

Dr John N Mackenzie
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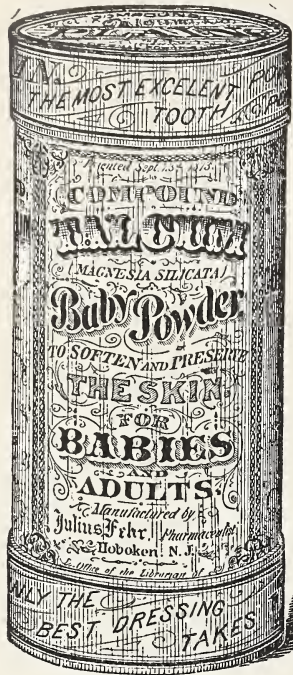
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MARYLAND MEDICAL JOURNAL

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VOL. XXXVI.—No. 2. BALTIMORE, OCTOBER 24, 1896. WHOLE No. 813

Original Articles.

THE APPENDICITIS CRAZE AND THE GRAPE CURE.

By *Irving C. Rosse, M. D.*,
Washington, D. C.

AUTUMN again and with it have come back from sea-side and mountain resort fresh faces that sun and wind have blowed with health. From the physician's view-point such reconstructed individuals stand in striking contrast to the second siftings or randan class of patients so familiar to many of us at this season.

An instance of the class, a clergyman who officiates for a wealthy and fashionable parish, on being recommended by me to try the grape cure, said that in no circumstances could he or his family be induced to eat grapes, so deadly afraid were they of appendicitis. If the reverend gentleman's theology be as faulty as his scientific views, what a dark outlook for the successful repose of the souls of the congregation intrusted to his care.

Nor is it surprising that the influence and guidance of such persons does not prevent members of the flock from going over to the folds of "metaphysical healing" or to the water-cure fad of the Wörishofen priest. It is, however, but fair to say that such deception of eye and mind is not confined to the world outside of medicine. How many of us can recall useless operations for oöphorectomy; and in many cases of fatal appendicitis it is indeed a mooted question whether the patient died as a

result of the operation or in spite of the operation.

As a matter of fact, there is no evidence to show that grapes have anything to do with causing appendicitis. On the contrary, a grape diet is one of the best prophylactics and correctives of the diathesis causing that form of phosphatic deposit in the vermiform appendix erroneously thought to be a grape seed. Late hospital records of nearly a thousand necropsies, in which the appendix was examined, fail to show the presence of a grape seed. Dr. J. B. Thornton of Boston, reporting a case of bowel obstruction where he removed about a quart of grape seed, says, "It is interesting to note how calmly the appendix allowed this mass to sail by its portal without interference." (*Boston Medical and Surgical Journal*, October 1, 1896, page 339.)

During a considerable residence in California and in Southern Europe, where grapes are used extensively both as food and medicine, I never heard of a case of appendicitis.

Grape growers in the neighborhood of the Lakes have allowed their crops to be fed to hogs and to rot on the vines this season, because the appendicitis craze has injured the business. We therefore see the luscious but inoffensive grape, that graces the table and brings to pass

so many delights, banished to the domain of the pig-stye. Could there be a sadder commentary on ignorance in these panic days of dislocated wit and judgment, when so many people are suffering for the want of wholesome food?

A few years ago a correspondent of a British medical journal asked to be informed of any special publication in English on the grape cure. Finding that there was none, and having had more than ordinary experience to observe and study the matter, I wrote several articles explaining the course of regimen that has for its object the amelioration of sundry chronic ailments by the rational and systematic employment of a diet composed exclusively of grapes. The main facts relatively thereto, being pertinent and timely, are none the worse for repetition.

The so-called fruit cures are among the most useful of the applications of bromatology to medicine, and the dietetical use of figs, cherries, greengages, currants, raspberries and of strawberries, has long been in repute with some European physicians. Van Swieten is said to have recommended in special cases the eating of twenty pounds of strawberries a day. He also reports a case of phthisis healed by strawberries, and cites cases in which maniacs regained reason by the exclusive use of cherries as an aliment. Hoffman (Frederick), Richter and Berger report analogous cases.

According to Geoffroy (*Materia Medica*, Paris, 1750, Vol. I, page 52), For-estius has seen inveterate diarrhea, that had resisted all treatment, healed by the sole use of over-ripe medlars. Linnæus, a great sufferer from gout, thought he removed and lessened its attacks by a fruit regimen. It is within the memory of many persons now living that obstinate cases of bowel diseases among soldiers of the late civil war recovered rapidly on eating peaches. Both dates and raisins have been equally regarded as a comestible and a medicament. But it is to the capital virtue of grapes, which contain nutritive principles necessary to maintain health,

that one must look for the attainment of determinate results.

In many of the works on viticulture and enology, the literature of which consists of something over six hundred volumes, mention is made of the therapeutic use of grapes. The landmarks of the subject may be found as far back as the laws of Moses, one of which permits the eating of "grapes, thy fill at thine own pleasure."

In the time of Nero, a Greek physician, Dioscorides (Pedanius), mentions in his work on *materia medica* the curative virtues of grapes. In the same connection their use is detailed by Pliny with admirable thoroughness. Celsus, Galen, the latter Arabian physicians, and the German references mostly in the tenth century, may also be cited. But few English authors, as Pringle, Cullen and Sir James Clark, refer to the subject, and that only in the most allusive manner.

In fact, English-speaking peoples generally seem to know but little of grapes as a therapeutic means, notwithstanding the late rapid advances of viticulture in the vicinity of Cincinnati, in California, in Australia, and at the Cape of Good Hope. There being no special work on the grape cure in English, it is to German works, and especially those of the last twenty years, that one must turn for methodical instruction regarding the chemical study of grapes and the clinical observation of their effects.

Perhaps the empirical knowledge of the alimental properties of grapes observed in the fattening of certain migratory birds, and the more palatable flesh of young foxes after a grape diet, may have had more to do with the employment of grapes as a medicament than any knowledge deduced from their chemical study. The nutriment afforded by good grapes is typically representative of all the alimentary principles, although they are poor in protein compared with some other foods, the proportion being one to twenty, according to Fresenius, and it requires one pound and a quarter of grapes to yield the equivalent of protein found in one egg.

Much depends, however, on the variety of grape, the soil in which it is grown, and the meteorological conditions under which it ripens. The juice of grapes is looked upon by many chemists as a sort of vegetable milk. A very curious resemblance also has been shown to exist between buttermilk and grape juice. Besides, grapes contain the mineral salts in variable quantity, the proportion depending on the variety of grape and on mesological conditions. All parts of the grape have been well studied chemically. For the sake of brevity it is only necessary to refer the reader to some of the more comprehensive analyses. (See Knauth (T. H.): *Über Traubenkuren*; Schmidt's *Jahrbücher*, 1873, clvii, 167. Also König (Dr. J.): *Die menschlichen Nahrungs- und Genussmittel*, Berlin, 1880, and a similar work in 1882.)

What was especially observed in regard to grapes in the time of Pliny is the same now as then. Their earliest physiological effect is the promotion of the secretions and of the excretions, without irritation of the intestinal canal, provided the grapes selected are proper for the treatment and there is no contra-indication. The use of sweet and alkaline grapes, by suddenly breaking up all the habits of nutrition, rapidly reconstructing the blood and exercising a salutary action on the nervous system, favors the formation of fat; but if the grapes be watery and sour, or not sufficiently ripe, weight is lost rather than gained.

The continuous consumption of grapes removes tartar from the teeth and may attack the enamel. If the practice be kept up for a long time it may cause stomatitis, or weaken the alimentary organs, and grape sugar may be introduced into the blood and decomposed, or be partly excreted unchanged. Jaundice has been observed to occur in children and dizziness to arise from fulness of the stomach. The dextrine present makes the pancreatic albumen more soluble and further increases the secretion of pepsin. The potash salts, which vary from two to four parts in the thousand, have also been supposed to increase the cardiac activity.

The large proportion of phosphoric acid in Malaga and Hungarian wines may be turned to advantage in the treatment of infantile diarrhea, the wine being dealcoholized by evaporating to one-fourth and sweetened, and of this a tablespoonful may be given. The seeds and skins of grapes acting mechanically may occasionally cause serious intestinal disturbance. The introduction of one of these substances into the vermiform appendage has been of late the subject of much popular concern, but the danger from this cause is, perhaps, no greater than that arising from other articles of food, as apples, etc.

Detailed accounts in regard to the urinary excretion are rather conflicting; some observers saying that its specific gravity is smaller, while others say not; the reaction may be either neutral or acid, the chlorides increased, the uric acid lessened or increased, and the same as regards the urea. There is sometimes a phosphatic deposit and alkalinity of the urine.

Aside from the physiological speculation, it is known that the laxative effect of grapes is superior to the mere purgative mineral waters, for while increasing the excretions they also increase the weight and vigor of the body.

Their use in various intestinal diseases dates as far back as the Roman empire, at which time, according to Pliny, grapes were used, both externally and internally, without the skins or seeds, in diarrhea, dysentery, and even in the chronic dermatoses, gout, etc. In modern times, Tissot, Pringle and Zimmerman speak of their use in dysentery and, indeed, they seem to have been employed and recommended in the most different diseases. But it is more particularly in constipation and in hypochondriasis produced by dry catarrh of the intestines that this fruit acts beneficially by moderately relaxing the bowels and by relatively increasing the secretions.

The grape cure is of great value to persons of irregular digestion, who have deluded themselves into the habit of taking purgatives; and its virtues as a reparative agent are particularly recommended by its partisans in scrofula,

in diseases of the liver or spleen, in hyperemic congestion, in hemorrhoids, in menstrual derangements, in chlorosis and in anemia, particularly that of convalescence. The sequelae of alcoholism, particularly the stomachic and abdominal troubles, are greatly benefited by the grape regimen, and it has been recommended in chronic diseases of the genito-urinary organs.

The aphrodisiac effect of grapes, which Rhazes in the ninth century formulated "*erectionem augmentat*," may be turned to advantage in the treatment of impotency, if the fruit is taken in large quantity. I have succeeded by this method in breaking up the bromide habit in a case of obstinate insomnia after all other means had failed. (See *Medical Record*, New York, October 10, 1885, page 418.)

Some German physicians consider the grape cure of doubtful efficacy in the uric acid diathesis. Its use is contra-indicated in chronic tuberculosis and in hemoptysis, unless the digestion is sound. Fonssagrieves, however, attaches great utility to the cure in pulmonary lesions. It should also be interdicted during menstruation and in hemorrhoidal bleeding and is never to be employed in pregnancy and nursing.

The methodical use of grapes in quantities of from three to eight pounds daily, with or without other nourishment, according to the therapeutic object and the patient's peculiarities, is much in vogue at the so-called uval or grape-cure stations in Germany and Switzerland; such places as Duerkheim, Meran, Vèvey, Aigle, Celles-les-Bains and Bingen, being noted for grapes and as climatic places of great repute. Other places of the kind are to be found in the south of France, in Italy and in Austria. At these stations the grape cure and the milk cure go together and both are usually combined with the employment of mineral waters.

The time of year at which the cure is most practicable is from the middle of August to the last of October. The grapes are eaten preferably in the open air, before breakfast, and on an empty stomach; but if the stomach is weak a small crust of bread may be taken with

the first portion, between seven and eight in the morning. The second portion should be eaten one hour before dinner; the third in the afternoon, between three and five o'clock, two hours after dinner, and a fourth may, sometimes, be eaten just before bedtime.

The grapes must be fresh and ripe; they are to be crushed between the tongue and palate, not the teeth, and the skin and seed should be ejected. This latter precaution is, however, not indispensable, being one of those things that may be left to individual preference. Beginning with from one to two pounds, the quantity is to be daily increased half a pound until the prescribed quantity is reached and then slowly decreased. The treatment requires from one to six weeks, during which all heavy and greasy dishes are to be interdicted.

Food that causes flatulence, potatoes, eggs, milk, cheese and beer are also to be avoided; but coffee, chocolate, tea, bread and butter, tender fishes or meat, and in some instances cod-liver oil, are permissible. It is also advisable to use an alkaline powder or a wash to protect the teeth and prevent the gingivitis that may sometimes occur.

As a rule, the grapes especially suitable to bring about a therapeutic modification are those that contain a large percentage of grape sugar. Among the richest are the Hungarian, which contain 301 parts in the 1000. When the stomach will not take the grapes by eating, the freshly expressed juice may be used. They must also be bottled by a special process (*procédé Appert*), and employed at any time of the year.

Externally, grapes have been used in the form of baths, which are provided at some of the European grape cure stations for persons who want to be plunged into the mash of the grapes while it is in a state of fermentation. These baths, used principally for rheumatism, were formally recommended by Tissot in peripheral paralysis.

The grape regimen, as an after-cure, is regarded in Germany as necessary and indispensable to the completion of a thermo-mineral treatment. Whether used as a principal or as an accessory

resource of treatment, in order to be well tolerated and successful, it requires the concurrence of adjuvant hygienic influences, which may lead to the supposition that success has been obtained rather by such influences than by the grapes themselves. I have, however, obtained the happiest results, aside

from climatological influence, in patients who lived in town and used the grapes methodically at home, while from Maine to California, numerous persons, prompted to try the cure after reading my first paper on the subject, have written me most encouraging results from its use.

UNNECESSARY GYNECOLOGICAL WORK.

*By William F. Barclay, A. M., M. D.,
Pittsburg, Pa.*

THE observations of Dr. Canu and their consideration from a professional standpoint are worthy of record.

The late Dr. Goodell closed a brilliant career of his professional life by a recantation of the work that had given him fame and fortune. The success that attended the operative work of Dr. Goodell's professional life in surgical procedures has never been and never will be surpassed by any surgeon, living or dead. The final evidence left by an honest man of his mistakes in life is a history that should be heeded by the living, as well as be preserved for the guidance of those who might fall into the same errors.

It is and has been for years a positive conclusion in my mind that inestimable harm is done to woman, physically and morally, from gynecological procedures, in the practice of many so-called specialists. Over thirty years' experience in general practice of medicine affords a very considerable field for observation of physicians and their professional work.

It is not the immediate results that we alone consider, but the ultimate effects of disease, that should be a basis for our approval or disapproval of that which has been done in a professional way for the alleviation of the sick and diseased. Good, honest, scientific work on the part of a physician or surgeon claims perhaps more mention and fame than that of any other man. Life is to the individual of all things the most sacred and its preservation equally sa-

cred to him who takes its care and keeping into his professional hands.

There is apparently a want of that just and high appreciation of personal responsibility that should characterize the physician in his life and work. It would seem that many fail to realize from want of knowledge and personal obligation the claims of suffering humanity upon the physician from present professional standards and attainments. The lives of many physicians and surgeons stand out meritoriously in the galaxy of famous men in bold relief of the profession of medicine.

It would seem from a recent article receiving a first place in your good and highly valuable JOURNAL that the time now is in France when the otherwise conservative members of our profession are obliged to protest against the operative procedures upon the reproductive organs of woman that are certainly a shame and disgrace to the profession of medicine.

The same serious, earnest and honest protest against gynecological practice in our own country can be justly made. The general practitioner can observe the results of such surgical practice and is alone able to give a correct estimate of the results obtained.

In the early part of my professional life it was my province to be located in a town that had a so-called "womb doctor." The morals of the community previously were exceptionally good. There was a prevalence or epidemic of uterine disorders immediately following

the location of this doctor in that village. So prevalent did the epidemic become that it was a matter of general observation that the male part of the community suffered to a considerable degree from the pestilential disorders that afflict the generative organs of women.

Unmarried as well as married women flocked to this healer of their uterine disorders. The clamor extended considerable distances and the supposed sufferers came from far away—and learned that they had been neglected and maltreated—so that they returned whence they came, disgusted with their former medical and surgical attendants, and the maledictions that were heaped upon many good, honest, scientific physicians were sufficient to break up confidences that were well placed for long periods of time.

All other diseases faded into insignificance and time was not sufficient to describe the conditions that were discovered by this disciple of Æsculapius. The furor grew into such considerable proportions that the older and experienced physicians and surgeons began to guardedly advise care and discretion on the part of women, but such advice was indignantly cast aside and the goodly advice of age and experience pronounced the result of jealousy and the older members of the profession in that vicinity advised to return to their studies and at least know that they were not fully abreast of the advances in medicine and surgery of the times.

The doctor described the diseases and their effects upon his patients his speculum revealed to his eyes and the treatment that could alone afford relief and save the lives of his patients. It was remarkable that the victims did not become suspicious of the convictions that were forced upon the minds of thoughtful persons and the expressions of disapproval and condemnation of such methods of practice which were pronounced unheard of procedures and the physical and moral results that were certainly to follow this innovation of medical and surgical practice.

It seemed that those women who had

not seen but heard of this wonderful man and the cures that were preached from the housetops, longed to see and feel it necessary to place themselves under his care and treatment. Two or three years demonstrated the effects upon the physical condition and morals of many women in that vicinity. Illegitimacy and scandal of different varieties, an unheard-of state, seemed to prevail to an extent that became fireside topics and to a large degree familiarized the youth with matters that should not have been even mentioned in their presence.

The effects of this teaching cannot be effaced in many years and friendships and confidences that prevailed cannot be re-established. The result was that numerous suits were brought for crimes against the person of a large number of women. Trials in court and the evidence adduced were of the most painful and scandalous character and the end was a demoralization of the most unusual kind as well as a loss of confidence in the profession of medicine. This recital of the work and its unfortunate effect upon the practitioner of medicine and the persons who were misled and imposed upon may seem not worthy of consideration, yet the harm done by needless and harmful examinations of women for supposed diseased conditions of the reproductive organs of women cannot be too generally condemned.

The prevalence of disorders of the generative organs of women is accounted for in a large degree on account of the practice adopted and the mechanical and instrumental devices made use of in different ways in the treatment of supposed and real diseased conditions. At a time when less is supposed to have been known of these organs and their functions, disease seems to have been seldom known or heard of and women lived and enjoyed health and life to its fullest and best extent. It is a usual comment that these diseases in the past were unknown and various discussions are set out as to the etiology of the manifold complaints that seem to blight the lives of women.

The physician should be guided by

scientific attainment and a large experience in his actions and suggestions as to the care and treatment which he administers to woman by all that we call common sense and common decency. That the indiscriminate examination of women is demoralizing is true and can not be too seriously condemned by good physicians. The specialist operates and reports the immediate result, but seldom has an opportunity to observe the condition of the patient afterward and presumes that his work was successful.

It is not the part of a physician to unjustly criticize the work of his brother physicians, yet lines of unwarrantable practice such as are pointed out by Doctor Canu of Paris cannot be considered, for the ultimate credit and success of the profession of medicine. That there is a legitimate, rational line of

practice for the gynecologist, no one would for a moment deny, and the rights of the skillful operator should at all times be sustained. We form conclusions as to the advisability of operative surgical procedures from the immediate and remote results obtained.

It is observable in societies of medical men congregated for the study and discussion of scientific medicine and surgery that the opinion prevails that much of the gynecological work is considered unwarrantable and there is a general dissent and a disapproval of the reckless methods that prevail. The indiscriminate examination of women and exploratory operations very often revealing the errors and ignorance of the operators to the great injury of the patients as well as a general disgust of medical men.

THE TRAVELING OPTICIAN, OR THE "PROFESSOR."

By Charles F. Nolen, M. D.,

Ophthalmic Surgeon Baltimore and Ohio Railroad, Assistant Surgeon Presbyterian Eye, Ear and Throat Charity Hospital, etc., Baltimore.

WHEN we see and read of the mighty ills that are done by the optician, we little know the true state of affairs, for then we only speak of him at home "in his shop," but let us consider the optician abroad, the "Professor," as he calls himself, but more aptly termed the spectacle vender.

He, like a newspaper man, has a certain route. He goes from town to town like a peddler (perhaps in a little better style), selling his goods and swindling the susceptible and unsuspecting sore-eyed "gent" of the rural district. He, unlike the legitimate oculist of the city, handicapped by the optician and his bold sign "Eyes Examined Free," reigns supreme.

Having no competition, or no one to dispute his right and title, he remains "monarch of all he surveys." The optician abroad — as well as at home — in order to trap his victim, advertises "Eyes Examined Free," but in reality he charges as much as an oculist, a

physician who has spent time and money making the eye a specialty.

Often have I had patients leave my office at Brunswick, Maryland, when they are informed that I require a fee for examinations. I ask them if they think I work for love and live on air, to which they calmly say "I had my eyes examined by Professor ———, and he made no charge for the examination," and then I invariably say, why do you come to me? And the answer, "Because my glasses do not suit me," comes upon me like a toxic dose of strychnia and causes the sardonic grin to overspread my countenance.

Now for the glasses. The majority of them are steel frames containing spherical or cylindrical lenses, which would ordinarily cost from a dollar and a half to three dollars and which could be sold from seventy-five cents to a dollar and a half and allow the optician a reasonable profit. But these poor victims succumb to the eloquence of the smooth tongued

"professor" and pay from five to seven dollars for the "extra-fine lenses" and yet he makes no charge for the examination.

CASE I.—Mr. J. W. S., aged 69, came to me with the history of having his sight fail for some months and produced a pair of those "extra-fine lenses"—spectacles with steel frames—and said he had obtained them at a greatly reduced rate—four dollars and a half—and wanted to know why he could not see through them. I found he was wearing R. eye—5. D. Sph. L. eye—4. D. Sph. $V_{\frac{0}{200}}$ each eye. An examination revealed double cataract.

The optician, as a rule, has two different and distinct prices for his spectacles. The glasses he would charge a dollar and a half for, on an oculist's prescription, he would charge five dollars for if he did the examining himself, and if, on examination, he finds that he cannot improve his "patient's" vision, and therefore no chance to make a sale, he will send him to an oculist—his special oculist—and as a matter of course he expects in return that noble disciple of Æsculapius to send all of his patients with prescriptions for glasses to him. Such a case first went to an oculist, but later came to me.

CASE II.—Mrs. P., aged 40. History: "My sight has been growing bad for one year so I thought I needed glasses and went to an optician, and after putting a number of glasses before my eyes and finding no improvement, he informed me that I had an inflammation in the back part of my eyes and directed me to the office of Dr——." I found—

R. eye $\frac{20}{100}$ with — 1 D. Sph. = $\frac{20}{50}$.

L. eye $\frac{20}{50}$ — with .50 D. Sph. = $\frac{20}{50}$ +.

On ophthalmoscopic examination I found both lenses cloudy. I informed her that she had an incipient cataract in each eye, gave her the prescription for glasses and—as is my custom—told her to return as soon as she got the glasses in order that I might see if the prescription was properly filled.

She returned to the optician and, womanlike, informed him that I had said she had no inflammation in the

back part of her eye, but that her bad vision was due to incipient cataract, whereupon he replied, "I knew it all the while, but was afraid to tell you."

To return to the "Professor." What damage does he do and how does he do it? By his ignorance of the eye. In the first place he never uses a mydriatic, which in many cases of young subjects is absolutely essential. Then he will force upon a person any glass which is accepted by him and this is especially harmful in children with low degrees of hypermetropia and hyperopic astigmatism, who invariably accept a weak concave lens, which in many cases produces progressive myopia and this sometimes ends in serious complications, such as choroidal changes, detachment of the retina and loss of sight. Another way is explained by the following:

CASE III.—Mr. Thos. P., aged 67. Farmer. "My sight has been failing for eight months. I saw Professor ——, the eye doctor (a new name), in a neighboring town and he told me I had cataracts and wanted to sell me a pair of glasses, but finding none to benefit my eyes, I did not purchase them. I am now blind. I heard of you and have come for you to operate on my cataracts."

I found both pupils dilated, anterior chambers shallow, tension + 3, discs pitting and vision reduced to barely light perception. Absolute glaucoma in both eyes. After his having traveled about forty miles to see me, I was compelled to inform him that I could do nothing for him. It was too late and he must remain blind the rest of his life, all due to the "Professor's" ignorance. Had he seen an oculist at the time he saw the "Professor," an iridectomy might have given him useful vision.

If an oculist—a physician who has spent time and money on the study of the eye—wishes to practice outside of his State, he is compelled to go before a State board and be examined in all the branches of medicine in order that he may practice his specialty in that State and yet this man—"The Professor"—who is not a physician, is free to practice when and where he may. Have we no legislation?

Society Reports.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

REPORTED FOR THE MARYLAND MEDICAL JOURNAL.

Dr. R. H. Babcock of Chicago read a paper entitled A REPORT OF A CASE ILLUSTRATING THE VALUE OF SECONDARY PHYSICAL SIGNS IN THE DIAGNOSIS OF CARDIAC DISEASES. The eloquent and forcible manner in which Dr. Babcock delivered his paper added much to the already scholarly and scientific value it possessed. His remarkable power of minute and exact differentiation in cardiac disease was evident throughout. Among other points brought out were—murmurs are the least reliable signs of valvular disease. An accurate diagnosis cannot be made unless the secondary signs of valvular disease are recognized. If the heart actions are not sufficiently strong there may not be any murmur; or a grave defect may not be observed for the same reasons. Secondary symptoms are, a modified pulse rate, character and rhythm, leading to a congestion of the veins and internal organs.

In some instances there is also systolic venous pulsation of the liver. Such systolic jugular pulsation is diagnostic of insufficiency even if the murmur is not audible. The paper was discussed by Dr. Futterer.

Dr. I. N. Love of St. Louis read a paper entitled WATER. Drugs, drugs, drugs, seem to be the chief inspiration in the life work of too many men. Hydropathy has been a wonderful service to humanity. We can appreciate the necessity of water when we remember that 75 per cent. of our body is made up of water. It is just as important as the solids in life's conditions. The demands for water are affected by the amount of muscular exercise, and degree of temperature to which the body is exposed. For an irritated stomach or bilious colic nothing is superior to liberal quantities of hot water. For a "night out" two or three cups of hot water along with a cup or two of hot coffee; nothing is superior. It soothes the ner-

vous system if you will abstain from food a few hours.

We need water for nutrition, but also as well, and more important, for a proper elimination. Water taken freely acts as a purifier of the system, both by flushing and by its solvent action. The majority of people drink too little water. I would highly advise training children to drink more water. It is a most important agent in improving the complexion. Medicine should be given in large quantities of water. In typhoid fever I insist upon free drinking of pure water. No solvent will act better in removing uric acid from the system, and the only pure water is distilled water.

Copious draughts of water for its stimulating effect or the reduction of temperature has been used many years. The hot pack in convulsions of children is often misused. Better begin with a tepid heat and add cold water gradually. Hot water locally in inflammatory conditions is most excellent.

Dr. Manley of New York: I have often thought that if we only realized what could be accomplished with water in a medicinal way, its use would be more general. I am strongly impressed with the fact that many of the bowel and bladder conditions could be most effectively treated by the proper use of water. In the case of cystitis I know of nothing that will take the place of water. Often I have thought the surgeon's knife might be laid aside if we knew how to use water. A large number of the cases of appendicitis, in my opinion, might be relieved by a thorough washing out of the bowel.

Dr. Hughes of St. Louis: Water is not only good the next morning, but it is good all the time. Its value has not been overdrawn by the author or in the discussions. I am opposed to limiting the amount of water used at and during the meal time. Its action is not only eliminative, but stimulating to both kidneys and bowels. You will remember that the profession was once at the other extreme upon this subject. They considering the craving for water by the patient as abnormal. Some of us

have repudiated water too much and too long.

Dr. Stuckey of Louisville: I cannot give a "next morning experience" like my predecessors, but I can say a word in favor of hydrotherapy. I would take issue with the author on the idea that large quantities of water should be taken along with the food. I cannot see how it will increase or aid in the digestive function, in the stomach, but its importance after digestion cannot be overrated.

Dr. Babcock of Chicago: In some cases of Bright's disease it has seemed to me a sufficient quantity of water might have prevented the condition. If the bowels be constipated and the skin dry, increased work is thrown upon the kidney. Professional men, men of sedentary habits, and women, will often escape the severity of Bright's disease by the unlimited use of water.

Dr. Henderson of St. Paul: I wish to ask the author whether or not the taking of large quantities of water will increase the fat formation. Does the fat man take water because he is fat, or is he fat because he takes water? I am a lean man and do not drink water except in the morning.

Dr. Turck of Chicago: It seems to me the first indication is to find out what the pathological conditions are which you are trying to meet by the water therapy. We must know the condition of the stomach before advising the ingestion of large quantities of water. The habit of taking great quantities of water into the stomach, even two hours after a meal, will hinder the process of digestion. On the other hand, if there is an accumulation of material on the walls and other viscera, then the taking of water would not be objectionable.

Dr. Love, in closing, said: As to the question of *Dr. Henderson* I would say, what is taken into the stomach is food and becomes nutrient that lends to development, continued health, repair and elimination; in these processes water has an important part, if taken in the right way. I did not advise that large quantities of water should be taken

while eating; moderate quantities, of course, was meant. Such cannot possibly interfere with the digestive processes. My paper was not a pathological one. It was therapeutic.

Dr. Isaac A. Abt of Chicago read a paper on THE CLINICAL SIGNIFICANCE OF THE CHILD'S FONTANELLE. In health the fontanelle does not sink below or rise above its bony frame. It has both respiratory and pulsatory movements. With increased intracranial pressure the normal bruit may quite disappear. An early ossification interferes with brain development and produces a brachycephalic skull. In rachitis the involution of the fontanelle is delayed. Marked bulging is caused by the collection of fluid within.

The abnormal retraction of the fontanelle always indicates a condition of inanition; it may be temporary; if chronic it is a serious condition. A deeply sunken fontanelle is always a danger signal in any case. Involution occurs normally at 15 to 18 months. Protuberance and tension indicate meningitis.

Dr. Eduard Boeckmann of St. Paul read a paper on OPERATIVE TREATMENT OF PTERYGIUM. The author discussed the history of the operations for the cure of pterygium; pointing out the objections as well as the advantages of those most frequently used. He suggests an operation which was a combination of some others referred to. A crescentic piece is cut from the pterygium about five lines from its head. This part is curetted thoroughly down to the sclerotic. The head of the pterygium is dissected off. At the convexity of the piece cut out a stitch is inserted and the opposing edges drawn together. This leaves the curetted portion to granulate, and form a cicatrix. The author thinks the results from this method superior to that of any other in his experience. The paper was discussed by *Drs. Wilder* and *Buckner*.

Dr. Wm. H. Wilder of Chicago read a paper on SUBCONJUNCTIVAL INJECTION IN THE TREATMENT OF CERTAIN DISEASES OF THE EYE. The method consists in the injection beneath the conjunctiva of minute quantities of bichlo-

ride of mercury or cyanide of mercury in solution. The operation is not especially painful unless there is inflammation present. It has been advocated for many other conditions and diseases. Its exact limitations and indications are not yet positively decided upon. It has been impossible to get the same good results from the saline injections that can be obtained from the mercury. We have in this new treatment a powerful adjunct to the old and tried methods in some diseases of the eye. It is not to be employed to the exclusion of all others. It is not a panacea, but in indicated cases for the mercurial treatment it is an excellent method.

Dr. Buckner of Cincinnati: I cannot see the special advantage in injecting the solution of mercury under the conjunctiva over the old method of administering hypodermically or through the mouth. The value of mercury in many cases of irido-choroiditis cannot be overestimated.

Dr. Boeckmann: I have used these injections since I first commenced to practice medicine, but at this time I am unable to say just how much good they really do. I carefully inject these solutions whenever I find an ulceration of the cornea. In some cases it acts beautifully, in others it is a failure.

Dr. James H. Buckner of Cincinnati read a paper on RUPTURE OF THE CHOROID COAT. The length of time which elapses from the date of the accident and impairment of the vision is no criterion by which to judge of the amount of damage done to the choroid. The rarity of rupture of the choroid is due to the elasticity of the coats, together with the soft and elastic cushion of fat upon which the eye-ball is supported. The paper was discussed by Drs. Wilder and Boeckmann.

Dr. W. S. Caldwell of Freeport, Ill., read a paper on ETHER AND CHLOROFORM; THEIR COMPARATIVE MERITS AS AGENTS FOR THE PRODUCTION OF GENERAL ANESTHESIA. The author gave an extended résumé of the statistics of death from chloroform and ether. Giving his preference for chloroform and the reasons therefor.

Dr. C. B. Parker of Cleveland, O., read a paper on THE USE OF OXYGEN IN CHLOROFORM NARCOSIS. The exhibition of the vital principle, oxygen, with chloroform would seem to be proper on theoretical grounds. In uniting the two there is no chemical union formed between them. It is a mechanical mixture such as we have in the air. The oxygen must be perfectly pure. That usually supplied in tanks is not pure. It must be properly made. The cylinder must have been exhausted of all air before it is filled.

The time required to anesthetize is slightly longer than with chloroform, but the advantages far outweigh this minor inconvenience. Of the dangers attendant I am not prepared to say; as I do not consider an experience of 118 cases guarantees any statement relative to that point. There is total absence of vomiting as well as absence of the extreme pallor and weakened heart beats, with shallow respiration. The duration of the shock from anesthesia is with this agent very much shorter. The patient always recovers promptly without any delirium.

Dr. C. Travis Drennen of Hot Springs, Ark., read a paper on SYPHILIS AS AN ETIOLOGICAL FACTOR IN THE PRODUCTION OF TABES DORSALIS.

Dr. W. F. Barclay of Pittsburg read a paper on DISEASES OF THE NOSE AND THROAT IN CHILDREN. The author dwelt particularly on the possible results of acute and chronic purulent and muco-purulent rhinitis in children. Pointing out not only the necessity for more attention by the family physician, but as well demonstrating that almost if not all of the pathological conditions in the nose, occurring in later life, have their origin in this condition of childhood.

The paper throughout was an unusually practical and interesting one. Practical because we see it daily demonstrated in our professional life. Children should be taught to breathe through the nose rather than the mouth. Parents should be taught that surgery can relieve, very easily, those who are unable to breathe through the nose.

Dr. Love: I cannot pass over this paper without calling attention to the necessity of watching over the child from earliest infancy and in teaching it to care for its nose. Many infectious diseases, no doubt, have their port of entry through this organ.

Dr. Loeb: I wish to add my endorsement to the views of the author and to emphasize the fact that too often indeed the children are blamed for having noses that run and through which they cannot breathe, when they cannot possibly avoid it.

Dr. Coulter: The author's idea of the etiology of deflected septum is one which I advocated some years ago before the Illinois State Society. I am convinced that there must be some other reason in producing deflective septum than the bumps that baby received in infancy. In stenosis of any degree there is created, in such inspiration, within the cavity a more or less complete vacuum. Thus the atmospheric pressure is to that degree increased and is a constant force of no inconsiderable gravity.

Dr. J. Merrill Ricketts of Cincinnati read a paper entitled SURGICAL MEN-
LANGE.

I. Ligation of brachial artery. Secondary hemorrhage occurred six days after an accident. Five days later another severe hemorrhage occurred. The middle brachial artery was ligated at that time. Six days later a third hemorrhage occurred. Erysipelas followed and recovery was uninterrupted. The superior profunda and its branches were the source of the hemorrhage after the ligation of the brachial. The ligatures should have been applied above the superior profunda.

II. Gunshot wound dividing the facial artery. Roller compresses were sufficient to control the hemorrhage. Multiple abscesses appeared on the cheek subsequently, one of which left a salivary fistula. This fistula was finally closed by the introduction of a silver wire.

III. Talipes equinus varus of left foot with external deformity. Phelps's operation had been made one year previously,

with but slight improvement. The astragalus was removed, five weeks later, through the dorsum of the foot. Division of the tendo Achillis was not necessary.

IV. Hypertrophied Prostate. On the 25th day of a severe attack, double orchidectomy was done under cocaine anesthesia. I have found cocaine will answer every purpose in these cases. This was the third case in which the same operation had been done; all were successful.

V. Sarcoma of the Sacrum. There was present a syphilitic diathesis. It had been previously diagnosed as a fatty tumor. Complete removal was followed by a prompt recovery, leaving a fistula from this rectum into the cavity. This was successfully closed by a later operation.

Papers were also read by: Dr. Fenton B. Turck of Chicago, "Further Report on the Treatment of 500 Cases of Gastritis;" Dr. Casey A. Wood of Chicago, "Some Rare Forms of Keratitis;" Dr. A. E. Stearne of Indianapolis, "The Significance and Occurrence of Capillary Pulsation in Nervous Diseases;" Dr. G. I. Cullen of Cincinnati, "The Newer Remedies in Otology and their Results."

The nominating committee, consisting of Drs. Scott, Coulter, Barclay, Love, Manley, Mathews, Lee, Walker and Wishard, reported the following list of officers for the ensuing year: President, Dr. Thomas Hunt Stuckey, Louisville; First Vice-President, Dr. Chas. A. Wheaton, St. Paul; Second Vice-President, Dr. Paul Paquin, St. Louis; Secretary, Dr. H. W. Loeb, St. Louis; Treasurer, Dr. W. N. Wishard, Indianapolis; Member of Judicial Council, Dr. H. T. Patrick, Chicago.

On motion, the report was unanimously adopted.

The next place of meeting was appointed at Louisville, the third Tuesday of September, 1897.

Dr. H. Horace Grant was elected chairman of the committee of arrangements.

With a vote of thanks to the retiring officers, committee of arrangements and

good people of St. Paul, the association adjourned.

CLINICAL SOCIETY OF MARYLAND.

MEETING HELD OCTOBER 2, 1896.

THE annual meeting of the Clinical Society of Maryland was held in the Hall of the Medical and Chirurgical Faculty, 847 North Eutaw Street. The President, Dr. J. M. Hundley, was in the chair.

Reports of the officers were received and the President expressed his thanks to them, especially to the Executive Committee, for their assistance in making the past such a successful year.

The election resulted in naming the following gentlemen to serve for the ensuing year, viz.: President, Dr. S. K. Merrick; Vice-President, Dr. W. D. Booker; Recording Secretary, Dr. H. O. Reik; Corresponding Secretary, Dr. W. G. Townsend; Treasurer, Dr. W. J. Todd; Member Finance Committee, Dr. J. M. Hundley; Executive Committee, Dr. J. W. Lord, Chairman, Dr. W. B. Canfield, Dr. T. P. McCormick.

The Society then adjourned.

H. O. REIK, M. D.,
Secretary.

Correspondence.

DR. WM. H. PERKINS.

ROHRERSVILLE, MD.,
October 14, 1896.

Editor MARYLAND MEDICAL JOURNAL:

Dear Sir:—Will you kindly publish these resolutions, and oblige,

Truly yours,
C. D. BAKER, M. D.

At a special meeting of the Medical Society of Washington County, held September 22, 1896, the following resolutions were adopted:

Resolved, That by the death of Dr. William H. Perkins, we have been deprived of a valued member, the medical profession of an active worker, and the community in which he lived, of a physician who labored night and day in a

rugged country for the relief of the sick and suffering.

Resolved, That we hereby place upon record our high estimate of the character of our departed colleague, who commanded our respect by his ability and great usefulness during the many years of his professional life.

Resolved, That we tender this tribute to his memory with the expression of our profound sense of sorrow at his death, and that we extend to the family of the deceased our sincere sympathy at their bereavement.

Resolved, That a copy of these minutes be sent to the family of the deceased, a copy to the MARYLAND MEDICAL JOURNAL, and that they be inserted in a county paper. C. D. BAKER, M. D.,
Corresponding Secretary.

ALVARENGA PRIZE.

PHILADELPHIA, October 20, 1896.

Editor MARYLAND MEDICAL JOURNAL:

Dear Sir:—Will you kindly publish in your journal that the College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Senor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1897, provided that an essay deemed by the Committee on Award to be worthy of the Prize shall have been offered.

Essays intended for competition may be upon any subject in medicine, but cannot have been published, and must be received by the secretary of the college on or before May 1, 1897. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the college; other essays will be returned upon application within three months after the award. The Alvarenga Prize for 1896 was not awarded.

THOMAS R. NEILSON, M. D.,
Secretary.

MARYLAND
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CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

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 913 F Street, N. W.

BALTIMORE, OCTOBER 24, 1896.

PHYSICIANS always expect in this region to have a certain number of cases of typhoid fever at this season of the year, but few stop to think that the number of cases and deaths in this State, and especially in Baltimore, is much larger than it ought to be. The disease is, strictly speaking, a preventable one and yet it is evident that not enough is done to keep it down.

Last month the health office reported for Baltimore 84 cases with 39 deaths. There were probably more than 84 cases and this illustrates one part of the trouble. In the well-to-do classes, where everything possible is done for the comfort of the patient, it probably makes little difference whether cases of disease are reported to the health office or not, although the physician who does his duty will not fail to report them, but among the less well-off families and in the poorer districts a case of typhoid fever should be re-

ported as soon as it occurs that the source may be discovered and measures taken to prevent its spread.

To be sure, the inspectors may not do their work as well as some expect, but they are a great improvement on the old custom of sending out ignorant politicians who knew or cared little what was done. The physician's duty is to report all cases which the laws of the city specify and it is only when physicians do what they ought to do that the next steps in the stamping-out of the disease can be taken.

Inspection may in many cases seem to accomplish little, but it usually is of benefit and, under the present arrangement, the visits of the inspectors are not objectionable to the householder. The old question whether the householder or the physician should report the disease crops up periodically. It would seem more just for the householder to take the responsibility of sickness in his own house after his physician has told him formally of the nature of the disease, but as long as the law lays this duty of reporting disease on the physician, so long should he unflinchingly report all cases and thus help to check the disease in any quarter.

Baltimore has for many years had more typhoid fever than a modern city should have. Surface drainage has always been a drawback to the health of Baltimore, but the hard rains when they are frequent soon clean the streets better than the best street cleaning department. The death rate of Baltimore is fairly low and some maintain that the lack of a sewer system and the presence of many cesspools, many of them overflowing, has no evil effect on the health of the city.

The soil of Baltimore is sufficiently sandy to filter the waste products, but that a good underground system of sewers and drainage is needed no one will deny. Until this is ready the city must do the best that can be done and physicians should not fail to help the cause of preventive medicine by reporting all contagious and infectious diseases, including typhoid fever and pulmonary consumption.

Physicians should therefore feel it a duty to themselves and to their surroundings to report to the proper authorities cases of contagious disease, whether they themselves think this important or not. Personal opinion should yield to public laws.

THE physician who goes abroad to study medicine usually likes to do as much as possible in a short time.

The Study of Medicine Abroad. For this reason the short courses held in

Vienna in connection

with the large general hospital there have for years proved very attractive.

In the *Atlantic Medical Weekly* Dr. Frank B. Sprague of Providence reviews the methods of post-graduate study in Germany where probably the majority of medical students from America go. After carefully describing the courses and classes in the principal cities of Germany and Austria, he ends by speaking of the importance of a knowledge of the language before beginning study abroad.

In these days of advanced medical study a knowledge of French and German is indispensable, and more and more is the raising of the requirements of admission to the best schools improving the class of students in medicine, and in the schools that require a degree in the liberal arts for admission the highest point has been reached at present.

Dr. Sprague ends his very readable and practical article with a few words about the language as follows:

In Vienna, although the dialect of the people is hard and at times impossible for even a German to understand, yet the professors, as a rule, in teaching use good German. It is necessary for the student to know something about the language and the more he knows the better use he can make of his time. In Vienna a few courses are given in English and many of the professors and instructors speak English and are willing to explain to those who do not understand.

I would not advise one to go who has no knowledge of German. During my stay in Vienna I met several who had been so advised, and were told they could get along without it, and who were sadly disappointed. For any one who intends going it would be advisable to procure German books on the subject they wish to study and study them, and the vocabulary acquired by this means is of great value and well repays for the trouble taken. In Berlin the demonstrations were all German, English rarely being used. In Halle it is all German.

The traveler will fail to find a more honest, polite, courteous people than the Germans, and the one who endeavors to conform to

their customs will not fail to find true friends in his German associates. On the other hand, if he tries to be distinctly American, disregards customs and makes comparisons of methods, he will learn but little, and will be shunned by the people and come home with a poor opinion of the German.

The best way to gain the most is to know nothing before them, anxious to learn their methods, and everything possible will be done to assist you in your purpose and make you happy.

ONE of the most practical and at the same time simplest paper read at the meeting of the Mississippi Valley Medical Association was that by Dr. I. N. Love on

Water. The point upon which he

laid stress that many serious kidney complications could have been prevented or at least improved by the free use of water is an idea that should be borne in mind. Water is rarely used in sufficient quantities.

The system needs flushing out just as the sewers of a city need washing out at intervals and if the free use of water internally be neglected the waste products of the body are not, as a rule, so easily eliminated.

The discussion of Dr. Love's paper showed the interest taken in the subject and if physicians would only apply these principles in practice and spread abroad healthy views on the right use of water, they would do much to contradict the statements made by unauthorized persons and would help to check newspaper medical advice.

THE fiftieth anniversary of the discovery of ether as an anesthetic, which was celebrated last week in the old amphitheater of the Massachusetts General Hospital at Boston, was a memorial event and can hardly be appreciated at the present time. Before the discovery of anesthesia even the smallest operation was a torture and the boon conferred on humanity by the use of ether, chloroform and other anesthetics has advanced the facilities of the success of operators in manifold ways.

Such anniversaries and celebrations serve to remind us of the progress of medicine and surgery and tend to keep in our minds the great men who might otherwise be forgotten in the dim years of the past.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 17, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		10
Phthisis Pulmonalis.....		16
Measles.....		
Whooping Cough.....	4	5
Pseudo-membranous Croup and Diphtheria. }	11	2
Mumps.....		
Scarlet fever.....	13	2
Varioloid.....		
Varicella.....	1	
Typhoid fever.....	16	8

The daily press announces the discovery by Behring and Knorr of a tetanus antitoxine.

Diphtheria is said to be prevalent at Cambridge, Maryland, the home of one of the members of the State Board of Health.

Dr. Benton H. Whaley of Whaleysville, near Snow Hill, Maryland, died at his home last week in the thirtieth year of his age. Dr. Whaley was a graduate of the University of Pennsylvania in 1889.

The corner stone of the monument to be erected to the memory of the late Dr. John M. Finney, so highly loved and esteemed in his neighborhood by all who knew him, was laid last week at Churchville, Harford County, Maryland, amidst a large gathering and with appropriate ceremonies.

In the new Maryland State Penitentiary building, as well as in the new Southern Police Station House of Baltimore, the rain bath will be introduced. The city jail has several rain baths and Bay View has a very fine one. The advantages of the rain bath over the old tub with all its possibilities of contagion are manifold. These institutions are to be congratulated on the enlightened sanitary knowledge of the projectors.

At the meeting of the University of Maryland Medical Society held last Tuesday night, the following were elected for the ensuing year: President, Dr. Hiram Woods; Vice-President, Dr. St. Clair Spruill; Secretary, Dr. E. E. Gibbons; Executive Committee,

Drs. J. R. Abercrombie, J. M. Holland and W. I. Messick; Editorial Committee on the Bulletin, Drs. W. B. Canfield, Chairman, Randolph Winslow, John S. Fulton, St. Clair Spruill, J. M. Hundley, Hiram Woods and Charles W. Mitchell.

Dr. John B. Hamilton solved the problem of his removal from Chicago by order of Surgeon-General Wyman of the United States Marine Hospital Service, by resigning from that service. The foundation of the whole trouble was some personal feeling between Dr. Wyman and Dr. Hamilton, together with the difference of opinion held by these two officials on the subject and position of a Bureau of Public Health. Dr. Hamilton's resignation was accepted on the 15th of October. Dr. Hamilton holds positions in Chicago more valuable to him than his official rank. At the same time if he and his chief had been on good terms there is no doubt that he could have been retained in Chicago. The *Journal of the American Medical Association* could ill afford to lose Dr. Hamilton, although there would probably be plenty of applicants for his editorial chair. Surgeon-General Wyman has already given notice of an examination to be held in Washington on February 3, 1897, for Dr. Hamilton's position.

At the last meeting of the Medical Examining Board of Virginia, held September 8, 9 and 10, 1896, the following schools sent applicants: College of Physicians and Surgeons of Baltimore, 3 applied, 2 licensed, 1 rejected; University of Maryland, 1 applicant, 1 licensed; Baltimore Medical College, 1 applicant, 1 rejected; Columbian College, Washington, 1 applicant, 1 licensed; Howard University, Washington, 1 applicant, 1 rejected. Since the organization of the Board in 1885, the following statistics are recorded: University of Maryland, 136 applicants, 107 licensed, 29 rejected; College of Physicians and Surgeons, 120 applicants, 92 licensed, 28 rejected; Baltimore Medical College, 27 applicants, 11 licensed, 16 rejected; Baltimore University, 8 applicants, 8 rejected; National Medical College, Washington, 1 applicant, 1 rejected; Georgetown University, 2 applicants, 1 licensed, 1 rejected; Howard University, 22 applicants, 5 licensed, 17 rejected; Georgetown College, 1 applicant, 1 rejected; Columbian College, 6 applicants, 5 licensed, 1 rejected.

Book Reviews.

A TREATISE ON SURGERY. By American Authors. Edited by Roswell Park, M. D., Professor of Surgery and Clinical Surgery, Medical Department, University of Buffalo, Buffalo, N. Y. In two very handsome octavo volumes, comprising about 1600 pages, with about 800 engravings, largely original, and about 40 full-page plates in colors and monochrome. Volume I, General Surgery and Surgical Pathology. Volume II, Special Surgery. Price per volume, cloth, \$4.50; leather, \$5.50. Net. Lea Brothers & Co., 1896.

Volume I of the above mentioned treatise is now published and might well be called "Park's Treatise on Surgery," since 16 of the 32 chapters are contributed by Dr. Park himself. The chapters on surgical pathology are all contributed by Dr. Park and it is needless to say that the work has been well done, as he is a recognized authority in this field. Beginning with the consideration of "hyperemia, its consequences and treatment," the reader is led to the study of the "surgical pathology of the blood" and incidentally to the histology of the same fluid and the methods of examination of the blood. The third chapter is devoted to the study of inflammation. Inflammation is a term used to express the effort of the organism to repel invasion of noxious irritants and it is always the result of infection, in which it differs from hyperemia, which is a non-infectious condition.

In considering the way in which the living cells of the invaded area attempt to destroy the infecting organisms, Dr. Park gives play to his practical fancies and likens it to a battle in which the cells destroy the germs by the process of phagocytosis, but in many cases the germs are the victors and the cells are themselves destroyed. "Pus, then, is the ordinary consequence of the contest above alluded to and each pus cell represents the dead body of a phagocyte, which has perished in the attempt to protect the parent organism from harm. That it has died valiantly can almost invariably be determined, because within its dead body may be seen the body of one or more of the minute invaders which it has attacked."

The chapters on ulceration, gangrene, autoinfection and surgical infections in general are written by Dr. Park, as well as the two chapters devoted to the diseases common to man and animals. In speaking of the treat-

ment of hydrophobia, Dr. Park says: "There is no authenticated case on record of recovery after medication by drugs. It is probable that recovery has never followed anything save the modern inoculative treatment. (Pasteur's.)"

Dr. J. A. Fordyce contributes the article on syphilis and Dr. W. F. Belfield that on gonorrhoea and its sequelae. The article on syphilis is illustrated with several colored figures of chancres on the lip and penis, but if they are true to nature they do not resemble any similar lesions which have come under the observation of the writer, indeed most of the chromographs in the book are entirely too highly colored. The important subjects of injury and repair have been assigned to Dr. Nancrede of the University of Michigan, who treats them from the modern scientific standpoint. We must pass over the other chapters and simply state that the entire volume is well written and excellently illustrated and is probably the best book of its size in the English language to put in the hands of students.

A VEST-POCKET MEDICAL DICTIONARY. Embracing those Terms and Abbreviations which are Commonly Found in the Medical Literature of the Day, but Excluding the Names of Drugs and of Many Special Anatomical Terms. By Albert H. Buck, M. D. New York: William Wood & Company. 1896. Price \$1.00.

This is a very compact and well printed dictionary, 2½ by 3½ inches and less than ¾ inch thick, containing not only the ordinary words, but many new ones. The definitions are good and full. It is based on the best text-books and larger dictionaries and is prepared with great care. The print and binding are excellent.

REPRINTS, ETC., RECEIVED.

Mortality from Suicides. The Mutual Life Insurance Company of New York. 1896.

Three Cases of Pus Tubes, in Two of which the Gonococcus was Present, in the Other the Streptococcus Pyogenes. By J. Mason Hundley, M. D. Reprint from the *American Journal of Obstetrics*.

PARKE, DAVIS & Co.'s new price list for 1896 has been received and is not alone a price list and catalogue, but is stored with much valuable information about drugs and kindred subjects.

Current Editorial Comment.

NEWSPAPER MEDICINE.

Cleveland Journal of Medicine.

WHEN the newspaper essays to inform its readers upon medical subjects it almost invariably makes itself ridiculous to cultured people, whether they have any medical education or not.

MEDICAL SOCIETIES.

Atlantic Medical Weekly.

EVERY medical man should be a member of a medical society. He will never know how great a man he is till some one praises him in a discussion, nor how small a man till some pompous fellow-member takes him to task; but all these frictions serve but to round and smooth a busy life, and no one can do without it who desires to be a physician in the highest acceptancy, and not a man who doctors.

THE DOCTOR.

The Outlook.

OF all lives the life of the physician is the most self-denying. He has no time that he can call his own. His home is his office, and furnishes him no sweet retreat from irksome care. The night can never assure him unbroken rest. Sundays are often, whether he will or no, his busiest days. He has no holidays, and few and fragmentary vacations. Friendship furnishes him fewer solaces than to other men, for his friends are generally also his patients. He meets men in their morbid conditions—when they are sick and miserable; when they are well he knows them not. He can hardly make a friendly call without the hazard of having it converted, before the evening is over, into a professional one. He fights a battle in which, no matter how many victories he wins, he is sure to be defeated at last—for he is fighting death. And when the defeat, which must come sooner or later, does come, he is fortunate if unreasonable friends do not charge the defeat upon his lack of science or of care. But no man renders a more grateful service; no man comes nearer to our hearts; no man is more beloved. Other services may be as great, but none is more deeply and tenderly appreciated. He summons back from death the child, and puts him in his mother's arms; the wife, and reunites her to her husband. No fee can ever compensate for such a service. He to whom it is rendered is forever debtor to the doctor.

Publishers' Department.

COMMUNICATIONS.—All letters intended for the Subscription and Advertising Departments of the JOURNAL should be addressed as below.

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BALTIMORE, MD.

Convention Calendar.

OCTOBER						
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NOVEMBER						
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DECEMBER						
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27	28	29	30	31
..

State Societies.

OCTOBER.

15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

NOVEMBER.

10-11. MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, at Hagerstown.

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

National Societies.

NOVEMBER.

10. SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION, at Nashville. W. E. B. Davis, M. D., Secretary, Birmingham, Ala.

16-19. PAN-AMERICAN MEDICAL CONGRESS, at City of Mexico, Mexico.

DECEMBER.

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

BALTIMORE.

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

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

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

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

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

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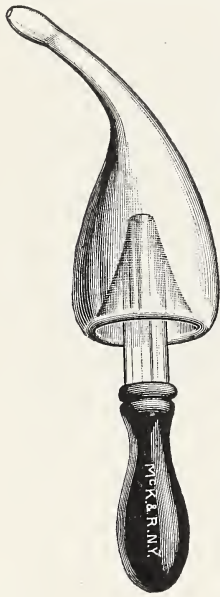
AN ASEPTIC INJECTOR.

By *Walter F. Chappell, M. D.*,

Surgeon to the Manhattan Eye, Ear and Throat Hospital.

SOME objection has been raised to the use of a camel's-hair brush, as recommended by me, for the application of the new compound, oleostearate of zinc, to the nasal passages.

After considerable experimentation, the instrument shown in the illustration was suggested to me by Mr. William J. Evans. The construction is such that the medicine employed can not enter the rubber bulb, being prevented from doing so by the conelike chamber, formed on the principle of a safety ink bottle, thus making the injector aseptic.



The rubber bulb limits the amount of force used, which is always an important matter in nose and ear work. The use of the injector is not confined to semi-fluid preparations or to the nasal passages; in fact, any solution may be employed in it, and where a limited amount of force and fluid is needed, this injector is available for any of the various mucous passages and also for eye and ear applications. Directions for nasal use: Draw the fluid into the aseptic injector as you would into a medicine

dropper; keep the rubber bulb upward and insert the glass tip into the nostril a short distance; then, tipping the head backward, hold the breath for a moment and press on the bulb. These directions apply to either nostril. When required for other purposes, suitable directions will suggest themselves.

ANTITOXINES.—There seems to be no abatement in the enthusiasm that has recently taken possession of the medical world in regard to the germ theory of disease and its control, if not eradication, by the use of antitoxines. And in no particular direction is

this enthusiasm more noticeable than in that of the terrible scourge of diphtheria. The report of the American Pediatric Society's committee, recently published, furnishes full justification for the eagerness with which the profession have given their confidence and support to this cause. There remains scarcely a voice to condemn, or even debase, the antitoxine treatment of diphtheria as it is practiced today. The only danger to be found is in the production and sale of spurious or impotent serums. So long as the physician exercises care in the selection of his remedies, the results will probably continue to be satisfactory. In this connection, it may be mentioned that the serums of the Pasteur Institute, Paris, are prepared with the utmost care by the most skilled hands, and can always be relied upon. The Pasteur Diphtheria Antitoxine (Roux) in its regular strength of 200 Ehrlich units per c. c. has been uniformly successful. From private sources we learn that Professor Roux has just completed a supply of his serum of "Extra" or double strength, each cubic centimeter containing 400 immunizing units. All the Pasteur remedies can be obtained from the Pasteur Vaccine Co., Chicago.

I AM slow to give an opinion until it is justified by conviction. Continued trial of Peacock's Syr. Brom. Comp. in nervous disorders where the compounds of bromine are indicated has resulted in a full recognition of the decided superiority of your preparation over any of the bromides singly administered. Peacock's Syr. Brom. Comp. excels in such a degree that when it is within reach I never prescribe or employ the bromides in any other form.—A. B. C. CLEMENTS, M. D., Washington, D. C.

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Dose and Administration:

½ teaspoonful in water three times a day, either before, after, or between meals.

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HIGHEST AWARD WORLD'S FAIR, OCT. 4TH, 1893.

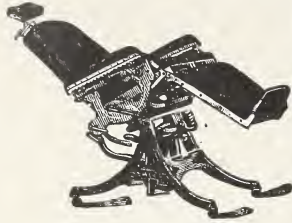


Fig. V—Semi-Reclining.

- 1st. Raised by foot and lowered by automatic device.—Fig. I.
- 2nd. Raising and lowering without revolving the upper part of the chair.—Fig. VII.
- 3rd. Obtaining height of 39½ inches.—Fig. VII.
- 4th. As strong in the highest, as when in the lowest position.—Fig. VII.
- 5th. Raised, lowered, tilted or rotated without disturbing patient.
- 6th. Heavy steel springs to balance the chair.
- 7th. Arm Rests not dependent on the back for support.—Fig. VII—always ready for use; pushed back when using stirrups—Fig. XVII—may be placed at and away from side of chair, forming a side table for Sim's position.—Fig. XIII.
- 8th. Quickest and easiest operated and most substantial' secured in positions.
- 9th. The leg and foot rests folded out of the operator's way at any time.—Figs. XI, XV and XVII.
- 10th. Head Rest universal in adjustment, with a range of from 14 inches above seat to 12 inches above back of chair, furnishing a perfect support in Dorsal or Sim's position.—Figs. XIII and XV.
- 11th. Affording unlimited modifications of positions.
- 12th. Stability and firmness while being raised and rotated.
- 13th. Only successful Dorsal position *without moving patient*.
- 14th. Broad turntable upon which to rotate the chair, which cannot be bent or twisted.
- 15th. Stands upon its own merits and not upon the reputation of others.

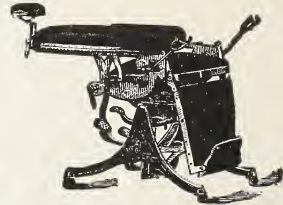


Fig. XVII—Dorsal Position.

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
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