Orleans, and died during the fourth week of the disease. An autopsy served to verify the diagnosis, and the specimen of intestinal lesions, derived from it, yet finds a place, I believe, upon a shelf in the pathological department of that institution.

This abiding impression or conviction, if I may be permitted to use such a strong term of expression while taking steps to invade a field of inquiry, still to a certain extent, overshadowed by doubt, has led me to present for your consideration some of the facts and observations which I have subsequently gathered, bearing upon the nature and etiology of our so-called typho-malarial fever.

Practitioners of medicine in malarial regions are familiar with malaria in all its forms, and with what is termed the malarial influence. They look for these in all conditions where the existence of malaria could be suspected, and find it, no doubt, sometimes lurking under circumstances, in which it bears no direct etiological relation, but in which it may so far modify a pathological process, as to call for specific treatment and definite interference.

We cannot deny the fact, however, that some have been led astray, and that malaria has with many become a hobby pernicious in its effects. Accustomed to it, as we all are, our notions of disease are apt to be overshadowed by this object in our professional sky to such an extent, as often to

remain shut out from the true light in our conceptions of cases of disease.

The pathological condition, which we know as typho-malarial fever, has from the clinical phenomena it presents been classified as a dual disease, whose characters are produced by the blending or commingling of two separate sets of symptoms. We have been taught to recognize it as a type of fever, not entirely malarial, nor entirely typhoid, but as one made up of both these diseases. Malaria is unquestionably a specific blood poison, so is the typhoid material, whatever it may be, either of which, when present in the human system, gives rise to a specific train of symptoms and lesions. Too much evidence has been adduced to doubt the occurrence of a continued fever of typhoidal type in localities where malaria is prevalent, and too much observation brought to bear upon the characters it represents, to deny its existence as a well-marked and important member of the group of diseases, belonging to our climate and country.

Here I may venture to define it, in general terms, as an *endemic*, long-continued fever, of a modified remittent type, prevalent in certain malarial districts, a definition which pertains, also, more or less markedly to three other types of fever, from which the disease under consideration is to be distinguished.

Simple Remittent Fever.

Continued Malarial Fever, so-called.

And a continued variety of Thermal Fever, so-called.

Cases of the latter kind have been called typho-malarial fever, but they are not the same. I hold that as marked a distinction between these conditions of disease exists as a train of well defined specific typhoid symptoms can produce. Continued malarial fever is a modification of simple remittent fever, under conditions atmospheric and personal, of heat, moisture, bodily health, etc., in the direction of permanence in the fever heat and other characteristics of the febrile state. The periodicity, or regu-

larly recurring defervescence of remittent fever of a pure type, is gradually effaced to a greater or less extent when a case becomes one of a continued character; or the remissions may be so modified in the development of the fever, as not to be present in any noticeable degree throughout the course of the disease.

Ataxic symptoms are common in continued malarial fever, and in certain subjects, who may, by virtue of ill health, cachexiæ, or predisposition, be especially liable to their development, the typhoid state may supervene upon the common characteristics of the fever.

We are all more or less familiar with this condition of adynamia, which occurs in many diseases, unconnected with any special typhoid infection.

But in typho-malarial fever, as here meant to be studied, we observe the abdominal symptoms of typhoid fever develop *pari passu* with the typhoid state, an occurrence which we cannot trace in continued-malarial fever, or any other fever of a continued type.

I can give no better view of the symptoms, which go to form in their aggregate what is known as typho-malarial fever, than by presenting for your consideration the clinical history of a case occurring in my practice. I select it from among a number of the same kind, as presenting as near as any the theoretical type of the disease.

I was called at 5, P. M., July 2d, 1883, to see and prescribe for a case of fever in the person of a boy, aged 10 years, and found that he had been ailed since 4 days, after having presented symptoms of no marked character, excepting an attack of fever distinctly of the periodic type, 2 days previous to his going to bed. The fever returned, however, without any further intermission, and at the time of my visit the following symptoms and objective phenomena presented themselves in the condition of the patient: Body, slightly emaciated; countenance, pale; eyes, preternaturally brilliant, not injected; mind, apparently clear, but slow; skin, hot and dry; temperature, sublingual, 104° F.;

pulse, 100, full; no headache, no disposition to nausea; epigastric tenderness not present; liver, not enlarged; spleen, slightly so; had two semi-liquid stools since the day before; tongue lightly furred, no bilious tinge; red and pointed; slight signs of restlessness. 2d visit: Morning remission of  $1\frac{1}{2}$  degrees; same day, evening temperature  $104\frac{1}{2}^{\circ}$  F. 3d day: Symptoms the same; tongue more injected; insomnia, a prominent condition; no complaint of headache. 5th day: The temperature has not been influenced by high doses of quinine; bowels relaxed. 8th day: Diarrhœa has gradually come on; light-colored, yellowish stools, very watery; delirious, at night mostly; much restlessness, muttering and incoherence; occasionally tries to get out of bed; morn. temp. 102, evening  $103\frac{1}{2}^{\circ}$  F.; morn. pulse 100; evening 120; tongue very red, glazed, and somewhat tumefied; surface has been frequently bathed in profuse perspiration, especially during the remission; sudamina abundant on the neck and trunk; signs of iliac tenderness, gurglings and borborygmi; abdomen slightly tympanitic; coma-vigil, distinct. 12th day: Stools watery, abundant and frequent; light colored; decided iliac tenderness on pressure; tongue very red; sordes beginning to accumulate about teeth and gums; evening temp.  $104^{\circ}$  F.; pulse 120; high delirium at night. requires sedatives and restraint; pupils considerably dilated; some difficulty in the act of micturition; urine, high-colored, scant, with abundant deposit of urates on cooling, not albuminous; pulling at bed-clothes, and sub-sultus tendinum apparent; subacute bronchitis has gradually made its appearance.

These symptoms continued without much change for two days. The fifteenth day appeared critical. The temperature suddenly fell to  $96\frac{1}{2}^{\circ}$  F. in the morning; great tendency to fatal collapse; pulse feeble and very rapid; remedies used to get him out of this condition; intestinal hemorrhage suspected; none, however, as events afterwards proved, had occurred; morning afterwards, temperature, 102; pulse, 100.

From this time the delirium and other nervous symptoms were much less prominent. Bronchitis became general and cough a little troublesome. Diarrhœa, which had with some difficulty been controlled, gradually subsided. The fever did not run as high and the patient was in a favorable condition until recovery. Convalescence was pronounced on the fortieth day after my first visit. The fever afterwards returned in light paroxysms for a week or so every afternoon without chill, and without interrupting in the least the progress of recovery.

Quinine was used throughout the course of the attack; and other antipyretics, such as salicylic acid, given a fair trial. Otherwise the case was conducted on the general plan of management, hygienic and therapeutic, adopted in the main for cases of unmixed typhoid fever.

In the section of country in which I am at present practicing I have within the last five or six years seen twenty such cases, more or less typical of the fever under consideration; and if I may be permitted to summarize my experience, without further trespassing upon your time and patience in detailing cases, and having only such slight statistics as these cases afford, I may state the following general facts in presenting a synopsis of the clinical course of typho-malarial fever:

It is a disease of young people mostly; eighteen of the twenty cases here mentioned were persons under 25 years of age. Of these, six were females.

Most cases afford a history of previous malarial toxæmia.

The patient generally complains of malaise, headache, etc., for a week or more before taking to bed.

Quinine will not influence the development of the fever and other symptoms.

The tongue is generally red and more or less pointed, as in unmixed typhoid, and becomes covered with a thick, brownish coat, which may gather about different portions of the buccal mucous membrane,

The eyes are generally preternaturally brilliant, without capillary conjunctival injection.

The countenance is generally pale and the pupils dilated.

The nervous symptoms are developed gradually from the inception of the disease in connection with the abdominal phenomena, and are critically prominent about the twelfth or twentieth day of the disease.

Iliac tenderness, pronounced tympanitis, diarrhœa and other intestinal symptoms occur generally during the second week of the disease.

Difficulty of micturition sometimes occurs with retention. The urine is scant and high-colored, and affords an abundant deposit of urates during the recrudescence of the fever, and becomes abundant and light-colored as convalescence approaches. It was albuminous in two of my cases.

The fever is remittent at first in a more or less noticeable degree; becomes continued in character during the second and third weeks; becomes again remittent during its deferescence, and frequently ends by assuming an intermittent character. Its average duration is about thirty-five days.

Of the twenty cases which I have analyzed for the synopsis above, three resulted fatally and two during the third week. Two of the twenty, one fatal, had marked enter-rhagia, unconnected with the administration of any therapeutic agent to cause it. All of these cases presented more or less markedly the abdominal symptoms.

Epistaxis was noted in three cases, in two during the second week, in one at some time during the commencement of the attack. Pneumonia was a complication in three cases, and bronchitis an invariable event.

I have not been able to discover any well-marked signs of the eruption of typhoid fever.

Here are, apparently, the symptoms of two diseases, mingled in such a manner as to give us evidence of a pathological state presenting signs of the co-existence of the malarial and typhoid poisons.

Its nature, then, would seem to partake of both diseases,

and the opinion of the highest authorities is that both sources of infection, contribute their share in its etiology.

Continuing, upon the basis of my meagre statistics, the discussion of its causation, three facts stand prominently forth which I have reserved for this special connection.

The disease, in my experience, has made its appearance during the hottest portion of the summer season, from June to the end of September, and seems thus to be etiologically connected with high atmospheric temperature.

At the time mentioned, the severer forms of malaria, such as remittent, and so-called continued, malarial fever, congestive attacks, etc., are generally prevalent.

More than two-thirds of the cases which have occurred under my observation existed in town, and would seem in this light, to have some connection with air or water, contaminated by filth, as in pure typhoid fever.

As an offset to these in a certain measure, I would remark that the disease has not at any time shown a tendency to become epidemic, though from its nature it would not be difficult to believe that under favorable circumstances, it could become so. In view of the fact, however, that as we near the tropics typhoid fever becomes less and less prevalent, the conditions in general, are not favorable to its becoming anything else than a sporadic disease.

Our drinking water would seem to be derived from a pure source, since it comes from tanks and cisterns, filled from the roofs of houses by the fall of rain. On the farms in southwestern Louisiana, drinking water is generally taken from shallow, open wells, and marshy ponds and brooks, but there the disease in question does not seem to be as proportionately frequent as in towns.

One fact in this connection I believe to bear an important significance. During the summer when we may have many consecutive days of dry, sultry weather, roofs of houses contract a coating of dust, which is washed down through the gutters, during the first shower, unless provision has previously been made to prevent this occurrence, by the



arrangement of some special mechanism in the gutters, to deflect this muddy stream. Many of our privies are constructed without sinks or other receptacles, and fæcal excrementitia are allowed to accumulate upon the surface of the ground. This matter drying, no difficulty presents itself in the supposition that a certain quantity of it, with other forms of filth, might find a lodgment in the dust on the roofs of houses, and thus find its way, by repeated washings, into our drinking water. Cisterns frequently have a large deposit of mud at the bottom, when they are not cleansed often.

However, if the disease can be traced to a contamination of our water in this manner, we might reasonably look for the greater prevalence of typho-malarial fever, during the season in which it makes its appearance, than has yet been my occasion to observe. In my limited experience it has been a sporadic disease, confined in its attacks to young people with a few exceptions, and only a few times, when I had reason to believe in its existence in a household, have I seen more than one or two people affected by it. But the facts at my command, though pointing in the direction of this vehicle being the bearer of a special infective material, are not sufficient to decide this question one way or another. This theory seems to bear a plausible explanation; and since the tendency of modern medicine is more and more in the direction of prophylaxis of disease, it may have a special meaning, and offers a wider field for profitable speculation than any other.

A series of five cases which I have had occasion to observe during the latter part of last summer, and during the Fall of the year, besides pointing very distinctly to personal contagion as a factor in the production of the disease, proves also the fact that frost may have no power to check the development of cases.

A young man, about twenty-six or twenty-eight years of age, died after a long illness, pronounced to be typho-malarial fever by two physicians whom I know to be com-

petent. About a week after his death I was called to see two cases of fever which, in their subsequent career, developed all the symptoms enumerated in the general analysis attempted in this paper. One of these was a youth about twenty-five years of age, who had been the nurse to the one above mentioned, and who convalesced after thirty-five days of fever. The other was a young married woman, of delicate frame and constitution, who had been present in the sick room of the one who died for considerable lapses of time during the existence of the case. She contracted a marked case of the disease, with enterorrhagia and profuse exhausting diarrhœa, and died after having contracted pneumonia as an intercurrent associated disease, in the fourth week. Both of these cases were sick at their respective homes, away from the place of occurrence of the first case. The fourth case was in the person of the dead young man's brother, who for two short occasions had also been in his room. In his case nearly all the symptoms occurred simultaneously, and he convalesced after three weeks of continued fever. He had been at that time subject to intermittent fever recurring every fourteen days. His attack occurred at a malarial nîsus. The last case in this series developed in the person of one of the young lady's brothers, æt. 12 years, who had been exposed to possible contagion from her. This was after frost, toward the 10th of November. He developed the same clinical features as the others. In these somewhat remarkable cases, contagion seemed to follow the two cases which were characterized by profuse watery discharges from the intestines.

The evidence here presented is very strong in indicating a personal essential contagion as playing a very important part in the etiology of this fever.

This conclusion is heightened by the fact that no other cases existed in this locality to my knowledge at the time, and that they occurred among a class of persons, who were very apt to disobey or neglect any orders and suggestions made in regard to the precautionary disposition of the egesta.

If the sporadic nature of this disease would seem to indicate a different etiology from that shown to exist in the production of unmixed typhoid fever, so frequently epidemic in its prevalence and nature, are we forced in this era of bacteriology and microbes to seek some other medium of infection than that by which typhoid fever is propagated, to account for the occurrence of cases of so-called typho-malarial fever? Water and emanations from sewers are the most common vehicles of poison where typhoid fever commonly prevails, and in this country we seem to be removed from these sources of disease when we take the ordinary circumstances of our water supply into consideration. Unless we contract it through the contamination of our cisterns as above indicated, the disease cannot be contracted through our water supply, as we have no sewers. The possibility of another explanation exists then in the hypothesis that the malarial poison might, under favorable circumstances, become so modified in its character of virulence and other attributes, as to develop in a subject, favorably circumstanced and disposed, the symptoms and lesions of the compound disease under consideration. That such an origin may be possible, I believe, in view of the following observations which I recall here as affording some evidence on this point.

Originating during the hottest portion of the year, generally after a dry spell of weather, malaria is at that time rife, and presents greater evidence of malignity in the increased number of cases of malarial coma, congestive chill and other dangerous conditions of development. Typhoid fever, authorities tell us, is a disease of the autumn and winter months.

It is a sporadic disease, and seldom goes beyond one or two cases in a household, which I believe is contrary to the rule followed by unmixed typhoid fever.

It generally makes its appearance in a patient who has been, and generally is at the time, predisposed, by having contracted a dose of the malarial poison at some time previous to the occurrence of the typho-malarial state.

One or both of these possible agents of infection must have an etiological relation with this troublesome disease, but as I am unwilling to enter further the realm of conjecture and tire you with, may be, a somewhat useless speculation, and reminding you that I have been tracing a type of disease and not taken into account possible exceptions, I will now close this unfinished and unpolished communication by thanking you for your kind, considerate and patient attention. My labors may not be fruitless if they induce you to throw the light of your experience on the subject of which it treats.

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### **The Yellow-Fever Commission.**

Speech of Hon. ANDREW J. CALDWELL, in the House of Representatives,  
April 29, 1886.

THE SPEAKER. The Clerk will report the title of the pending bill.

The Clerk read as follows :

A bill (H. R. 5542) providing for the appointment of a commission to investigate the truth of alleged discoveries of the specific cause of yellow fever, and of a method of preventing that disease by inoculation, and to obtain all information possible as to the cause and prevention of that disease.

MR. CALDWELL. Mr. Chairman, the Committee on Commerce was not unanimous in recommending this bill. A minority of that committee, of whom I am one, dissent from the report in favor of this bill. I object to the proposed commission for the following reasons :

The investigation can be made by medical officers—I do not mean the Board of Health—now in the employ of the

Government, and the worth of the experiments and practice of Carmona and Freire verified without the expenditure of the sum proposed, and the results declared by such investigation, by the said officers, will be as authoritative and command as much respect as if declared by a commission. The Government can, and has, without the creation of an expensive commission, sent physicians of eminence to Europe, to report upon experiments in the treatment and prevention of cholera, for instance, whose reports and opinions are worthy of and have received the highest respect and confidence.

Secondly, there is not a sufficient scientific probability that the experiments and supposed results obtained either by Carmona, in Mexico, or Freire, in Brazil, are worthy of attention or respect. The opinion of the medical profession in the United States is divided, to say the least of it, upon the merits of either system. This is particularly true as to Freire, whose methods are declared in the *Medical and Surgical Journal of New Orleans* "to be crude, his experiments unconvincing," and it is said that "many medical journals formerly enthusiastic in his praise have lately fallen ominously silent concerning him and his, and that the body of eminent French scientists, to whom he has from time to time communicated his proceedings, have never deemed them worthy of the slightest consideration." That journal further says:

If, however, after all is said some investigation needs must be had, why cannot the Government commission for the task Dr. Geo. Sternberg? He is at once a bacteriologist of established reputation and a yellow-fever expert of some experience, and one already in the pay and employ of the United States. His travelling expenses alone, would be, in our opinion, a handsome sum to pay for a more intimate acquaintance with the *cryptococcus xanthogenicus*, and we can not stand by and see the people's money expended on such an object without entering our earnest and emphatic protest.

It will thus be seen that a medical journal of New Orleans, one of the principal points to be benefited by the discovery of some means to disarm the yellow fever of its terrors, is by no means convinced that this measure is warranted either from scientific or economical considerations.

But it is said that the methods of Carmona, of Mexico, are worthy of confidence, or rather that results attained by him are of greater positiveness, and that it is of the highest consequence that this Government verify them by the labors and scientific judgment of a commission. It seems that Carmona's method is entirely different from Freire's, and he has determined that the microbe of yellow fever is not the *cryptococcus xanthogenicus*, but the *peronospora lutea*. [Laughter.] The one was professedly discovered by Freire in the blood "with as low a magnifying power as 750 diameters, while the micro-photographs, taken by the United States yellow-fever commission in Havana in 1879, with a microscope magnifying from fifteen hundred to two thousand times, failed to show this organism in the blood taken from undoubted cases of yellow fever in the living subject."

The Pathologist of the Charity Hospital of New Orleans, Dr. Schmidt, "a most accurate and trustworthy microscopist, and who has had perhaps more experience in the examination of the blood and tissues of yellow fever than any living pathologist, asserts most positively that he has never met this organism in uncontaminated specimens after most careful researches at a quite recent date." Where is then the necessity or wisdom in sending a commission to Brazil to investigate this matter, which has not commended itself to the scientific mind as having any shadow of probability to support it? Evidently there is none, and it seems as if it is tacitly admitted that the only hope to sustain the bill is in Carmona's *peronospora lutea*. This, a mushroom microbe, he professes to find in the remains of all who die of yellow fever. It is claimed that he has "demonstrated that in the fresh state one can perceive the presence of a round yellow corpuscle, shining by refraction of light and gifted with quick motions." "This corpuscle," he noted "always existed in yellow-fever secretions, and only in these." He pronounces it to be a zöospore of the mushroom *peronospora lutea*, and that it incloses all the other

elements—spores mycelium, oogonique breathings, and zöosporanges. [Laughter and applause.]

It seems that Carmona accomplishes the attenuation of the yellow fever virus by the putrefaction and desiccation of a secretion. A dried particle of this is moistened with distilled water, and placed beneath the microscope, and it will show, even when dried for two or three years, microbes easily recognizable. These results are said to be special to yellow fever.

These spores are introduced into the human system by subcutaneous injections, and it is claimed they produce an abortive yellow fever that is limited to the minimum and is protective against attacks of the fever ever afterwards. The inoculation is productive of a “miniature yellow fever, which is evolved in a few hours and without danger.” “This mitigated fever is to yellow fever what varioloid of the vaccinated is to true variola.”

This is certainly a grand result, and he who accomplishes it will not only live in bronze and marble, but his name and fame will be graven upon the tablets of the human heart forever. There is no calculating the value of such a triumph over the obdurate and hitherto invincible scourge of the tropics. But it is a matter of grave scientific doubt whether this dread disease is produced by microbes or germs or spores at all; and the foundation for all this grandiloquent parade of blessed results is simply that there are some three or four hundred people in Mexico who “were inoculated before the last epidemic, who passed through infected places without succumbing.” And it was claimed that “there were none” who succumbed after inoculation, because “if no case was noticed there was none, for the desire is so great among many to find fault with the method.”

I desire to quote three articles from the Medical and Surgical Journal of New Orleans upon this subject. They contain careful reviews of the methods of both Freire and Carmona, and although brought to the attention of the

friends and advocates of this commission have never been denied or attacked. It will be seen that they bristle with salient points upon which issue might have been joined, but the challenge has not been accepted or the gauntlet picked up although it has lain at the feet of the champions of this bill for three months.

MR. CALDWELL read from the *New Orleans Medical and Surgical Journal* for January, 1886, the editorial, FREIRE'S YELLOW FEVER MICROBE.

From the *New Orleans Medical and Surgical Journal* for February, 1886, the editorials, CARMONA'S YELLOW FEVER INOCULATIONS, and THE YELLOW FEVER COMMISSION.

From the *New Orleans Medical and Surgical Journal* for March, 1886, the editorial, THE YELLOW FEVER COMMISSION.

These criticisms have met with no refutation or reply during the months since their publication. Men who write letters and send hurrah resolutions are silent on these charges. All that is claimed for Carmona to justify this commission is "the degree of relative certainty which is necessary and sufficient to induce a practitioner to apply a recognized harmless means in a disease until now without remedy." It is said, "were it but a dream, but a hope, why not attempt it in a lost cause?"

This is certainly a "most lame and impotent conclusion." The Mexican habit of extravagant pronouncements at the beginning of a campaign, of victories to be achieved, which never materialize, may have infected with its attenuated virus the scientific mind of that Republic, and invaded with its braggadocia the fields of cold and accurate science. But these experiments will go on without the supervision of our commission. There is no intimation that Drs. Carmona and Freire are to cease effort in this glorious field. If they are great scientists, as the friends of this bill insist, they are abundantly competent to eliminate the truth. Then why should the American doctors insinuate, by sending a



commission to oversee and inspect their work, that they are not capable of establishing it and accrediting it to the world. This bill is a proclamation that the medical world is dubious of the exactness and truth of these alleged discoveries.

If Carmona's theory is true, it will fight its way through all the hosts of opposition, like Jenner's truth; results have verified it and established it in the minds of a large majority of the scientific world. No commission was necessary. So, also, with this. What is to prevent every doctor in New Orleans, or Memphis, or wherever else the scourge shall swoop upon its wings of saffron, trying this experiment? Carmona will doubtless be ready to supply the world with the dessicated peronospora lutea.

The doctors of the world are not deaf, and the tongue of Mexico is not dumb. She will proclaim her victory, and the world will hear and heed. We do not need a commission to act as a messenger to transmit the news; and if we do, we have already in commission men who can do for us all that this commission could do. [Applause.]

They talk about expeditions to the north pole as precedents for this. The attempt of ill-judged enthusiasm for science to wring from the obdurate and frozen death of the arctic circle some answer to the problems of science may have been as necessary as it has been non-productive of good results. If the inhabitants who drink oil, eat tallow candles, and are clothed in furs under the *lumen boreale*, had been capable of establishing the corner-stone, the scientific frontier under the north star, and the world had heard of it, it is imagined no commission would have been sent to verify results, and the snows would not have drunk the blood of Franklin and his successors in a search for a northwest passage, or for the last fraction of a degree of the flattening of the earth at the poles, or any curiosity in geography, meteorology or astronomy. [Applause.] There is perhaps a true analogy between an expedition to find Symmes's Hole [laughter] and a commission to hunt up

scientific or medical *ignes fatui* in the tropics. Both may be true, for aught we know, and both have sponsors who vouch their existence, and compurgators who stand with them at the bar of public opinion. So, also, as to the precedent to appropriate money to test the telegraph. That was a tangible, practicable experiment, vouched for by the probabilities of physical science. If Morse had had the money himself to have built the line between Washington and Baltimore, and had transmitted three hundred messages over it (as Carmona has), where would have been the necessity of appropriating the money for a commission to have gone a gypsying to Baltimore to realize the dream?

It is said that this measure is avouched by the American Public Health Association and many medical men of eminence. Dr. Billings, I am informed, said to the Senate committee that there was about an even chance that the commission must fail. I would not be understood as casting any stigma upon eminent gentlemen who think there is necessity for this commission. But I demur to the pleading that seeks to close our mouths and eyes to the policy and necessity of a measure which involves considerable expense without a reasonable hope of practical benefit, and which (to grant its legality and necessity) can and will be obtained without a commission in other ways. I beg leave also to say, that I do not understand the voice of the medical profession to be unanimously for the proposition. From a trustworthy source, I beg leave to say the Medical and Surgical Association of New Orleans, when it endorsed this bill was acting through not more than twenty members, and no opponents of the bill were present, and few, if any, who had read the work of Freire or Carmona, and that the same motion to indorse this bill had been defeated before the association some weeks before when a distinguished advocate of this bill was present.

The sole foundation for the idea that yellow fever is a disease that can be prevented by inoculation, like small-pox, seems to be that one attack of the fever gives immunity from further attacks.

But this is only true when the person once attacked continues to live in the yellow-fever district. If he should leave that district any length of time and then return, his immunity is gone. He must be and remain acclimated in addition to the systemic subjugation to the disease.

The fever can not be developed in certain altitudes, and the city of Mexico, where Carmona lives and has made all his experiments, has never developed a case of yellow fever, although one of the filthiest cities in the world. All its yellow fever patients were imported.

Upon this question the medical profession is not by any means a unit. There is a great diversity of opinion as to whether an attack of the yellow fever is a protection for the future; and to state that one attack gives future protection is certainly not to state the case as it is. It is to some extent a climatic disease, and it is true that one attack of yellow fever does not always prevent the recurrence of another—that is, if you are not acclimated.

MR. KING. Just as much as any other disease.

MR. CALDWELL. On that point Dr. King and myself disagree. [Laughter.]

Now, to show you how utterly ridiculous the proposition is as to the effect of this mode of preventing attacks of yellow fever, a fact alleged to be true in this connection is this: That of the two hundred or four hundred people attending the New Orleans Exposition, that were inoculated, not one of them died. That is the statement made in support of this point. The fact is, that during that Exposition there was not a well-authenticated case of yellow fever in the city; not one during that whole time; and the fact that none of the three hundred or four hundred people who were inoculated died may be offset by the further statement that of the two hundred and twenty thousand people who went from this country and all parts of the civilized world to that exposition, not one of them died from that disease; and yet, Mr. Chairman, it is just upon such data as that that we are to rush into the craze on this

subject of inoculation. Why, some of these men afflicted with this species of rabies ought to be sent to Pasteur at once. It is the only way to rid them of the disease. [Laughter and applause.]

Mr. DAVIS. Will the gentleman allow an interruption on this point?

Mr. CALDWELL. I must decline to be interrupted, for I have no time.

Mr. DAVIS. With reference to this New Orleans question simply?

Mr. CALDWELL. I have not the time to yield.

Now, Doctor Billings said before a Senate committee, if I may be permitted to allude to what occurred there, when asked the direct question by Senator Harris, that the chances of this commission resulting in an utter failure were about equal to the chance of its achieving anything in the way of success.

Now, shall we go off in a craze which seems to prevail on the inoculation theory for the prevention of disease, and appropriate \$25,000 or more in advance of a reasonable prospect of benefit from it? If we challenge this bill, as faithful sentinels on the picket line around the national Treasury, we certainly have warrant for it in the dissent of medical men of approved skill and capacity and position. [Applause.]

It is not, of course, intended to reflect on the motives of any gentleman whose zeal for science and humanity may lead him to join any forlorn hope against the citadel of this terrible foe to human life, nor is it, we suppose, necessary to disclaim any participation in the quarrels that may divide and distract the counsels of the medical faculty, for kindly be it said that medicine has more dissensions than "wars or women have" [laughter and applause], but the sole object is to present such reasons as seem sufficient to defeat the creation of a useless commission and prevent the incurring of a needless expenditure of the public money.

## HOSPITAL REPORTS AND CLINICAL NOTES.

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We are anxious to make Clinical Notes a feature of the JOURNAL and would, therefore, ask our medical friends to send us *short* reports of cases of interest in practice.

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## STRANGULATED INGUINAL HERNIA; HERNIOTOMY; OPERATION FOR THE RADICAL CURE.

By A. B. MILES, M. D.

The subject of this report, S. W. D., aged 51 years, gave no history of constitutional disease. His tissues, however, seemed unusually relaxed for a man of his age. He first observed the beginning of double inguinal hernia about four years ago. Notwithstanding, he did not begin wearing a truss until about two years ago.

On April 1, about 7 o'clock in the morning, patient observed that his truss had slipped, and that the hernia on the right side had protruded so as to be irreducible by the methods ordinarily practiced by himself. He entered the Charity Hospital at 11, A. M., on the same day. The hernia at that time, about the size of a large orange, was irreducible, but not as tense and painful as usual in such cases. The symptoms seemed to be more those of simple incarceration than of strangulation of the hernia. Taxis was practiced patiently; efforts at reduction were made on the patient in the inverted position; and *manual compression*, applied gradually and uniformly, was tried perseveringly. All these measures failed. We will state here, in passing, that we regard manual compression, made gradually and uniformly, as the most effectual of all means for the reduction of strangulated hernia. Grasp the tumor in both hands and patiently and persistently make pressure for five, ten, fifteen or twenty minutes, while the patient is under an anæsthetic, and if it is at all possible that the hernia can be reduced by taxis, this method will succeed. It presses the blood from the overdilated vessels of the

hernia, reduces the bulk of the protrusion and puts it in the most favorable condition for reduction. If this plan, fully tested, does not succeed, then herniotomy is indicated.

As the symptoms in the case in point were not urgent, resembling those of a simple incarceration, cold compresses were applied, relaxants were administered, and, awaiting the result of these measures, further surgical procedure was deferred.

In cases where the symptoms are clearly those of strangulation, delay is exceedingly dangerous. It only allows time for further congestion of the constricted vessels and aggravation of all the local conditions. The method of treatment pursued in the Charity Hospital is to anæsthetize the patient, perform taxis patiently, especially by the method of manual compression, above described, and, failing in these measures, to perform herniotomy without delay, while the patient is yet under the influence of the anæsthetic. The reasons for early herniotomy are very cogent, and we strongly advocate this plan of treatment. We have seen much more harm result from a procrastinating practice than we have ever seen follow the practice of operating early.

To return from this discursion, about 4 o'clock in the afternoon of the day of admission, the patient became nauseated and began vomiting. The tumor was not yet tense, swollen and painful, as usual in cases of strangulated hernia. Herniotomy was performed at once. The sac was opened by a three-inch incision, and cleansed of the sanguineous fluid accumulated therein. The protruded bowel was considerably congested, but otherwise in good condition. There had been a hemorrhage between the layers of the herniated mesentery, with extensive extravasation. The constricting rim of the ring was divided and the hernia reduced. The neck of the sac was cleared by dissection, transfixed by a double catgut ligature and tied in two sections at the external abdominal opening. The wound was closed by deep sutures of silk-worm-gut, one of which, passing through the neck of the

sac, just above the site of ligature, gathered up and approximated the columns of the external abdominal ring. The wound was closed superficially by continuous sutures of catgut. Two bone-drainage tubes were introduced, one at the top of the incision, the other through an opening in a dependent part of the scrotum, communicating with the bottom of the hernial sac. If the sac of the hernia is large, then drainage through the bottom is very desirable. For this purpose, the rubber tube is preferable to the bone-drainage tube, used in this case, which, in our experience collapses prematurely. The wound was now dusted with iodoform and dressed with the mercurialized absorbent gauze and cotton. Over the dressing was applied a halfpail bag of sand, which, adjusting itself to the dressing, made the uniform pressure desired.

An opium pill, repeated sufficiently often to secure the effect of the drug, and a sparing diet, consisting mostly of milk, comprised the internal treatment.

The man made a restless, complaining and irritable patient. The wound inflamed and suppurated freely. Aside from the desirability, if possible, of effecting a radical cure at the time of the hermiotomy, the advantage of the ligature of the neck of the sac in this case, in preventing the entrance of pus into the peritoneal cavity, was very apparent. Fever supervened, and, for twelve days, ranged between the normal line and  $102^{\circ}$  F.; pulse between 85 and 120. These conditions, of course, delayed the healing; but the excessive inflammation about the site of the wound and the exudation in consequence, welded the tissues all the more firmly and made the result all the more satisfactory. At the present writing, the wound is entirely healed, and there is promise of a result as successful as secured in a similar case, published in the September, 1885, number of the *JOURNAL*, which we are now able to report as radically cured.

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## HYDRONAPHTHOL IN CYSTITIS.

By J. H. BEMISS, M. D., New Orleans, La.

A gentleman came to my office April 7th with a urethral discharge, which had appeared on the third day after connection. The discharge was not very profuse, but the burning on urination was considerable.

He was prescribed for in an ordinary way, the local measures consisting of an injection composed chiefly of sulphate of zinc and morphia. He progressed quite favorably for about four days, when he began to complain of frequent urination, together with considerable vesical tenesmus. This did not yield to remedies ordinarily directed towards vesical irritation, such as is frequently observed in gonorrhœa. On the contrary, it grew steadily worse, and the patient's condition was soon truly painful. The urine was full of mucus, it contained much pus, and its odor was strongly ammoniacal. Violent contractions would occur every few moments, and the tenesmus continued long after the few drops that could be evacuated were expressed. He complained of much pain in his back; there was tenderness over the supra-pubic region, and his temperature ranged from 102° to 103½°F.

Sitz-baths, diluent drinks and opiates giving him very little relief, I introduced a No. 10 Nélaton catheter and drew off about half an ounce of urine, which was milky with pus and thick with mucus. I then washed out the bladder with warm carbolized water, and injected into it one and a half ounces of a 2 per cent. solution of cocaine.

For an hour he seemed somewhat easier, but after that time suffered apparently as much as before. Six hours later—7, P. M., I repeated the local measures with this difference, that I used one ounce of a 4 per cent. solution of cocaine which I held in the bladder for five minutes. During the half hour that I remained with him he seemed wonderfully better, there occurring during the whole of that time only four spasms of the bladder, and three of these



were in the first ten minutes. I then gave him a hypodermatic injection of morphia and atropia, and after directing him to take a hot sitz-bath and some more morphia if he suffered again, left him for the night.

A messenger came for me at 5, A. M., with the information that my patient was in great pain and had been most of the night. When I reached him it was made only too clear that the morphia or the cocaine had induced a temporary paralysis of the bladder, and the result was an accumulation of over a pint and a half of urine, though it had been dribbling from the urethra upon a towel all night.

After relieving the bladder I washed it out with borax and again applied cocaine, a 2 per cent. solution. He was much easier but complained of a sinking feeling, which, however, was by far lighter than shortly after my departure the evening before. During this depression he said his heart beat very rapidly and he was extremely nervous. As I observed him subsequently his pulse was very rapid; he was pale and nervous and his pupils were dilated; in short his condition was one of collapse in a mild form. At mid-day I used only one half ounce of a 2 per cent. solution. Even this amount was followed by evidences of cocaine poisoning, as was also a like quantity in the evening, but the symptoms were much milder than those of the evening before, as described by him. The next morning, after again using cocaine and for only a few moments, it became so evident that his condition was one of over-stimulation by the drug that I determined to discard it completely, and did so, except in the urethra to ease the pain caused by the passage of the catheter. He did not subsequently complain in this manner.

Upon detailing the case and especially the effects of the cocaine to my friend, Dr. Parham, he suggested that I try the new antiseptic *hydronaphthol*. I began at once irrigating the bladder three times daily with about two quarts of a 1 to 1000 warm solution. In addition I should add, that whenever tenesmus was frequent a catheter was introduced

by an assistant and the contents of the bladder drawn off. No other treatment was pursued except once in the twenty-four hours, usually at night, a rectal injection of ten to twenty drops of laudanum in starch water was administered. He also had ten grains of quinine on two successive days. The change for the better was immediate, and six days after the first use of the hydronaphthol all symptoms of cystitis had disappeared, save a more frequent urination than was normal; but the act was entirely painless and the urine was perfectly clear. The urethral discharge which had subsided so far as not to be observed by the patient when the cystitis began, reappeared on the second day after beginning the use of the catheter, and was soon very profuse. It is now, however, about checked again. The use of the cocaine in the canal after the urethritis became aggravated, made the passage of the catheter so much less painful that the patient would almost refuse to submit to the irrigation, if I neglected to bring this useful local anæsthetic with me.

In conclusion, I should like to insist upon my conviction that the case was one of true gonorrhœal cystitis, and that the rapid cure was entirely due to the use of hydronaphthol. I think a perusal of the foregoing history will bear me out in this belief.

Such an application of this drug was foreshadowed or recommended in an editorial review on hydronaphthol in the March number of the *JOURNAL*. Though one case may not be sufficient to establish any line of treatment in a given set of cases, still from my experience as above detailed, I am prepared to heartily subscribe to the effectiveness of the drug as an antiseptic, to its absolutely non-irritant action, and to the ease with which it is handled. The urine from my patient before the use of hydronaphthol was so strong that its odor filled the room; the disappearance of this was so rapid that the patient himself was struck by it, and that without any suggestion from me.

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## ANOMALOUS EFFECTS OF BELLADONNA.

By R. W. WALMSLEY, M. D., Canandaigua, N. Y.

Three cases have recently occurred in my practice that are slight additional confirmation of the difference in the susceptibility of various individuals to the effects of belladonna. They also show that the ingestion of this drug may be followed by the exhibition of its physiological action in one direction only. The first case was that of a very healthy, well nourished child, three and a half years old, who was troubled with habitual constipation. The following was prescribed :

R̄. Tinct. nux vom..... ʒss.  
 “ belladon..... ʒj.  
 “ aloes..... ʒjj.  
 Syr. auran. cort. ad..... ʒjj.

Sig. Teaspoonful thrice daily.

After the first dose had been taken I was called to see the child and found the face covered with almost a scarlatinal blush, interspersed with white spots of irregular size and shape. The pulse was normal, the pupils perfectly natural, and there was no dryness of the throat as was proved by the fact that the child refused liquids when urged to drink them. Knowing the facility with which children bear comparatively large doses of belladonna, and as there were no other confirmatory symptoms, the rubescence was not attributed to the drug. But the next and every subsequent dose has produced the same effect, so that the belladonna unquestionably caused the disturbance. The constipation was relieved.

The second case was that of a large fleshy woman, who took by mistake nearly three drachms of the tincture. She was seen about five hours after she had swallowed it. The face was hot and flushed; tongue and mouth extremely dry; pulse 110°; besides there was delirium and dizziness, with a faint feeling and inability to walk. There were lucid intervals in the hallucinations, and by an effort of the will the delirium could for a short time be checked, and

intelligent answers to questions could be elicited. There was no mydriasis, the pupils responded freely to light. One-eighth of a grain of morph. sulph. given hypodermatically effected a speedy and complete cure.

The last case was that of an adult female, to whom ten minims of the tincture were given thrice daily. Paralysis of accommodation resulted, but there were no other noticeable effects.

These varying results were not due to unequal strengths of different specimens of the tincture. For, as was ascertained by careful inquiry, the three portions were all obtained from the same percolation.

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THE BEST PLAN FOR DEODORIZING AND DISINFECTING THE  
HAND AFTER ATTEMPTING TO REMOVE A FETID,  
ADHERENT PLACENTA.

By C. B. LANNEAU, M. D., Charleston, S. C.

During the heated term of a past summer, several years ago, I was sent for to see a mulatto woman, who was in labor, but I did not go, and told the husband to employ another physician. The patient had been the slave of a distant relative of mine and seemed to lay claim to consideration on my part from that circumstance, although I did not remember her. About noon on the following day I was again requested to come, as the placenta had not been removed. The woman had been delivered by a colored midwife. Feeling sorry for her I went without delay, but on arriving found that some person in the house had called in another doctor. I was about to leave when this physician, who is one of my intimate friends, called me back. He stated, that the placenta was so firmly adherent, that to attempt its removal were fruitless. After having made an examination I confirmed his decision. In a similar case, which occurred in my practice previous to this, in which the placenta came away on the 6th day (much atrophied, but sound), solutions of pyroligneous acid had been used with the best results, and I recommended the same treatment

here. A dispensary physician now assumed charge of the woman, but although he gave her proper attention, she died eventually of septicæmia. Aside from the use of pyroligneous acid injections, she was of course, treated on general principles.

Before leaving the house my hands were twice thoroughly washed with hot water and soap. But they smelt very unpleasantly, and I stopped at a druggist's and had some cologne water poured over them, which was well rubbed in. This not removing the bad odor, I then drove home, as my mid-day office hour was approaching, and used as strong a solution of carbolic acid, in hot water, as I could bear, and dabbled some time in it. This did some good, but as often as the hands approached the face, they gave out anything but a pleasant odor. As a last resort I washed my hands in spirits of turpentine, which effectually removed all unpleasantness and restored my hands to their normal condition. I would, of course, recommend turpentine most heartily to any person similarly situated.

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**LEADING ARTICLES.**

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**THE AMERICAN MEDICAL ASSOCIATION.**

The annual meeting of the Association, always an important event, has this year excited unusual interest. It was well known that the Association would pass final judgment upon matters, which have of late so absorbed professional

attention. By far the most important is the organization of the American meeting of the International Medical Congress. It was expected by many that a face to face discussion of the questions at issue, over which there have been such bitter contentions, would still further rive the Association into factions, to the permanent impairment of its usefulness.

Contrary to expectations came the news from St. Louis that the meeting was as orderly and harmonious as a love-feast, and that the report of the Executive Committee of the Congress was adopted unanimously.

There were about one thousand delegates present, most of them from the West. We regret the absence of an unusually large number of Eastern men, whose names have been very familiar in the annals of the Association. We would rather have heard of their attendance and an expression of opinion on matters, which, in their absence, were decided with such perfect unanimity. The harmony of the proceedings looks too much like the calm of indifference on the part of absent members, whose good will and friendly coöperation the Association can ill afford to lose.

To an observer of current events it is evident that the Association is passing through a crisis in its history. For its peace and progress, pity that such fruit for discord was ever dropped in our midst, as the official prizes to be awarded in the organization of the International Congress. In America, every doctor, whatever his State or Territory, whether or not he has ever written a book or edited a journal, whether or not he has won much reputation at home or any abroad, yet feels himself the equal of any brother who may have been more fortunate, and, therefore, entitled to an equal share in the division of official honors. Hence, this terrific competition, and the unhappy state of our medical affairs. For all this the Association has been held responsible, and the medical journals of the country, with few exceptions, have spent the year in industriously hauling

it over the coals. Some of our Rhadamanthine contemporaries even declared that the time-honored body had outlived its usefulness and should suffer destruction as a penalty for its errors.

That the Association has suffered by all the unfavorable criticisms that have come in from every direction, as much as by the division in its own household, is apparent. Whether it has suffered justly or unjustly is a question we do not propose to tangle further by discussion; it has already passed beyond the possibility of amicable decision in our day and generation. How much the Association has suffered is a question which the future will decide.

We wish it understood that our comments in these pages have not been, and are not now made in a spirit of unfriendliness to the Association. We have stood in the past, and we stand to-day, its friends, but we can not be blind in our partizanship. We believe that the Association has made mistakes, and we have said so; and now again we propose frankly to disapprove of some of the proceedings of the St. Louis meeting.

We believe that the action of the Association, in regard to the report of the Judicial Council on the admission of the delegates of the Philadelphia County Medical Society, was unwise and, at this particular juncture, well calculated to alienate many of the most esteemed of our Eastern confrères. As we understand it, the delegates had received at home the usual papers to entitle them to seats in the Association; their credential fees had been received by the Treasurer; the Judicial Council had reported favorably on their admission; the report was in proper form and in the proper hands, and certainly should have been presented to the Association. The technicalities upon which the favorable report was withdrawn and an adverse one substituted, whether so or not, *appear* so unparliamentary and so unjust to the Philadelphians as to leave upon unbiassed minds an impression decidedly unfavorable.

We believe that the adoption by the Association of the

resolution to memorialize Congress in behalf of the Bill, as now proposed, for the organization of the Yellow Fever Commission to investigate the alleged preventive methods of Freire and Carmona, whose published works, descriptive of those methods, are without scientific value, as shown by the reviews and editorials of this Journal, was an ill-advised action,

There was a member reported present who had been inoculated at Rio Janeiro, and, up to the time, had escaped yellow fever. His case was brought up in evidence, but it was not stated whether, since his inoculation, he had been in New Orleans. More explicit information on this point might interest Carmona, whose own statistics were strengthened by the one hundred inoculated Mexicans, who attended our Exposition and returned home in perfect safety.

We believe that the policy of the Association in regard to the organization of the International Congress has added but little to the prospect of a very successful meeting at Washington. In our opinion, conciliatory efforts should have been made to reenlist the interest of our distinguished brethren, who were at one time connected with the Congress, whose co-operation we believe to be necessary to a representative and creditable meeting in America.

We believe it is right that the friends of the Association should speak frankly in regard to matters, which effect its welfare; and in this connection, let us say finally that, while we esteem the Journal of the American Medical Association as one of the most valuable of our exchanges, and while we entertain for its venerable and distinguished editor, the profoundest respect, we do think that the editorial utterances of the Journal, coming as they do from the official organ, are calculated to embitter beyond reconciliation old members, who have become disaffected, and repel many on the outside, who would be its friends.



## PRESIDENT BRODIE'S ADDRESS.

The address of Dr. Wm. Brodie, President of the American Medical Association, was well received, and the Special Committee appointed to consider his recommendations reported as follows:

1. That in their opinion it is proper and desirable that this Association shall without delay memorialize Congress in behalf of the pending resolution to appoint a scientific commission of three members of the profession of medicine to visit the habitats of yellow fever in Cuba, Mexico and Brazil, with a view to determine the validity of the claims of Carmona and Freire to have discovered a means of preventing or modifying attacks of that disease.

2. That your committee are not agreed among themselves as to the suggested recession from the recommendation of the use of the metric system in medicine.

3. That they heartily approve of the suggestion of the President that the Association, having created a Section on Medical Jurisprudence, shall further establish a Section on Dermatology and Syphilis.

4. That they concur with the President as to the wisdom of the provision that the several sections shall elect their own officers from among the men of recognized authority and experience in the special work of each section, and they are further of the opinion that the efficiency of these sections will be enhanced by the continuance in office from year to year of the secretaries of said sections.

5. That they indorse the views of the President respecting the Journal of the Association and the exclusive proprietary interest of this Association in the papers and reports which are made part of its transactions.

6. That this Association should emphatically denounce the indorsement by certificate, advertisement, testimonial or indirect approval in any form of proprietary remedies and appliances, and should instruct the judicial council to take action in all such cases without formal presentation of charges that, in the words of the President, "the stigma of professional disgrace shall rest upon any regularly educated physician who allows his name to be advertised as the endorser of any patent, secret or proprietary medicine.

That it is desirable that the Association shall appoint a

committee at this meeting to consider the advisability of amending the organic law of the Association by the establishment of branches, or in whatever other way may be deemed best, and to report thereon at the next meeting of the Association.

8. That they earnestly re-echo the wish of the President that the members of the profession will cordially co-operate in the effort to make the American session of the International Congress creditable to the country and attractive and instructive to the foreign members, sacrificing their personal private piques and disappointments in generous emulation to contribute to the success which had been unconditionally pledged in the invitation tendered the foreign members of the Congress to meet in the United States.

The report was signed by Dr. A. L. Gihon, Dr. John H. Murphy and Dr. A. Garcelon, and, after some discussion, was adopted.

#### ORGANIZATION OF THE INTERNATIONAL CONGRESS.

The report of the Executive Committee of the Congress was presented to the Association at St. Louis and adopted unanimously. This action is entirely consistent with the past policy of the Association, but not as conciliatory as we had hoped toward the gentlemen who were elected by the original committee.

The Association has reaffirmed its decision that, in the distribution of the official honors of the International Congress, as in the conferring of its own, a fair sectional apportionment shall be made, regardless of some other considerations which we had thought of more importance. Another principle has been emphatically reaffirmed. The Association adheres unalterably to the Code of Ethics, and sanctions only those who do likewise. The line is drawn definitely, and those who do not keep on one side must stay on the other.

In these pages we have taken the ground that in the local organization of the Congress, the representatives of American medicine, those so considered at home and abroad,

should be designated for official preferment, provided that they are regular and reputable, regardless of State residence, Association membership or medico-ethical opinions. This is the view held by the majority of medical men, and the only one which accords with the spirit and purposes of the international body. However, the Association has decided all these questions and if we are to have a meeting of the Congress in this country, it must be organized in accordance with the plans of the present Executive Committee. We now feel that the members of the profession should acquiesce in the decision, and for the sake of our good name and our national pride, join as harmoniously as possible in promoting the success of the meeting at Washington, in 1887.

The following is the official organization, announced by the Executive Committee :

*President*—N. S. Davis, of Chicago.

*Vice-Presidents*—W. O. Baldwin, of Montgomery ; William Brodie, of Detroit ; W. W. Dawson, of Cincinnati ; E. M. Moore, of Rochester, N. Y. ; T. G. Richardson, of New Orleans ; L. A. Sayre, of New York ; J. M. Toner, of Washington ; President of the American Medical Association, Surgeon-General of the U. S. Navy, Supervising Surgeon-General of the Marine Hospital Service.

*Secretary General*—J. B. S. Hamilton, U. S. Marine Hospital Service.

*Treasurer*—E. S. F. Arnold, of New York.

*Chairman of Finance Committee*—F. S. Dennis, of N. Y.

#### CHAIRMEN OF SECTIONS.

*Medecine*—A. B. Arnold, Baltimore ; *Surgery*—William T. Briggs, Nashville ; *Military and Naval Surgery*—H. H. Smith, Philadelphia ; *Obstetrics*—Delaskie Miller, Chicago ; *Gynecology*—James H. Harrison, University of

Virginia; *Anatomy*—W. H. Pancoast, Philadelphia; *Physiology*—J. H. Callender, Nashville; *Pathology*—A. B. Palmer, Ann Arbor; *Diseases of Children*—J. Lewis Smith, New York; *Ophthalmology*—E. Williams, Cincinnati; *Otology*—S. J. Jones, Chicago; *Laryngology*—W. H. Daly, Pittsburg; *Dermatology and Syphilis*—A. R. Robinson, New York; *Hygiene*—Joseph Jones, New Orleans; *Collective Investigation, etc.*, A. L. Gihon, U. S. Navy; *Nervous Diseases*—John P. Gray, Utica; *Dental and Oral Surgery*—O. Taft, Cincinnati.

Louisiana has been especially favored in the organization of the Congress. Those who have been chosen are representative physicians and much respected. They are T. G. Richardson, Samuel Logan, Stanford E. Chaillé, Joseph Jones, H. D. Schmidt, Joseph Holt, of New Orleans, and J. W. Dupré, of Baton Rouge.

#### THE RUSH MONUMENT.

At the New Orleans meeting of the American Medical Association, a committee was instituted by the appointment of one member from each of the States, Territories and national medical services represented in the Association, charged with the duty of collecting funds, etc., for the erection in the city of Washington, by the medical profession of the United States, of a statue of Benjamin Rush. At St. Louis, the committee reported its organization—Chairman, Dr. A. L. Gihon; Secretary, Dr. George H. Rohe; Treasurer, Dr. J. M. Toner,—and made known its readiness to receive donations to the very worthy object in view. Very recently movements have been inaugurated for the erection in Washington of statues to Lafayette, Garfield, Grant, McClellan, Hancock, Shields, McDonough, Barry, Wesley and Peabody, and the time seems meet for medical men to pay honor to the memory of Benjamin Rush, the great physician and teacher of medicine, the philosopher, philanthropist and patriot.

In the years to come, side by side with the statues of our worthies of an earlier period, should be the memorial statues of Gross and Austin Flint.

#### OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION.

The report of the Committee on Nominations was adopted, and the following officers elected:

*President*—E. H. Gregory, St. Louis.

*Vice Presidents*—*First*, B. H. Miller, Stillwater, Minn.; *Second*, W. B. Welch, Arkansas; *Third*, Wm. H. Pancoast, Philadelphia; *Fourth*, Wm. C. Wile, Connecticut.

*Permanent Secretary*—Wm. B. Atkinson; *Assistant Secretary*—J. Nevins Hyde, Chicago; *Treasurer*—Richard J. Duglison, Philadelphia; *Librarian*—C. H. A. Kleinschmidt, Washington.

The officers of the sections were nominated by the sections, in accordance with the new regulation, and elected by the Association, as follows:

*Practice of Medicine*—J. S. Lynch, Baltimore, Chairman; J. B. Martin, St. Louis, Secretary.

*Obstetrics and Diseases of Women*—F. M. Johnson, Kansas City, Chairman; W. W. Jaggard, Chicago, Secretary.

*Surgery and Anatomy*—H. H. Mudd, St. Louis, Chairman; John B. Roberts, Philadelphia, Secretary—resigned.

*Ophthalmology, Otology and Laryngology*—X. C. Scott, Cleveland, Chairman; J. H. Thompson, Kansas City, Secretary.

*Diseases of Children*—Delaskie Miller, Chicago, Chairman; W. B. Lawrence, Batesville, Ark., Secretary.

*Oral and Dental Surgery*—John S. Marshall, Chicago, Chairman; E. S. Talbot, Chicago, Secretary.

*State Medicine*—Geo. H. Rohe, Baltimore, Chairman; W. Wyman, New York, Secretary.

The election of Dr. E. H. Gregory, as President, meets with general commendation. The doctor was recently President of the Missouri State Medical Society, and is

at the present time President of the St. Louis Medical Society.

*Chairman of the Committee of Arrangements*—Dr. Charles G. Smith, of Chicago.

The Association will hold the next annual meeting in Chicago, on the first Tuesday in June, 1887.

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### THE YELLOW FEVER COMMISSION.

On Thursday, April 29, 1886, Mr. Davis (M. D.), of Massachusetts, reported favourably from the sub-committee of the Committee on Commerce, to the House, sitting in Committee of the Whole, House Bill 5542, which provides for sending to Mexico, and if necessary to Brazil, Havana, and the Central American States, an expert commission to investigate the merits of the methods pursued by Drs. Freire and Carmona for the prevention of yellow fever by inoculation, and to obtain all other information relative to the disease, which may be acquired by experiment or otherwise. The bill further provides that \$30,000 shall be appropriated to defray the expenses of the commission, and the sum of \$5000 a piece as recompense to each member of the same.

A minority of the sub-committee composed of the Hon. Chas. P. Crisp, of Georgia, and the Hon. Andrew J. Caldwell, of Tennessee, refused to concur in the report.

Mr. Davis then advocated the bill in a really brilliant speech—brilliant with the most glittering of generalities. He urged that yellow fever is in all probability a germ disease (a probability universally admitted), that Drs. Freire and Carmona asserted that they had discovered this germ and had written more than one book (from which he quoted) to prove the truth of this assertion, that this assertion had been denied, but so at first had Pasteur's claim to the discovery of the silk-worm parasite, of the germ of anthrax, of a protective method against hydrophobia;

Koch's to the finding of the tubercle bacillus; Jenner's to a means of protecting against small-pox and Morton's to a means of producing temporary insensibility, and yet in the end had they all been established to the confusion of their opponents and the eternal glory of the discoverers. He showed that the American Public Health Association, the Congress of Representatives of State Boards of Health, the President of the Louisiana State Board of Health, Dr. Billings, of the Army, Dr. Gihon, of the Navy, Dr. Hamilton, of the Marine Hospital Service, Dr. Sternberg, of bacteriological fame, Dr. Toner, of Washington, all endorsed the bill, but he failed to show a single injustice done Drs. Freire and Carmona in our criticisms upon their work, or a single weak point in our argument, based upon those criticisms, against the commission bill.

Mr. Caldwell, on behalf of the minority, made an able reply, which we reproduce at another page. At the expiration of his time the Committee of the Whole rose, and the bill went back to its place on the House calendar with apparently but little chance of being taken up again during the present session. Later indications are, however, that Mr. Caldwell will withdraw his objections if the bill shall be so modified as to provide for a commission consisting of two members, one from the medical service of the navy and one from that of the army. This would entirely accord with the views put forward by us at the very beginning of this controversy. There can be no doubt that Congress should give some heed to the emphatically expressed wish of the majority of a learned and influential profession, but there can be as little doubt that it was right in refusing to conform to the full demands of that wish, even when so expressed. Dr. Billings, himself an advocate of the commission, said to the Senate committee that there was about an even chance that the commission must fail. This assuredly would not justify the expenditure of \$45,000 of public money upon the investigation, were it attainable by any less expensive means.

But we do not intend to go over an argument that can

do no further good. It would seem impossible to demonstrate to those who smile at the probity which refuses to ask from the public treasury even the poor sum of \$45,000 when the doubtful object for which it was to be expended might be accomplished without the outlay of a single cent; impossible to make clear to those who deem the expression of such a motive *prima facie* evidence of a hidden *animus*, the principle underlying our action in this matter. We are fully satisfied with the verdict rendered in our favour by the sturdy good sense of the House of Representatives of the United States, and by the fact that since we have last written upon this subject the London *Lancet*, whose well-weighed opinions constitute a justly high authority in our profession, agrees with us in every particular as to the nature of Freire's cryptococcus xanthogenicus, and the value of his method of vaccination with attenuated cultures of the same. In a review of "The Microbian Theory of Yellow Fever," etc., the *Lancet* says: "Dr. Freire claims to have discovered the cause of this terribly fatal disease, and to have established a means of preventive inoculation. The discovery requires, however, to be verified, and, if we may judge from the evidence in its support adduced in the pages of this work, we should fear that the verification will be lacking. For in spite of the numerous descriptions and frequent illustrations given, of the cryptococcus xanthogenicus, it is difficult to see in it any striking or distinctive characters. It is declared to occur in various stages of development, and to form cellular bodies containing pigment and spores, to multiply with great rapidity, and to be detected in large numbers in the blood and tissues, in the substance of organs, in the black vomit of the disease, in the bile and in the urine. In this ubiquity it may claim to rank higher than any known pathogenic organism. It is aerobic, and lives at the expense of the blood-globules and albuminoids of the body. Again, the cultures, which Dr. Freire produced in milk, broth, gelatine, potato, and earth, are described as forming black masses, which certainly have characters not resembling the cultivations of any other known microbe. Its inoculation into animals is followed by rapidly fatal results and a reproduction of the micro-organism in the animal's body; and it



is found in large amount in the hospital wards devoted to yellow fever cases and in the earth of the burying-grounds that receive the bodies of those who have died of the disease. All this and more is stated, so that the reader may be persuaded that the discovery is a reality; and yet there is, it seems to us, a lack of the precision of statement and clear definite enunciation of fact, which are so necessary in establishing the truth of a question of this kind. \* \* ”

There could be no more complete unanimity of opinion than exists between this and the editorial review contained in our January number.

We do, however, wish to express ourselves upon one matter which has recently been brought to our attention, in the strongest possible terms at our command. It has been insinuated that this whole series of editorials has been inspired, aye, produced by the member of the National Board of Health resident in New Orleans, Dr. Stanford E. Chaillé.

It is false. Freire's and Carmona's books were read, the editorials were written by members of our own staff, in our own office. At the time the earlier editorials of the series were written, we were as ignorant as indifferent to the opinions held by the National Board's resident member. The relations between ourselves and Dr. Chaillé are amicable, but nothing more. We have differed with him, we stand ready to differ with him again, whenever, in our opinion, it becomes proper to do so. Dr. Chaillé's own good sense has heretofore forbade, and we hope in the future will continue to forbid such difference of opinion to affect our personal relations.

The Editors of this journal are entirely free from all complicating connections with any clique. Their honesty and professional standing are unimpeachable. They, and they alone, desire and deserve any praise or blame which may accrue from the editorial utterances of this journal—the products of their unassisted pens. They acknowledge no bond save that given at the conclusion of a former editorial (vol. xiii., p. 728): “We pledge ourselves to our

subscribers now and forever, to speak the naked truth as we believe it, and to use all honourable efforts to make it prevail.”

We make this statement because we deem it due to our friends who live too remote to have any personal knowledge of us, feeling well assured that in our home there is not the man who would not recognize at sight the falsity and folly of the charge. Let this editorial then, evidently not the work of Dr. Chaillé, and bearing upon its face a strong enough family likeness to the others of the series, together with the above statement, so readily verified, disabuse the minds of our friends abroad of any suspicion implanted by an insinuation as mean as it is mendacious.

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#### AMERICAN SURGICAL ASSOCIATION.

The Seventh Annual Session of the Association was held at Washington, on April 28th, 29th, 30th and 1st of May.

The officers elected for the ensuing year are as follows :

*President*—Hunter McGuire, Richmond.

*Vice-Presidents*—T. F. Prewitt, St. Louis; J. W. Gouley, New York.

*Secretary*—J. R. Weist, Richmond, Ind.

*Recorder*—J. Ewing Mears, Philadelphia.

*Treasurer*—P. S. Connor, Cincinnati.

*Council*—Hunter McGuire, John S. Billings, L. McLane Tiffany, R. A. Kinloch, and Moses Gunn.

*Honorary Members*—*Foreign*, Sir William MacCormac; *American*, Prof. Henry J. Bigelow, of Boston.

The next meeting will be held at Washington, on the second Wednesday of May, 1887.

During this meeting, a plan was proposed for organizing a Congress of American Physicians and Surgeons, to be composed of the following named Associations: the American Surgical Association, the American Ophthalmological

Association, American Otological Association, American Neurological Association, American Laryngological Association, American Gynæcological Association, American Dermatological Association, American Climatological Association, and the American Clinical and Pathological Association.

Each Association will elect its own officers, hold separate sessions at the time and place of the general meeting, publish its own transactions, and, in other words, keep up its own organization.

The Congress, combining these special associations, will be presided over by a president, chosen by a nominating committee consisting of one member from each association. The Congress will be governed by constitution and by-laws, framed by a committee composed of an equal number from each association. A member of any one of the special associations will be entitled to membership in the Congress.

The objects of the several associations in their efforts to organize the Congress are their mutual and general benefit and the convenience of physicians, who may be members of two or more of these bodies, thus enabling them to save the time and expense of attending several meetings, in different places, during the year.

The following is the committee appointed from the American Surgical Association, to confer with similar committees from the several associations above mentioned, and prepare for the organization of a Congress of American Physicians and Surgeons: C. H. Mastin, Charles T. Parkes, J. Ford Thompson, J. Ewing Mears and N. Senn.

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### THE CHOLERA.

With the beginning of warm weather, cholera has again appeared in Europe. At present, with one exception, Trieste, Austria, it is confined to Italy, but a reference to the map will show that the scourge is quite widely distributed throughout this latter kingdom. For instance it has

appeared in the towns of Brindisi, Bari and Lecce of the southern province of Apulia, and the towns of Venice and Vicenza of the northern province of Venetia.

A rough calculation from telegrams to the daily papers places the aggregate number of cases at 203 with 86 deaths. The towns suffering the most appear to be Brindisi and Venice. Unless our preconceived ideas of the Italian's appreciation of hygienic regulations are wrong, we may look for a steady increase and spread of this dreadful disease.

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ABSTRACTS    EXTRACTS    AND    ANNOTATIONS.  
MEDICINE.

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FILARIA SANGUINIS HOMINIS IN THE UNITED STATES.

In the *Philadelphia Medical News* Dr. John Guitéras treats of several cases of filaria sanguinis hominis, which have come under his observation in the United States, and briefly describes the anatomy, natural history and pathological relations of this species of filaria.

The first case he saw in Key West, Fla., his attention having been called to the subject by Dr. Carlos Finlay, of Havana. He subsequently discovered the parasite in three other cases in Key West, but he had no proof that the patients had become infected at that place. On the contrary, it was quite evident that the patients, all Cubans, had contracted the disease in their native country. Although Dr. Guitéras failed to find the parasite in a patient who had never been outside the island (Key West), still he believes that that locality presents all the conditions favorable to the importation and residence of the parasite.

While in Charleston Dr. Guitéras learned that chyluria and elephantiasis were not rare in that city, that mosquitoes were very plentiful during the Summer and Fall, and that cistern water was in general use, and that no filters were used. He examined several cases for filaria, but without success; finally, he was requested by Dr. J. J. Edwards to examine with him a patient suffering from chyluria, and who was suspected to be the subject of filaria disease. An

examination of the blood removed all doubts. In a single drop of it, taken from the finger after night, three embryo filariæ were found in active motion. The patient is a mulatto woman and a native of Charleston, she has never been outside the city, except during five years that she resided in Augusta, Ga. It cannot be positively determined in which of the two places she contracted the disease. The fact remains, however, that some portion of the sub-tropical belt of North America is a habitat for the *filaria sanguinis hominis*, since within its area the nematode has been known to complete the cycle of its development.

Very little interest has been taken in this country in the subject of filaria. Much confusion prevails concerning its anatomy and natural history. The embryo of the filaria is very generally supposed to be the adult worm, and it is not sufficiently understood that the filariæ constitute a genus, which is made up of several species that inhabit divers tissues in a number of animals.

The genus filaria belongs to the order of nematodes in the class of nematelmintes or thread-worms, which is a division of the branch of the animal kingdom called vermes. Of the tissues and organs of divers animals infested by the several species of filaria, should be mentioned, the eye, the tissues of the orbit, of the lip, the subcutaneous tissue, the blood-stream, the lymphatic vessels, etc.

The adult female inhabits one of the lymphatics of man, where she is probably always associated with the male worm, which is smaller in size. The female "is a long, slender, hair-like animal, quite three inches in length, but only 1-100th of an inch in breadth, of an opaline appearance, looking, as it lies in the tissues, like a delicate thread of catgut animated and wriggling." The embryo worms of this viviparous animal are thrown out by the mother into the lymphatic circulation, and they are carried with the current through the glands to the blood-stream. Here they circulate freely with the blood. Under ordinary circumstances the capillaries are not obstructed because the diameter of the embryo does not exceed that of the corpuscular elements of the lymph and blood. As found in these fluids, the nematode embryo, when examined with the microscope, "is seen to be a long, slender, snake-like, gracefully shaped animal, possessed of an activity so great that until paralyzed by approaching death, or inspissation of the medium it lies in, measurements and observations

of structure can hardly be made. It measures about 1-90th of an inch by 1-3500th of an inch, is perfectly transparent, and apparently structureless. The anterior part of the body tapers slightly, and at its extremity a pouting movement, as if of breathing, is to be detected. Posteriorly the body gradually tapers down to a fine point, the extreme end of which, in most specimens, has the look of being articulated, for this part does not always harmonize with the general curve of the body, but seems bent at an angle." (Manson.)

A drop of blood from the finger suffices for the exploration. Guitéras always uses a low power, an 8-10 inch objective, to find the parasite. The details given above, and a few others, can be made out with a 1-5th inch lens.

If repeated examinations of the blood are made, it will be found that the number of embryos is subject to diurnal changes, which consist in this, that they are absent during the day, and that towards 7, P. M., they begin to make their appearance. Guitéras has generally failed to find any embryos in examinations made before 8:30, P. M. Dr. Stephen MacKenzie has discovered that this periodicity may be reversed by transferring the hours of sleep to the day time.

The manifestation of filaria disease may all be included under the head of disturbances of the lymphatic circulation. That these disturbances are caused by the filaria is made probable by facts which are presented by Manson in the following language: "If in a country in which the filaria is endemic (as, for example, South China), the blood, say of 1000 natives selected indiscriminately, is examined some time between sunset and sunrise, in about 100 the filaria sanguinis hominis will be discovered. If the history of these filaria-infested individuals is inquired into, it will be found that a considerable proportion of them enjoy good health; others suffer from frequent attacks of fever, characterized by well-marked stages of rigor, pyrexia and diaphoresis, resembling in this respect intermittent fever, but differing in the irregularity and length of the interval—often weeks and months—between the attacks, and also in the greater length of the paroxysms; some in addition to the history of fever give a story of lymphangitis, and may exhibit varicose glands, which they say inflame during the attacks; others have lymph scrotum; some have elephantiasis of the scrotum or leg, or

both; others lymph scrotum combined with elephantiasis of scrotum or leg; one or two may have chyluria, and possibly there may be a case in which two or more of these conditions may be combined. If the 900 in whose blood no filaria were found are examined, there very probably will not be one, or, at all events, very many examples of lymph scrotum, varicose groin glands, or chyluria. There is strong presumption, therefore, that these diseases and the filaria are somehow connected."

It will be observed at once that all the above pathological manifestations are evidences of lymphatic obstruction. This will be found to contradict the statement that the embryo is capable of freely traversing the capillaries and the lymph channels of the glands.

It remains to speak of the manner of growth and development of this parasite. Like other nematodes, e. g., the trichina, this one requires an intermediary host to complete its life-cycle. In the case of the filaria, it is the mosquito that performs this important function. The blood of some species of this insect, is found to contain a large proportion of embryos. These seem to get entangled in the proboscis of the culex. Within the body of the mosquito the embryo develops and undergoes changes which, upon the death of the host, enable the worm to live an independent existence. The semi-developed form is either discharged by the mosquito with her eggs into the water, or it frees itself by boring through the carcass of the host, which often falls into the water where the eggs were laid. The subsequent steps, though not positively demonstrated, appear to be obvious, namely, the easy access in the water to the human stomach, and the final lodgment in some lymphatic vessel.

The prophylaxis of these diseases is based upon this knowledge. All cisterns should be screened in order to prevent the access of the mosquito, or, what is better still, no rain water should be used for drinking purposes, without having been previously filtered.

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## SURGERY.

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### ABORTIVE TREATMENT OF GONORRHŒA.

Dr. S. O. Vander Poel, Jr., has been making some experiments of this nature at the Charity Hospital, N. Y.

All experiments were conducted with the assistance of

the microscope so as to exclude any simple urethritis due to acid vaginal discharges, leucorrhœa, etc.

Hot water, though very soothing, acted only mechanically and as soon as stopped was followed by rapid reappearance of the gonococcus. He had one patient use eight quarts at one sitting, but the urine first passed thereafter showed great abundance of pus cells.

The use of the short catheter in introducing fluids into the urethra has been abandoned in favor of the blunt nozzle on account of the pain occasioned by the former.

A saturated solution of boric acid in cold water was more soothing than hot water, but otherwise was useless. Moreover, cystitis and epididymitis are more apt to occur during the use of non- or feebly-antiseptic substances.

Iodoform in form of ointment with cold cream, 1 to 6 or 8, and forced through a blunt glass nozzle as painters force pigments from tubes, was used, but only with the result of quieting frequent micturition and itching. Among other drugs used with similar indifferent success were acetate and sulphate of zinc, sulphate of lead, carbolic acid, salicylic acid, peroxide of hydrogen, tannic acid, nitrate of silver and bichloride of mercury. The bichloride even as dilute as 1 to 8000 or 10,000 produced such inflammatory results that it had to be discontinued, and followed by boric acid solution. Still the discharge would decrease and the gonococcus disappear, but the latter would reappear after a few days, when the drug was omitted. Podras' present plan with this salt is to begin with a 1 to 20,000 solution and continue it just so long as the urethra would tolerate it and then to use the ordinary astringent measures. Under this plan the average time to effect a cure is three weeks. Koch's experiments showed that though the bichloride was the best germicide to use, it was necessary to use it as strong as 1 to 20,000 and this is too strong to be borne long by the urethra. Again, the germ is propagated in the mucous membrane and not in the canal, so that the solution cannot destroy any save those germs which have entered the canal, for it cannot be used long enough.

From these considerations he has developed the following treatment: With an ordinary fountain syringe elevated a sufficient height to carry the fluid well down into the urethra and then out alongside the nozzle at the meatus, the patient is made to irrigate his urethra three or four times daily with three or four quarts of a 1 to 40,000 solu-



tion of bichloride of mercury. Some can stand as high a solution as 1 to 20,000, but it is well to commence with the strength mentioned, and if this causes pain, either to discontinue it or substitute a weaker one, say 1 to 60,000. After the germs have disappeared, it is well to use the irrigation three or four days longer, and if the discharge still continues, to employ in its place a mild astringent with an ordinary syringe. A very good one is nitrate of silver gr.  $\frac{1}{4}$  to  $\frac{5}{16}$ . Even in effusions into joints due to gonorrhœal rheumatism, after aspiration this solution of a strength 1 to 20,000 is used as an injection. When from the same poison there is diffused inflammation of the fibrous tissues surrounding a joint, deep hypodermatic injections of a 1 to 10,000 solution down to the bone will often relieve pain almost immediately and result in cure. Its use may be preceded by cocaine if desired.

Gleet ordinarily treated by sounds should be first examined for the gonococcus, and if this germ is found the bichloride solution should be used. In such cases as these the sound results in great aggravation of the trouble.—*New York Medical Record.*

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## OBSTETRICS, GYNÆCOLOGY, ETC.

### SYNCOPE OR ANÆMIA OF THE BRAIN A CAUSE OF ASPHYXIA NEONATORUM; ITS TREATMENT.

Dr. George H. Noble, of Atlanta, in an article in the *American Journal of Obstetrics*, for April, with the above title, lays great stress on anæmia of the brain as a cause of asphyxia of the newborn, and relates two interesting cases in support of his theory. In each case every method known to him was used without effect, when, thinking the trouble might be due to anæmia of the brain, the children were held head downward by the feet, with the result of starting the respiration, which stopped as soon as the head was raised to commence again on repeating the procedure.

Dr. Noble claims the following advantages for his treatment:

1. It enables you to employ any other method in connection with it.
2. It is totally void of violence—a matter well worthy of consideration. The last edition of Barnes' "System of Obstetrics" says: "We often do harm, and doubtless many would live if left to themselves. Violent or pro-

longed artificial respiration works much detriment, and may even fan out the last spark of life."

3. It induces the escape of such fluids as may be left in the air passages—a matter of prime importance, especially in cases of intra-uterine respiration.

4. Where there is a circulation of blood through the foramen ovale, it substitutes the purer blood of the vena cava ascendens for the venous blood of the vena cava descendens.

5. It gravitates the blood to the lungs, which, there distending the blood-vessels, causes additional stimulus to respiration.

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TREATMENT OF CANCERS OF UTERUS WHEN TOO LATE FOR OPERATIVE PROCEDURE.

Mme. Gaches Sarrante, M. D., in the *Nouvelles Archives d'Obstétrique et de Gynécologie* for March, recommends the following treatment as practiced in the service of M. Siredey, at the hospital "Lariboisière."

First, the sloughs should be thoroughly washed away with some antiseptic fluid, such as "liqueur de Van Swieten," diluted with three times its bulk of tepid water. Two or three quarts should be used with a fountain syringe. After this any loose sloughs are picked away, after exposing the tumour with a speculum, and disks of absorbent cotton soaked in a 4 per cent. solution of chloral hydrate, and dusted over with iodoform, are spread over the tumour, or in the cavity if one has been formed. This treatment is applied three times a week. After eight months trial the following satisfactory results were obtained:

1. Locally: the surface, which is formed at the beginning with putrid secretions and gangrenous tissue which it was impossible to detach, becomes clean after a few applications of iodoform, and has the appearance of an ordinary granulating wound, rosy coloured and clean. It is more and more favourably modified as the treatment progresses.

2. From the beginning, we have a complete cessation of pain, opiates being no longer necessary.

3. The treatment absolutely arrests all hemorrhages. Watery discharges, it is true, continue, but diminish notably, and become thinner and less coloured.

4. Finally, the general health becomes better, strength and appetite return, and the cachectic appearance disappears.

What effect this treatment has on the prolongation of life, cannot as yet be ascertained, but it, at least, allows these unfortunate persons to pass their remaining days in comfort, and they are no longer an object of disgust to those who surround them.

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## OPHTHALMOLOGY.

### REMOVAL OF A FOREIGN BODY BY SUCTION.

A friend applied for relief the other day with "something in his eye," which amateur efforts had failed to find or remove. Reflected light showed a foreign body on the cornea, and a magnifying glass revealed the fact that a splinter of steel had penetrated the conjunctiva obliquely and was entirely covered. Attempts to remove it with spud were unsuccessful, and there was danger of perforating the cornea; but while applying solution of cocaine with dropping-tube the idea of *suction* was suggested, and covering the wound with mouth of dropping-tube, and with a gentle reverse motion of the bulb, I was happily successful in the first effort.—Dr. Curran, in *Southern California Practitioner* for May.

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### PELLETIERIN IN PRIMARY PARALYSIS OF THE EXTRINSIC OCULAR MUSCLES.

Galezowski, in the *Recueil d'Ophthalmologie*, states that he has had great success in the treatment of cases of primary paralysis of the *extrinsic* ocular muscles with hydrobromate of pelletierin. The salt in the form of a simple liquid containing crystals easily visible to the naked eye, is dissolved in water in the proportion of 1 in 120 grammes, and administered in doses of one teaspoonful four times daily. Improvement is usually rapid, but complete cure is usually delayed for two or three months or more. G. narrates seven cases. The whole article is one of exceptional interest.

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### A LARGE SPLINTER IN THE ORBIT.

In the *Maryland Medical Journal*, Dr. Hiram Woods reports the case of W. H., Jr., aet. 12, who was brought to him on account of "an abscess in his lower lid." Six weeks before, while the boy was looking up, he had been forcibly struck in the face by a shingle. From the day of the accident a small wound, just below external orbital angle, had

remained open. About two weeks before Dr. Woods saw the boy, there had been pain and poultices were applied. There was free discharge of pus from the original wound and a small opening lower down and nearer the centre of the lid. Under ethyl bromide a probe passed into the original wound discovered a foreign body and a splinter a little over one inch long and one-fourth of an inch thick was removed.

A week later a second splinter, one-third of an inch long and as thick as the end of a lead pencil, was found and removed. Perfect recovery followed.

The moral is obvious: *always probe such wounds carefully.* The caution, *never apply a poultice to the eye* unless you wish to hasten the destruction of the organ by a suppurative process already begun, is also, perhaps, not out of place.

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#### GLAUCOMA FOLLOWING THE INSTILLATION OF COCAINE.

M. Javal, at a recent meeting of the Academy of Sciences, stated that he has twice observed a half milligramme of cocaine produce obscurity of vision; also rendering extremely hard an eye with a glaucoma at the onset. This effect has also been observed in Germany.—*British Medical Journal*, May 1, 1886. See this JOURNAL, March, 1886, p. 738.

These are most important observations. Although the prime effect of cocaine is to reduce markedly the intraocular tension, we can readily understand how it may, by reason of its mydriatic action, precipitate an attack of glaucoma in a predisposed eye.

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## REVIEWS AND BOOK-NOTICES.

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*A Manual of Diseases of the Skin:* By Balmanno Squire, M. B., Lond., Surgeon to the British Hospital for Diseases of the Skin, London, Eng. Chicago: A. N. Marquis & Co., 1886. 16 mo., cloth, pp. 194, \$1.00.

This little book by a well-known authority on skin diseases is well written, and though incomplete in some respects, will prove useful to the student in enabling him to get a comprehensive view of the subject.

*Local Anæsthesia in General Medicine and Surgery:*

Being the practical application of the author's recent discoveries. By J. Leonard Corning, New York. D. Appleton & Co., 1886. 8 vo. cloth, pp. 100. [New Orleans, Armand Hawkins, 196½ Canal Street.]

This book is divided into two parts: Part I, Historical and Preliminary; and Part II, the Author's Method of Local Anæsthetization. Since the positive demonstration by Köller, in 1884, of the local anæsthetic power of cocaine, probably few drugs have been more used than this alkaloid. A good article has rarely, if ever, failed to produce a greater or less degree of anæsthesia in the part to which it has been applied. While few have had such unsatisfactory results with it as to make them discard it altogether, most of us, who have used it, have had reason to complain of two things, first, that it did not answer well for incision deeper than the skin, and second, that the area of its influence was not sufficiently great, unless so much was injected as to make its constitutional effects dangerous. In the method of Dr. Corning, so well substantiated by his experiments, we have at last at our command the means of overcoming the objections just mentioned. Too much praise, we think, cannot be bestowed upon Dr. Corning for the admirable method he has discovered, or for the interesting presentation, in this book, of all the evidence in its support. Like Köller, in arriving at the demonstration of the local anæsthetic effects of cocaine, Dr. Corning did not by accident stumble upon this method of producing anæsthesia, but reasoning from observations made by all of us, who have used cocaine, he came to the conclusion that the drug was distributed through the tissue by means of the capillary circulation and, brought thus into contact with the sensory filaments, set up in them certain changes of sufficient magnitude to cause interference with nerve conduction. Still further, observing that the anæsthesia lasted only a limited time, he looked to the circulation for an explanation of *this* phenomenon also. He at once instituted some experiments which demonstrated conclusively the correctness of this *a priori* reasoning. These two points then being established, first that the capillaries distribute the cocaine through the area where anæsthesia is desired, and second, that the drug is gradually washed out by the same means, he was ready to perfect his method for not only producing, but for prolonging indefinitely, the anæsthetic effect. His method, thoroughly

scientific and reasonable in theory, has answered admirably in practice. It is as follows: Map out the superficial veins with an aniline pencil; apply Esmarch's bandage *up* to the region to be anæsthetized; now make the injections rapidly throughout the proposed area; after waiting a few minutes apply a tourniquet *above* the zone to be cocainized; lastly, when the anæsthesia is judged to be complete, remove the Esmarch *below*, leaving the tourniquet *above* until the operation has been completed. The application of the bandage first exsanguinates up to the area to be cocainized, the blood distributes the drug, and the tourniquet afterwards put on incarcerates it in the part to which it has been applied. For regions where no Esmarch can be applied, he has devised special apparatus for effecting the retention of the drug. We cannot here do more than call attention to the method; we would beg our readers who are interested in the subject to get the book of Dr. Corning and read the evidence, which we think affords a complete demonstration of the superiority of his plan. Two points have especially impressed us. The plan of Dr. Corning makes a very weak solution thoroughly efficient by retaining it for a length of time, and the anæsthesia, *owing* to this prolonged contact with the nerves, is very much prolonged. Again, by using these weak injections dangerous constitutional effects are much less likely to occur, especially if the tourniquet is very gradually removed, thus letting the poison slowly into the general circulation. We think the discovery of Dr. Corning opens up a new era in cocainization, since it makes much larger and longer operations possible without a general anæsthetic. F. W. P.

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### NOTES AND QUERIES.

Dr. E. H. Smith writes to ask us: 1. For a formula for a 4 per cent. of cocaine hydrochlorate which will not deteriorate. 2. Something of its physiological effects.

1. Philipsen (see this journal March, 1886, p. 740) says that the addition of corrosive sublimate in the proportion of 1-5000 to solutions of the alkaloids, will preserve them for months. Dissolving the cocaine in camphor water, or adding boracic acid in the proportion of 5 or 8 grains to the ounce of the solution is said to answer the same purpose,

A convenient formula for Philippsen's solution would be :

Ry. Cocaine hydrochlor.....gr. ix.  
Hydr. bichlor.....gr. 1-20.  
Water.....ʒss.

M. Ft. Sol.

2. A clear account of the toxic symptoms of cocaine hydrochlorate is contained in the report of Dr. Bemiss' case of cystitis (this number) and in two abstracts published in the April (1886) number, pp. 815 and 816.

Our department of Publications Received for the past two years (1884-5-6) contains many references to monographs on the subject, which may be obtained by sending a stamp to the author.

Dr. H. Knapp's little book published by G. P. Putman's Sons, 182 5th Ave., N. Y., and Corning's book, reviewed in this number, are the most complete treatises on cocaine hydrochlorate.

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## PERSONAL.

Dr. J. S. BRANCH, formerly of Evergreen, La., has removed to Lake Charles, where he will henceforward practise his profession.

We had the pleasure of seeing Dr. GEO. H. ROHE, of Baltimore, in the city last month. The doctor was looking bright and well, and had found many of his old New Orleans friends, who were glad to welcome him back.

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## MARRIAGES.

Dr. S. R. GAY and Miss Aggie Whitworth were married at Jeannerette, La., April 29, 1886.

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## Deaths.

Dr. R. R. ROBERSON, a member of the North Carolina Medical Society, died at his home at Kyles' Landing, N. C., in April.

Dr. J. H. SCARBOROUGH, of Trenton, N. C., died suddenly, March 20, 1886. Dr. Scarborough was, says the North Carolina Medical Journal, a young physician much esteemed by the citizens of his county, notably for his conduct during the outbreak of small-pox in Trenton. He was a licentiate of the Board of Examiners, and a member of the Medical Society of North Carolina.

Dr. JOSEPH H. NUTTHALL, formerly of Natchez, Tenn., died in St. Louis, Mo., in which city he has lived and practised since 1879, April 20, 1886.

Dr. WILLIAM EDWARD SAUNDERS died from acute Bright's disease, at his home in Sherman, Texas, January 14th, 1885. Dr. Saunders was 56 years of age, and had long been a notable figure among the medical men of his State.

Dr. JOSEPH W. THOMSON, of Paducah, Ky., born in Graves County, Ky., June 27, 1838, died at Citronelle, Ala., March 30, 1886.

Dr. CHAS. UPHAM SHEPHARD died at his home in Charleston, S. C., during the past month. He was well known in scientific circles, being a member of a large number of American and foreign scientific societies.

DIED, at her home at Ridge Spring, S. C., on the 5th day of May, SARAH E. DuBOSE, wife of Dr. I. B. DuBose.

The death of Dr. GEO. C. CATLETT, of St. Louis, well known as a writer upon diseases of the nervous system, is announced in the *Weekly Medical Review* for May 22.

CHARLOTTE HARMON KENNEDY, widow of the late Dr. Wm. E. Kennedy, and mother of Dr. Thos. S. Kennedy, died at her home in this city, aged 70 years. We desire to express to Dr. Kennedy our sincere sympathy.—*Leider, wir können nicht mehr!*

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## MEDICAL NEWS AND MISCELLANY.

THE BOARD OF DIRECTORS of the Alexandria Charity Hospital met May 7th, and extended an invitation to Representative Robert P. Hunter to accompany them in a body, which was accepted, and all went down to the hospital grounds where they found the building rapidly progressing. It is quite an ornament to that portion of the city, being two stories high with mansard roof and built upon the latest style of architecture. The board and Mr. Hunter expressed their views fully to each other as to what was and would be required to carry out the plan, and concluded that if they can realize the face value of their State warrants they will have sufficient means to complete the building; that it will



require \$2000 to furnish the same and an annual appropriation of \$5000 to defray the current expenses. The President, M. C. Mosely, and Mr. Hunter expressed themselves well pleased with the building and its future prospects.

THE MISSISSIPPI STATE PHARMACEUTICAL ASSOCIATION met at Jackson, May 18, with Dr. Byron Lemley in the chair and J. B. Dudley Secretary pro tem. The officers elected for the ensuing year are Dr. Byron Lemley, of Jackson, President; Dr. L. Holt, of Terry, vice-President; H. T. West, of Natchez, Secretary, and J. B. Dudley, of Utica, Treasurer. Among other things the Association passed a resolution relative to adopting measures to secure the passage of a law during the session of the next Legislature, regulating the practice of pharmacy. It also appointed a committee to confer with the State Medical Association in order to assist in the passage of such a law. Jackson was chosen as the permanent place of meeting.

A DALLAS, TEXAS, dispatch (May 17), says: A cow in the yard of Mr. Hayden, of this county, upset a hive of honey bees, and two of his children, aged three and five, were playing near by. The bees attacked them furiously, and before they were beaten off, stung the children to death.

THE NASHVILLE ACADEMY OF MEDICINE AND SURGERY is the title of a new Medical Society, recently organized in Nashville, Tenn.

ORLEANS PARISH MEDICAL SOCIETY.—On April 5, 1886, the following officers were elected:

President, Dr. Felix Formento; Vice-Presidents: 2d and 5th districts, Dr. G. B. Lawrason; 1st and 3d districts, Dr. P. E. Archinrd; 4th, 6th, and 7th districts, Dr. L. C. Tebo; Recording Secretary and Treasurer, Dr. E. W. Jones; Corresponding Secretary and Librarian, Dr. S. S. Herrick.

THERE are two mistakes in our prospectus which we wish to correct. The name of our North Carolina contributor should be Dr. HENRY T. BAHNSON. With the coming volume the Journal enters upon its *third*, not its fourth year under the new management.

ALABAMA is to have a medical Journal. The Alabama Medical Journal, published at Birmingham, edited by the Drs. DAVIS. We shall be glad to "put it on the list."

THE BOARD OF HEALTH OF NORTH CAROLINA, has begun the publication of a "Health Bulletin" like that published by the Tennessee Board.

THE TEXAS STATE MEDICAL SOCIETY concluded its Annual Meeting, at Dallas, May 29. We understand that the session was largely attended and very successful in every way.

THE STATE BOARD OF HEALTH OF MISSISSIPPI met in annual session at Jackson, April 20, there being a full attendance. Dr. B. F. Kitterell, of Carrollton, President, and Dr. Kells, of Jackson, acting as Secretary. An invitation was read and accepted from the National Sanitary Convention inviting the board to send a representative to the National Convention to assemble at Philadelphia in May. Dr. W. F. Hyre, of Holly Springs, was chosen as the delegate. All steps thought proper by the board for the preservation and maintenance of a proper sanitary condition of the State were taken. Special appropriations were set apart for the sea coast, in order to allow the towns to maintain a proper and adequate quarantine when necessary. This board consists of fifteen members, and has an ample appropriation at its command. County health officers were appointed.

WE acknowledge the receipt of the excellent address of H. A. Cottell, M. D., of Louisville, before the graduating class of the Medical Department of the University of Louisville. It is a masterly essay on "Esthetics of Medicine," and would help every young man of medicine to "await the tedious coming of business with chastened patience and hungry solicitude."

DR. C. B. LANNEAU, of Charleston, S. C., in a recent letter to us says: I had a labor case last month in which neither ergot nor quinine in large doses produced a single pain. A young primipara. Slow labor until head was in vagina, then all pain ceasing, tried both remedies above mentioned, with complete failure. Resorted to forceps. I can only remember one other case where ergot failed totally. Quinine acted like magic in that one.

THE Eighth Annual Congress of the American Laryngological Association was held in hall of the College of Physicians and Surgeons, Philadelphia, May 27, 28 and 29 ult.

MORTUARY REPORT OF NEW ORLEANS  
FOR APRIL, 1886.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial.....	7	2	3	6	8	1	9
“ Congestive.....	2	3	2	3	2	3	5
“ Continued.....		1		1		1	1
“ Intermittent.....							
“ Remittent.....	3		3		2	1	3
“ Catarrhal.....							
“ Typhoid.....							
“ Puerperal.....	1	1		2	2		2
Fever Typhus.....							
Fever Enteric.....							
Scarlatina.....							
Small-pox.....							
Measles.....							
Diphtheria.....	8		6	2	1	7	8
Whooping Cough.....	3		1	2		3	3
Meningitis.....	9	2	5	6	5	6	11
Pneumonia.....	25	24	29	20	23	26	49
Bronchitis.....	5	9	9	5	5	9	14
Consumption.....	42	31	37	36	71	2	73
Congestion of Brain.....	7	4	8	3	6	5	11
Diarrhœa.....	1			1	1		1
Cholera Infantum.....	4	1	4	1		5	5
Dysentery.....	2	1	3		2	1	3
Debility, General.....	2		1	1	2		2
“ Senile.....	15	15	8	22	30		30
“ Infantile.....	8	8	12	4		16	16
All other Causes.....	149	84	124	109	151	82	233
TOTAL,	293	186	255	224	311	168	479

Still Born Children—White, 21; Colored 7; Total 28.  
Population of City.—White, 173,500  
“ “ Colored, 64,500

Total, 238,000

Death rate per 1000 per annum for month.—White, 20.26.  
“ “ “ “ “ “ Colored, 34.88.  
“ “ “ “ “ “ Total, 24.15.

W. H. WATKINS, M. D.,

Sanitary Inspector

We find it impossible to obtain the meteorological table for any given month until some few days after the first of the following month. Rather than delay our JOURNAL we have, therefore, decided to publish the said report one month later.

METEOROLOGICAL SUMMARY—APRIL.

STATION—NEW ORLEANS.

DATE						GENERAL ITEMS.
	Daily Mean Barometer.	Daily Mean Tempert'e.	Daily Max. Temperat'e.	Daily Min. Tempert'e.	Daily Rain fall, inches.	
1	30.116	61.6	74.8	48.9	....	Highest Barometer, 30.219. 7th and 8th.
2	30.053	63.2	74.8	55.7	....	Lowest Barometer, 29.650. 28th.
3	29.933	66.2	75.1	59.3	....	Monthly Range of Barometer, .614
4	29.853	65.3	67.0	61.9	1.78	Highest Temperature, 85.5. 22d.
5	30.051	47.6	64.7	43.5	.11	Lowest Temperature, 41.0. 6th.
6	30.157	49.2	58.1	41.0	....	Monthly Range of Temperature, 44.5
7	30.165	54.3	66.3	44.0	....	Greatest daily range of Tempert'e, 25.9
8	30.175	57.2	68.8	48.8	....	Least daily range of Temperature, 5.1
9	30.125	60.7	68.7	51.0	....	Mean daily range of Temperature, 16.3
10	30.049	60.0	62.9	56.0	.64	Mean Daily Dew-point, 56.4
11	30.015	63.9	74.8	55.9	....	Mean Daily Relative Humidity, 75.7
12	30.018	65.9	74.6	62.4	....	Prevailing Direction of Wind, S. E.
13	29.990	66.9	75.0	58.9	....	Total Movement of Wind, 6,045 miles
14	29.977	66.0	70.6	62.8	....	Highest Velocity of wind and direction,
15	29.925	67.2	76.1	60.7	....	29—N. E.
16	29.964	67.1	75.0	62.8	.31	No. of clear days, 10.
17	29.972	66.1	73.2	62.2	....	No. of fair days, 14.
18	29.988	63.6	69.0	57.8	.03	No. of cloudy days, 6.
19	30.098	67.3	73.0	60.9	....	Dates of Thunderstorms, 3, 4, 16, 27, 28.
20	30.105	69.4	78.5	63.3	....	
21	30.049	72.4	83.7	62.8	....	
22	30.054	73.1	85.5	63.3	....	COMPARATIVE MEAN TEMPERATURE.
23	30.066	70.8	82.9	60.8	....	1873.....67.0   1880.....71.2
24	30.022	60.3	79.4	60.9	....	1874.....65.6   1881.....67.2
25	29.938	70.3	79.4	63.7	.01	1875.....65.3   1882.....72.5
26	29.865	73.3	80.3	64.9	....	1876.....67.1   1883.....71.4
27	29.794	69.7	76.4	61.5	1.12	1877.....68.6   1884.....68.2
28	29.650	73.7	84.0	61.7	1.60	1878.....67.4   1885.....70.5
29	29.832	73.5	84.5	65.7	....	1879.....67.9   1886.....65.6
30	29.909	72.4	80.9	66.4	....	
31	.....	.....	.....	.....	....	
Sums	.....	.....	.....	.....	5.60	1873..... 1.74   1880..... 6.88
Means	29.997	65.6	.....	.....	.....	1874.....13.62   1881..... 3.92
						1875..... 8.05   1882..... 4.83
						1876..... 6.41   1883.....14.20
						1877..... 4.79   1884..... 6.48
						1878..... 1.51   1885..... 3.67
						1879..... 9.17   1886..... 5.60
						COMPARATIVE PRECIPITATIONS. (Inches and Hundredths.)

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