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Articles are, in many instances, listed in this Index under more than one head. All important business items of the Society's annual meeting, as recorded in our September Journal, will be found under the heading, "Transactions of the House of Delegates," Reports of County Societies and local organizations within their bounds, as well as those of State, National and International organizations, will be found under "Societies." "Clinical Reports," "Abstracts from Medical Journals," "Editorials from Medical Journals," "Editorials from the Lay Press" will be found under those respective headings. Brief items from current medical literature are indexed under "Miscellaneous Items." The abbreviations are as follows: (O) Original Articles; (E) Editorials by the Editor of the Journal; (C) Correspondence.

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SERUM TREATMENT OF EPIDEMIC CEREBRO-SPINAL MENINGITIS. CASE REPORT.*

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The treatment of epidemic cerebro-spinal meningitis by means of Flexner's antiserum and the results attained, whereby a previous mortality of 75 and 80 per cent. was reduced to 20 and 25 per cent. including all types of cases in practically all stages, are now so well known that the reporting of a single case is in itself no longer of particular importance or significance. However, since the present instance is the first which has offered an opportunity for the serum treatment in Trenton and vicinity, and further, since in certain respects the treatment itself has been somewhat modified since the earlier recorded cases, a report of the present case and a brief consideration of the serum and its use may not be out of place.

The case furthermore presents a good example of all the principal points of the behavior of a severe type of the disease treated early with the serum, as well as illustrating quite typically all the essential immediate and final results of serum administration.

The case occurred in the practice of Dr. M. W. Reddan, with whom it was first seen in consultation and observed throughout.

REPORT OF CASE.

Patient—M. K., age 12 years; school girl. Previous history without importance save for the negative fact that at no time had

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there been any ear trouble or other significant recent illnesses which might have accounted for a secondary meningitis.

Present Illness—A very brief and indefinite prodromal period was observed on January 3, 1911; during that day the patient complained of a general tired feeling and slight headache. The actual onset occurred on the following morning (January 4), when the patient vomited frequently and repeatedly (twelve times). In the afternoon of the same day there was low fever (90 to 100 degrees). Toward evening the temperature steadily rose, there was intense headache, drowsiness and beginning retraction of the head. During the night a diffuse fine punctate erythematous rash made its appearance over the entire body, but faded quite promptly the next day. There were no convulsions, but occasional muscular twitchings and a spasmodic "cerebral cry" occurred at intervals.

When first seen in consultation with Dr. Reddan the patient was lying in partial coma on the side with all extremities in marked flexion and head sharply retracted. Temperature 103½ degrees by axilla; pulse 122, full and bounding; respiration 42, heavy and labored. The patient was almost comatose, could not be aroused and only moaned when disturbed. Partial neurological examination showed contraction of all flexor muscles; both knee jerks exaggerated; doubtful Babinski reflex; occasional spasmodic muscular twitching and well marked Kernig's sign. Tache cerebrale was readily elicited and prominent.

Lumbar puncture was done at once and 15 c.c. of extremely turbid, grayish yellow, sero-purulent fluid under markedly high tension was withdrawn; firm coagula formed promptly in the tube soon after withdrawal.

In view of the abrupt onset, characteristic signs and symptoms and macroscopic character of the fluid alone; in the absence of any demonstrable source of secondary meningial infection, a provisional diagnosis of epidemic meningitis was made and the anti-serum ordered at once. Microscopic examination of the fluid confirmed the diagnosis; there were innumerable pus cells and typical extra and intracellular gram negative cocci, the latter proving by culture to be the diplococcus intracellularis meningitidis.

The result of this lumbar puncture alone without serum administration is worthy of note. Following it, almost at once, consciousness began to return, and the tem-

perature sharply declined, so that within two or three minutes questions were replied to and when the first dose of serum was administered seven hours later the patient was fully conscious, showed marked hyperesthesia and the temperature was 100 degrees by axilla.

At this second lumbar puncture, which, after repeated trials, required chloroform anesthesia, 15 c.c. more spinal fluid was withdrawn and 30 c.c. of the anti-serum injected. Following this the temperature went to normal and, with the exception of pains in the legs and back from the injection, the patient spent a fairly comfortable night.

The next day (January 6) the temperature again rose, but there was comparatively very little headache and consciousness from this time on remained perfectly clear. Lumbar puncture was again performed; 30 c.c. of still heavily turbid fluid was withdrawn and 30 c.c. more of anti-serum injected.

During the next three days, up to January 9, the temperature ranged fairly constant around 101 degrees. There was no headache; hyperesthesia was diminished and the retraction of the head, which was also less severe, and the temperature were the only essential clinical manifestations of importance. The patient on the whole was so remarkably comfortable that under other circumstances the necessity for a rather radical form of treatment might have been considered unnecessary.

The serum, however, was given daily in 30 or 45 c.c. amounts. The spinal fluid, which at first was almost purulent, had now become merely turbidly opalescent, there was a notable reduction in the pus cells and many of the organisms, which were now almost entirely intracellular, had assumed a decidedly involutinal appearance, and the number of cultivatable cocci had likewise enormously diminished.

From the second day of the disease, when from one uncentrifuged loop of fluid from one to two hundred colonies rapidly grew, on the fourth day (January 9) a feeble growth of only three colonies was obtained from the entire sediment of 15 c.c. of fluid. At this time six punctures had been made and a total of 165 c.c. of serum administered. Thus, both the clinical and laboratory aspects of the case were favorable and the only definite direct indication for further treatment was the fact that the organisms, although greatly diminished in number, involutinal in type and growing very

feebly on artificial media, were still actually present and ready to regain their previous activity. That this possibility was more than theoretical was shown on the day following this most favorable examination of the fluid.

On the seventh day (January 10) the headache, which had previously completely disappeared, violently returned, hyperesthesia became marked and the patient was restless and moaning. The neck was again painful and rigid. The temperature was 102 $\frac{3}{5}$ degrees by axilla. Examination of the fluid obtained by puncture on this day showed a strong rapid growth of organisms, which, as compared to the last previous examination, had increased to at least twenty-five times their former numbers. It was also noted that on this occasion the tapping of the spinal canal and first escape of the cerebro-spinal fluid was immediately followed by clonic jerkings of the entire left upper extremity.

What had occurred was evidently a kindling into activity of organisms probably lurking in one of the deeper sulci and previously unreachd, or only partially so, by the serum and which had given rise to a local inflammatory focus with resulting renewed symptoms of pressure and augmented infection of the cerebro-spinal fluid. This exacerbation was of short duration and subsided in twenty-four hours following the sixth serum treatment.

During the next two days, the eighth and ninth of the disease, when 45 and 60 c.c. of serum respectively were given, there was uninterrupted improvement in the symptoms: although after each serum injection there was sharp temperature reactions, and more or less pain in the legs, these were never accompanied by any indications of pressure or discomfort other than that following the chloroform anesthesia under which the punctures were done. There was no headache, no twitchings and no cerebral crv. The number of organisms in the fluid also promptly decreased, the greatest number of plate colonies being ten from the sediment of 15 c.c. of the centrifuged fluid.

On the tenth day, after a total of 300 c.c. of serum had been injected, the spinal fluid first appeared clear. It showed a distinct light yellowish amber color and on examination showed a relatively small number of mononuclear cells (in place of the polymorphonuclear leucocytes which had previously been present) and an extremely high albumin content. In fact the spinal fluid had now come to consist very largely of the

antiserum itself. In spite of this, however, a growth of twelve feeble colonies on plates was obtained. On the same day, after an interval of mild discomfort and rise in temperature a marked urticarial eruption appeared on the arms, legs and buttocks accompanied by severe itching.

Because of the character of the fluid, rather than on account of the rash, which was undoubtedly due to the serum, the daily serum injection was now first temporarily omitted. The next day, the twelfth of the disease, the final injection of 60 c.c. of serum was given while the rash was still present. In no way was the reaction from this injection different from the others save that the temperature rose a trifle higher.

Examination of the fluid from this puncture (the eleventh) showed only a few mono-nuclear cells, no detectable organisms and no meningococci colonies on the plate cultures; bacteriologically the patient was cured. The next day, however, the temperature again continued to rise throughout the day, and since the character of the last fluid was so undoubtedly favorable a possibility of some complication was thought of. Very shortly, however, during the following night this was explained by the appearance of a second rash similar to the first, which appearance was promptly followed by the temperature abruptly dropping to normal. The demonstrated bacteriological cure was clinically fully substantiated.

Following this, recovery and convalescence was uninterrupted and uneventful, the final decline being by lysis and the actual disease terminated on the eleventh day. The retraction of the head and Kernig's sign were the last symptoms to disappear, lasting through convalescence up to the twentieth day after the patient was out of bed and sitting up in a chair. Final examination showed all the special senses, motion, sensibility and mentality entirely unimpaired.

In all eleven lumbar punctures were made and 405 c.c. of serum administered in ten injections; the minimum dose being 30 c.c. and the maximum dose 60 c.c.

Aside from some general discomfort, rigidity of the neck and fever, the patient, with the exception of the one instance noted on the seventh day, was entirely free from serious discomfort and symptoms of alarming nature and at no time was consciousness other than perfectly clear throughout following the first puncture and serum injection, and the case furnishes an excellent

illustration of the success of the serum treatment in even the fulminating or foudroyant type of the disease with purulent exudate when the diagnosis is made promptly and the treatment begun in the early stage with sufficient doses and daily repetition.

The accompanying charts show the course of the disease and detailed effects of serum administration.

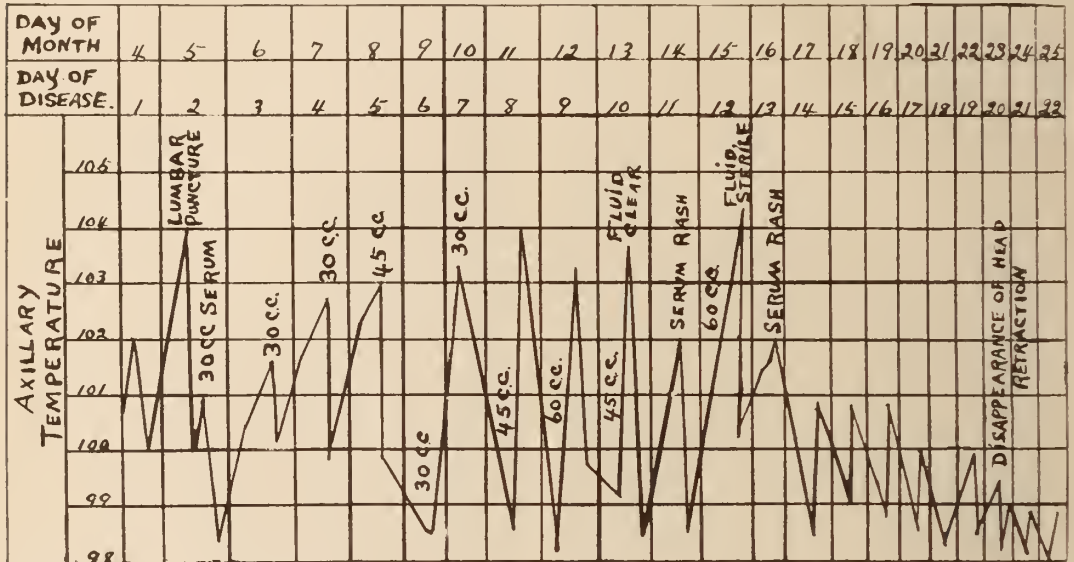


Fig. 1. Abbreviated chart showing temp administrations. Note that in the earlier stages injections were followed by a drop in temperature, while later when the process was under control the physiologic rise due to the serum

jected into the lower animals, but by an *exotoxin*, only liberated by the actual death and disintegration of the bacterial bodies, and against which, up to what time, only the feeblest indications of any antibody production had been detected. It was obvious that the production and use of antitoxins as previously conceived in certain other infectious diseases was not the true solution.

crature range, course of disease and serum administrations. Note that in the earlier stages injections were followed by a drop in temperature, while later when the process was under control the physiologic rise due to the serum

GENERAL REMARKS ON THE SERUM TREATMENT.

Although, as before mentioned, the serum has now been in use for approximately four years, in view of the fact that there is but an unusually small literature upon its use since the earlier observations, it is not out of place to emphasize some of the more important facts bearing upon the nature of the serum, its dose and the frequency and method of administration.

Production of the Serum—When, after the epidemics which swept Europe and America from 1902 to 1905 and 1906, Flexner, as a member of a special commission, began his search for what he considered the only agent which offered any hope in combating the disease, namely, an antiserum, he himself expressed grave doubts that this result would ever be capable of accomplishment.¹ From what was then, and is now, known of the diplococcus, its pathological effects resulted from the action, not of an exotoxin freely given off by the living organisms such as in diphtheria, and thus capable of producing active antitoxins when in-

The only hopeful aspects of the problem were the facts that: (1) The serum of normal and experimentally injected small animals had the power of slightly inhibiting the diplococcus itself in direct test tube experiments, and that (2) the pathological effects of the organisms were limited to the cavity of the cerebro-spinal canal, thus allowing any possible antiserum to be brought in to intimate relation with the seat of the disease.

It is unnecessary and irrelevant to here describe the many experimental steps by which an efficient anti-serum was finally produced. It is sufficient to summarize that after injecting cultures, first killed by heat and later living, alternately with similar injections of the autolysates or extracts from bodies of diplococci a true antiserum was obtained.

This serum was derived from a horse which had been treated continuously in the manner outlined for over a year and was found to protect and cure monkeys artificially inoculated with diplococcus intracellularis and to have a similar effect upon

spontaneously acquired infections in human beings.

Nature of the Serum—In outlining the nature and principles involved in the action of the serum, an understanding of which is

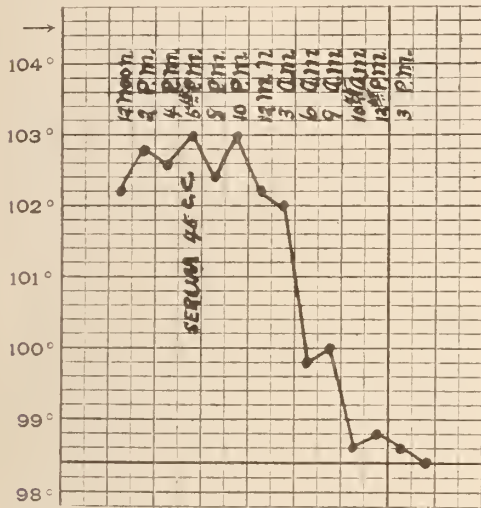


Fig. 2 Detail of Fig. 1, showing marked fall in temperature after serum administration on the fifth day which marked the beginning of definite bacteriologic improvement.

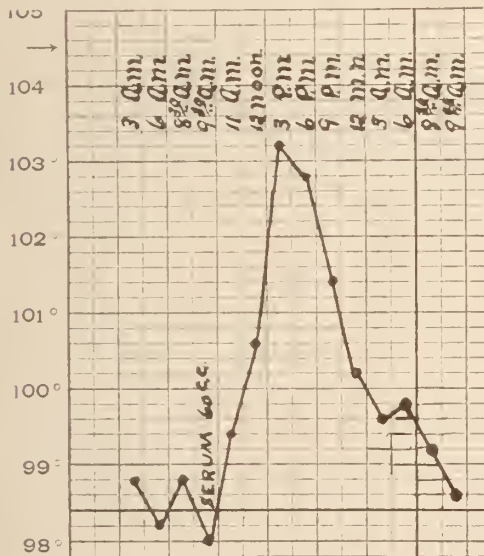


Fig. 3. Detail of Fig. 1, illustrating the physiolog-temperature reaction due to the serum at a later stage (ninth day).

indispensable for its correct administration, the point of essential importance which must be grasped is made most clear by first definitely stating what it is not.

In any antiserum produced as is the anti-meningitis serum, by injections of both the

organisms and their toxins, even though the latter be endotoxins, it is obvious that such a serum will necessarily have some antitoxin content, and so undoubtedly does the antiserum of epidemic meningitis; but it is *not* to be classed as an antitoxic serum in any sense of the word, and if it be used on the principle governing the administration of antitoxins, such as diphtheria, its employment can only be met with disappointment and failure.

In the earliest test tube experiments it was found that the action of even the weakest of the antisera at first produced was due to the direct action of the anti-bodies upon the organisms themselves; that is, an actual retardation or destruction of the organisms such as would be accomplished by chemical antiseptics. The same action was observed when both cultures and antiserum were injected into the peritoneal cavity of guinea pigs and into the spinal canal of monkeys.

In the animals that recovered, the fluid removed at intervals, was found to become progressively poorer in diplococci; that the latter assumed degenerative involutinal forms, could no longer be cultivated on artificial media and greater numbers were taken up by phagocytic blood cells, whereas, as shown by the illness of the animals, the bacterial toxins were at best but partially neutralized. This is exactly what occurs in spontaneous human infections similarly treated.

The antiserum, then, is not an antitoxic, but a *bacteriocidal* or *bacteriolytic* serum; one which exerts its influence by actually killing the diplococci, but only doing this when coming with efficient strength into actual physical contact with the bacterial bodies themselves; theoretically, "one active bacteriocidal particle at least for every infecting organism" being necessary.

For the sake of clinical application we may go even further, and say without error in principle, that the serum is, to coin an expression, a "biological antiseptic" for the diplococcus in the same sense that bichloride of mercury and carbolic acid are chemical antiseptics for organisms in general, and that the principles which must govern the use of both classes are the same: direct action, efficient concentration, repeated application.

Method of Administration—It is needless to mention that the necessary direct action of the antibodies is obtained by injecting the serum into the spinal canal.

Although in some of the earlier cases subcutaneous injections were tried, Flexner

never intended the serum to be used by means other than lumbar puncture. This is done in the usual manner between the third and fourth lumbar vertebræ with due regard to surgical precautions and under either local or general anesthesia.

In adults or with patients in coma the former is sufficient, but with children or highly sensitive individuals, it is not without practical import to note that there is likely to be much less general disturbance and a decidedly smaller risk from mechanical injury if the small amount of chloroform necessary to secure temporary relaxation is used.

After having entered the spinal canal and withdrawn sufficient fluid the serum is injected through the same needle. One of two methods may be selected for injecting the serum: By means of a syringe with a capacity of at least 30 c.c. as originally used, and the other by gravity later developed by the workers in the Rockefeller Institute and the New York Board of Health Research Laboratory.

In either method the puncture needle is the same, and if nothing better is obtainable may consist in an ordinary aspirating needle. It is much better and in every way more preferable, however, to use some form of regular lumbar puncture needle provided with an accurately fitting trocar which can be withdrawn after the spinal canal is entered. An excellent instrument of this description is the Quincke lumbar puncture needle made in two sizes by Tiemann & Co., of New York City, its only drawback being absence of a hand grip.

If the syringe method is to be used, the puncture having been made and sufficient fluid allowed to escape, the syringe, previously loaded with the serum heated to body temperature, is connected with the needle, either directly or by means of coupling attachments, and the serum very slowly and carefully injected.

In the gravity method the syringe barrel is connected with about two and a half feet of suitable sized rubber tubing at the end of which is a coupling attachment fitting the end of the puncture needle when the trocar is withdrawn. After the fluid has begun to escape from the needle the latter and the tubing of the syringe barrel may be connected at any time, allowing the fluid to fill the tubing and escape into the lowered syringe barrel, from which it is emptied as often as necessary. The serum is then placed into the barrel of the syringe and the latter gradually elevated so as to allow

the serum to slowly enter the spinal canal as in an ordinary hypodermoclysis.

In selecting which method to use, injection or gravity, the nature of the case has some influence. With very heavy, sticky exudates, when even at the risk of causing pressure the serum must be forced in, syringe injection is obviously the only one available. On the other hand, in cases with an exudate that runs with ordinary freedom injection by gravity offers many advantages. In the first place by connecting the length of rubber tubing with the needle and lowering the attached syringe barrel below the level of the patient a much larger amount of fluid will escape by the pressure of gravity thus produced. Secondly, any amount of serum can be injected by simply pouring additional serum into the syringe barrel as the latter becomes empty, without the inconvenient necessity of disconnecting and reloading when the injection syringe is used. Also, although no pressure results can occur if the syringe injection is properly done, the rate of flow in the gravity method is likely to be more uniform and easier to control.

Whichever method is used, certain well-known precautions as originally laid down by Flexner³ are to be observed:

1. To allow the spinal fluid to escape spontaneously.
2. To only inject serum equal to the quantity of cerebro-spinal fluid withdrawn; the only exception being in desperate cases with an exudate that will not flow and in which a risk of pressure from the injection must be run.
3. To warm the serum to body temperature before injecting.
4. To make the injection as slowly, gradually and uniformly as possible with avoidance of all force and pressure.

Dose and Frequency of Administration—From what has already been noted with regard to the mode of action of the serum and from what is so readily demonstrable of the pathologic anatomy of the disease, it is obvious that sufficient concentration, *i. e.*, quantity, and repeated action are essentials in efficient serum treatment.

It is again to be emphasized that the action of the serum is practically strictly that of a local antiseptic and that the field requiring its action is relatively an enormous one.

With the pathologic picture of an intense and frequently purulent inflammation involving the serous covering of the entire central nervous system in mind, it is easy to

realize the importance which necessarily exists between the mere relative extent of surface involved and the quantity of therapeutic agent required, however active the latter may be.

When, still further, it is recalled that the surface to be dealt with is not one perfectly smooth and easy of access, but one in which innumerable narrow fissures and sharp anatomical angles and corners which may be blocked by exudate and thus offer the best of refuge for the infecting organisms, it is equally obvious that in practically no case is one administration of even a large quantity of serum sufficient or safe, but that in any number of given cases, four, five, six or even ten or more doses may be required.

What, then, in the light of more recent experiences with the serum is the amount and frequency of the dose? The good old trite dictum that the dose must depend on the nature of the individual case and circumstances here still holds good. But as a general proposition it may be said that the dose is large, much larger than formerly given: that it should be frequently and systematically repeated; and that cytologic and bacteriologic examinations of the spinal fluid withdrawn at each puncture are the only really safe criteria in treatment.

As before indicated, the doses used in the earlier cases were small, as was natural with an untried agent, and although even with these, excellent results were obtained, we see records made at that time of cases long drawn out and some with fatal termination in which the outcome might have been different had larger and more frequent doses been employed⁴.

Flexner, in giving his directions for the use of the serum in 1908⁵, said: "The quantity of antiserum to be used at a single injection should not exceed, for the present, 30 c.c. * * * The injection should be repeated every 24 hours and for three or four days or longer. * * * One hundred and twenty c.c. of the antiserum have been injected into the spinal canal in four days without causing unpleasant symptoms."

It is now known that 45, 60 and even 90 c.c. of serum can be injected at one dose with impunity and that even the largest dose may be repeated daily for at least ten days if necessary.

The best general rule, if any general rules are permissible, in either chemical or biological therapeutics, is to administer as much serum, to within a few c.c., as the

maximum amount of cerebro-spinal fluid that it is possible to withdraw by ordinary gravity at the time of administration.

Thus, in all but infants and very young children the maximum dose of 30 c.c. recommended in 1908 practically becomes the minimum, and 45 and 60 c.c. repeated daily for a week are not unusual doses. From what has been recorded the very few bad results from the serum appear to be due to the phenomena of anaphylaxis, in which a large dose and frequent repetition bears no part, as will be mentioned later.

As a guide to the necessary duration of the treatment the clinical condition of the patient and the presence or absence of certain signs and symptoms, particularly those of pressure, are naturally of considerable importance, but as before stated the only rational guides to treatment are the laboratory findings of the cerebro-spinal fluid. This is clearly evident when it is known how readily a few organisms temporarily in abeyance may rekindle the entire process in a clinically convalescent patient.

When the fluid becomes clear and shows a total or almost complete replacement of the original polymorphonuclear leucocytes with cells of mononuclear type with absence or only a very limited number of highly involutional organisms which do not grow on suitable artificial media, it is usually safe to discontinue the serum administration.

The one exception to this is in cases of the chronic basic type, in which from occlusion of the foramen of Magendie, Key and Retzius the spinal fluid from lumbar puncture becomes clear and sterile, while the symptoms continue. Such cases, however, are recognizable from the combined clinical picture of marked head retraction, stupor, fever, etc., together with a clear fluid. In such cases craniotomy with puncture of the ventricles and injection of the serum are not only rational measures, but have actually met with success when not too long delayed.

Affect of the Serum in Clinical Cases—Since the physiological effects of the serum have been stated so often, and since they have not been found to differ essentially in later years, with the exception of some reports of fatal accidents, from those observed when the serum was first used it will be sufficient to here merely enumerate the effects which may be looked for after administration in ordinary favorable cases. With the exception of certain grave results, they are all well illustrated by the case here previously cited.

The effects may be divided into three

classes: (1) The fairly frequent, but not grave, undesirable symptoms; (2) the usual favorable effects; (3) the rare grave, unfavorable results.

1. *Transient Untoward Effects*—Immediately following the lumbar puncture and serum injection the patient very frequently complains of what are evidently neurologic pains, particularly in the legs and knees, and there is likely to be some general feeling of discomfort if the patient has been fully conscious previously. All of these subjective complaints are of short duration, rarely lasting longer than six to twelve hours and are of no significance. Likewise if the fever was low or only moderate there is often a sharp elevation of temperature accompanied by a corresponding rise in the pulse and respiratory rate. When this rise occurs it is likely to continue for about twelve hours, when the temperature again falls. Such temperature reactions apparently cause the patient no discomfort.

A third and perhaps more significant symptom is the occasional appearance of a serum rash. This is in every way similar to that produced by the administration of diphtheria antitoxin and occurs in the form of a more or less marked urticaria accompanied by severe itching. It belongs to the syndrome of the serum sickness of Von Pirquet and Shick, and may be associated with rise of temperature and general discomfort.

The entire reaction, however, rarely lasts longer than twenty-four or thirty-six hours, and although it is due to the form of anaphylaxis, the presence of either rash or general reaction of this type should not be looked upon as a contraindication to further treatment should the condition of the case demand it. That with certain methods of administration there may occur more serious phenomena of anaphylaxis has been shown; this is mentioned under the grave results of the antiserum treatment.

2. *Favorable Effects*—These have been so frequently mentioned that their mere enumeration is here sufficient. The favorable results are noticed chiefly by the improvement of certain clinical features and the character of the cerebro-spinal fluid.

Clinically the most notable indications are frequently observed in the mental condition of the patient. If previously comatose or delirious there is the most striking clearing of consciousness. After a lapse of only two or three hours following a single dose of serum even the most marked mental disturbance is often replaced by a completely

rational state, and the patient is able to converse intelligently and clearly. There is likewise amelioration of the intense headache, pain in the neck and back, general hyperesthesia and increased comfort of the patient in general. The temperature, if previously high, usually drops, sometimes abruptly, the ultimate decline more frequently being by lysis. As already seen, however, there is frequently to be expected a temporary physiologic rise in temperature due to the serum itself. The physical signs of the meningeal irritation are usually the last to disappear, retraction of the head and Kernig's sign frequently persisting for a week or more after convalescence is definitely established.

The effect on the cerebro-spinal fluid is, after the first two or three administrations, to cause a very perceptible clearing of the turbidity, a decrease in the polymorphonuclear leucocytes; and as seen in stained films and cultures, to bring about marked disintegration of the diplococci, an increased phagocytosis and a progressive reduction in the numbers of cultivatable organisms.

3. *Grave Results of the Serum Treatment*—In a very great majority of all cases, treatment with the antiserum has been found to be strikingly free from all manifestations of a serious nature; and, considering the enormous numbers of cases treated, were it not for a few recorded instances to the contrary, it would almost seem that a general rule could be stated in this regard. But, since there are at least four cases on record with serious outcome, it is necessary to briefly mention the possibilities of such an occurrence.

Since the phenomena of anaphylaxis, the chief danger in all serum administrations, is dependant upon the repeated injection of a foreign serum (or proteid) into the organism under certain circumstances, it is evident that the administration of the anti-meningitis serum (a horse serum) might, under proper conditions, bring about a similar reaction.

In one of the earlier cases Flexner⁶ records such a case, where in an infant eleven months old, the fourth injection of serum, given forty-two days after the first and sixteen days after the third injection, was followed by convulsions, prolonged rigidity and elevation of temperature, though without a fatal outcome. More recently, Hutinel⁷ has recorded four cases in which serious nervous symptoms with rapid fatal termination followed a serum injection made three, five

and forty-four days, respectively, after the first administration.

With regard to these fatal cases, which are ascribed to anaphylaxis, it is important to note in all instances of experimental anaphylaxis, as well as in the serum disease of Von Pirquet and Shick, that a period of incubation must elapse between the first or "sensitizing" dose of serum and the second dose, which produces the symptoms. On the other hand, experimentally at least, it is impossible to produce the anaphylactic syndrome unless the injections be properly spaced; and continued daily administration of the foreign serum are capable of even bringing about a condition of anti-anaphylaxis or anaphylactic immunity.

In the fatal instances referred to, a varying, but distinct, interval between doses is observable, but, since in many hundreds of cases the injections have been similarly spaced without any ill effect, no definite statement can be made concerning the probable dangers in allowing any particular interval to elapse between doses.

In view, however, of what is known of the nature of anaphylaxis, it would seem that there is sufficient ground to believe that this phenomena is much less likely to occur if the serum is administered at short intervals; and this serves as another indication for daily injections aside from the fact that such a plan of treatment is clinically and pathologically indicated.

CONCLUSION.

In conclusion it is unnecessary to again emphasize that which is so well understood regarding the urgency for the early administration of the serum. What is of more importance is the method of diagnosis and the treatment itself with regard to frequency and size of dose.

The clinical features of frank epidemic meningitis are so characteristic that a diagnosis on these grounds alone is often, or even perhaps frequently, possible. There is, however, only one method by which as early and absolute diagnosis can be made in either frank or obscure cases alike, and that is by lumbar puncture.

When it is appreciated that in this procedure, in itself both easy and safe, can be found an explanation for meningeal manifestations of any inflammatory origin whatever, it is at once obvious that lumbar puncture alone is the one reliable aid in detecting a condition upon the correct and early diagnosis of which successful treatment entirely depends.

With regard to the principal points in the treatment developed since the earlier cases the whole matter is summarized by regarding the entire cerebro-spinal canal in epidemic meningitis as a potential, or actual, surgical pus cavity, which is to be treated according to the two great surgical principles; free drainage and unstinted antiseptics. And that, while the agent to be used is a highly specialized biologic product, it is nevertheless an antiseptic in a clinical sense and is to be used as such; in frequent doses and in large doses, until by exact methods of examination it is found that all the infecting organisms have been reached and destroyed.

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A NEW TREATMENT FOR FRACTURED PATELLA.*

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A knowledge of the anatomical relations of the patella is necessary to a perfect understanding of the fractures to which it is liable.

Attached to the patella upon its upper border is the tendon of the quadriceps extensor muscle. Upon each side of the bone are attached the vastus internus and the vastus externus, respectively. Below the insertion of the vasti is a portion of the low attachment of the fascia lata of the thigh. At the lower border of the patella is the patella tendon. This tendon is inserted in-

*Read before the Hudson County Medical Society, April 4, 1911.

to the tubercle of the tibia, and it is separated from the head of the tibia by a bursa and pad of fat tissue. The tendon of the quadriceps, the insertion of the vasti muscles and the patella tendon are all continuous with the strong fascia lata surrounding the thigh. The fascia lata is attached below to the condyles of the femur, the sides of the patella, the tuberositie of the tibia, the head of the fibula and to the fascia of the leg in the popliteal space.

In the treatment of a fractured patella the indications to be met with are, the limitation and removal of the effusion, the reduction of the fragments, the maintenance of the reduction until union is satisfactory and the restoration of the functions of the joint to its normal condition.

The larger part of the following method is new to the best of my knowledge and belief. If the fracture is seen before there is great swelling, limitation of the swelling may be effected by immobilization of the knee and the accurate application of an elastic rubber bandage. If the bandage cannot be had, two or three dry sponges may be held in place by a roller bandage, a little cold water poured over them will cause them to swell and act as a good compress. Massage applied to the whole limb, will not only assist in the absorption of the fluid but will preserve intact the muscles of the limb.

Next we come to the most important point, that is the reduction of the fragments. No attempt should be made to reduce the fragments until nearly all the fluid is removed from the knee-joint. Reduction is accomplished by immobilization of the knee-joint, by fixation of the lower fragment and by traction upon and fixation of the upper fragment.

The leg should be extended completely and the knee immobilized upon a posterior splint. Two strips of adhesive plaster, two inches wide, are then applied to the outer and inner part of the thigh extending downward from its upper third to about parallel with the upper border of the patella; here they leave the thigh still running downward for about two inches; this extension is inverted and turned into loops, these loops hanging free from the limb on both sides. These longitudinal strips are re-enforced by the thigh being strapped transversely with adhesive plaster, from its upper third down to the upper margin of the upper fragment of the patella, which it fits snugly against.

The posterior splint, which is properly padded, extends downward from the gluteal

fold to within a few inches of the os calcis. The lower fragment of the patella is then fixed temporarily by a gauze bandage applied against its lower border. The lower limb having been covered with a white stocking, a plaster of Paris bandage is applied so as to set snugly against the lower border of the lower fragment, fixing it permanently and extending downward covering both limb and splint.

The thigh is then covered with gauze, over this the plaster of Paris bandage is then applied, which covers both thigh and splint down to the upper margin of the upper fragment of the patella.

Care should be taken when applying upper and lower sections of plaster at the patella, that the upper section is carried down lower and the lower section is carried up higher posteriorly. This causes the plaster bandages to lap at right angles posteriorly, which gives them greater leverage, and by thickening the edges at the patella, forms a fenestra or window where frequent observations and auxiliary approximation of fragments by gauze packing can be made.

Attached to the loops of adhesive plaster on each side of the knee is a half-inch rubber tubing, which, somewhat taut, extends downward to the foot, passing under the arch, unites with its fellow from the opposite side. This acts like a Bucks extension, pulling down the quadriceps and keeping the fragments in apposition, the upper plaster cast acting like a cuff. The object of rubber tubing is to regulate strength of extension, thereby obviating rest in bed with extension by weight and pulley.

To keep the fragments from tilting upward, a pad is placed over the fractured patella and a roller bandage applied. The patient is then given a pair of crutches and allowed to go about. At the expiration of eight or ten weeks, passive or active motion at the knee-joint may cautiously be allowed. If there is any pain or slight separation of the fragments it must cease. The great advantage of the foregoing method is, the posterior splint which keeps the limb fully extended, the lower plaster of Paris bandage fixes the lower fragment; the rubber tubing, which is attached to the loops of adhesive plaster from above, acting like a Bucks extension pulling down the quadriceps, the fenestra or window, where frequent observations can be made, and, lastly and above all, the patient is allowed to get up and go about on crutches during his convalescence and is not confined to his bed for eight or ten weeks.

SOME RELATIONS OF VACCINE THERAPY TO INFECTIONS AND TO SERUM TREATMENT.*

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Infection is the entrance of micro-parasitic living agents into the body, and the occurrence of definite symptoms of disease, as the result of the multiplication and action of the invading organisms. It is probable that the virulence of an organism depends upon the presence of certain substances in the parasite which reduce the resisting powers of the host. These substances are variously designated as lysins and aggressins. Against these invading substances the individual presents a non-susceptibility to certain forms of infection, and, to those forms of invasion to which he may succumb, he presents certain natural barriers as the unbroken skin, phagocytes, and the resisting powers in lymph and serum. These barriers may be overcome in various ways and under different conditions, so that an individual, at one time immune, may at some other time be susceptible to the same infectious agent.

Infection may manifest itself locally or generally, or in both ways. The infecting parasites may remain localized or may be disseminated through the body, usually by way of the blood or lymph streams. Some organisms, as the bacilli of diphtheria and of tetanus, produce extra cellular toxins (or soluble toxins), while other organisms, as those causing typhoid fever, cholera and gonorrhoea, have intra-cellular toxins (or endo-toxins), which latter are liberated when the organism disintegrates. Theory and experience tend to show that serum treatment is of use only in those infections in which an extra cellular, or soluble, toxin is produced, as is illustrated in the serum treatment of diphtheria and tetanus.

On the other hand, many of the infections of the endo-toxic type are markedly benefited by vaccine therapy. For example, the gonococcus produces an endo-toxin and because of this fact and in view of what we have just stated, it would seem reasonable to expect better results from a gonococcus

vaccine than from a gonococcus anti-toxine or even an anti-gonococcus serum and clinical experience seems to bear this out. As a matter of fact, the presence in many diseases of both endo-toxins and soluble toxins may give both serum and vaccine treatment a legitimate field in the one disease.

These contrasts of the results of vaccine therapy and serum therapy lead us to epitomize for your consideration the salient contrasts in the production of these two agents, and also of the anti-bacterial sera which again, is distinct from the two treatments already mentioned.

(1) *A vaccine* is an emulsion of dead bacilli in a normal saline solution, and therefore contains the endo-toxins imprisoned within the body of the organism.

(2) *An Antitoxic Serum*—The most striking of this group is the diphtheria anti-toxine serum which is prepared as follows: A virulent culture of *B. diphtheria* is grown in bouillon. After this has grown and liberated its toxins (soluble) in the fluid culture medium the culture is rendered sterile by carbolic acid and the dead *B. diphtheria* removed by filtration, leaving only the soluble toxin of diphtheria in the bouillon. This soluble toxin is injected into the horse and sets up in that animal the production of an antitoxine, which is obtained in the form of serum from the horse's blood and marketed or supplied by boards of health. Tetanus anti-toxine is prepared in a similar way.

(3) *An Antibacterial Serum* is obtained by injecting an animal with dead, and later with living, specific bacteria, and thus producing in the blood of that animal certain bodies or properties that render it active in the destruction of that specific organism. The blood serum of the animal is the agent employed. The antibodies formed in this serum are known as bacteriolysins, opsonins, precipitins and agglutinins, the two former being the most important. Such serum depends for its beneficent action, largely upon specific substances called "bacteriolysins," which dissolve bacteria. The anti-bacterial sera are: Anti-streptococcic, anti-meningococcic, anti-gonococcic, anti-pneumococcic, anti-typhoid, anti-dysenteric and anti-straphylococcic sera.

In 1887 it was shown that the blood contained certain substances able to destroy bacteria, and a little later substances with this property were demonstrated to be in the serum portion of the blood, and to these bacteria destroying substances was given the name *alexines*. Still later, in 1888-1889, it

*Read before the Bergen County Medical Society, April 11, 1911.

was shown that the serum of animals having acquired immunity to certain diseases could by injection confer to other animals immunity to the same disease. As an instance: Behring and Kitasato reported successful immunization of rats to tetanus by means of injections of blood serum from rabbits immunized to tetanus. From the work of these two investigators developed the humeral theory of immunity. Going a step farther, Behring found that the toxic product of the metabolism of the tetanus bacillus in culture could, without the presence of the bacillus, produce immunity, and an immunizing serum.

The side-chain or receptor theory advanced by Erlich in 1897, to explain the above and similar phenomena is the most generally accepted elucidation. According to this hypothesis every living cell consists of a dominating *nucleus* (like the benzol nucleus of chemistry), with side chains or *receptors*, which, under certain circumstances, combine so firmly with the toxins of disease that they cannot again be separated. The receptors so bound, therefore, are not free to combine with the toxins of a new invasion and thus is constituted immunity, unless so large a number of receptors are bound by the earlier toxin as to cause death. The explanations of the presence and functions of these *receptors* as well as of the *amboceptors*, *antibodies* and *complement*, all of which are so important to this hypothesis, it would be futile to attempt in a paper of this character, but the practical application of vaccines is so closely knit to Erlich's side-chain theory that some mention must be made of it.

In 1883 Metchnikoff advanced his theory that the presence or absence of immunity depends upon the ability of phagocytes to engulf and destroy bacteria; but later the humeral (or serum) theory practically replaced this, because it was found that serum containing no cells at all can destroy bacteria by solution. It was also found that antitoxin is carried in serum. In 1895, however, attention was again called to the function of the leucocytes in immunity. Denys and LeClef reporting as a result of their experiments, that in immunization certain changes are produced in the serum which make it possible for the leucocytes to engulf bacteria.

In 1903 Wright and Douglas pointed out that there are certain substances in serum that so affect bacteria that they are more easily taken up and disposed of by the leucocytes. They decided that the amount

present in serum is variable; that it can be stimulated or increased by the injection of killed cultures of bacteria unless too large a dose is given, in which latter case the amount would be decreased. Whether a given injection of dead bacteria raise or diminish the amount of opsonin is determined by estimating whether, after injection, the subjects phagocytes have an increased power to ingest the specific bacteria or a diminished power. This is called the estimation of the *opsonic index*, the technique of which we shall not here consider.

PREPARATION OF VACCINE.

A pure culture of the desired organism is obtained from the patient's blood or isolated from the local lesion, and is planted on slant solid medium in three culture tubes. After 18 to 24 hours' growth one of the cultures is inundated with a sterile normal saline solution and with a platinum wire loop the surface growth is gently freed from the culture medium and stirred through the saline solution; which is then decanted into the second culture tube, where the process is repeated; and from this to the third tube, where process of getting the concentrated bacterial emulsion is completed. From this last culture the saline emulsion of bacteria is decanted into a sterile test tube. The mouth of this tube is then sealed by means of a Bunsen flame, and the tube is agitated for a short time by means of an eccentric or vibratory mechanism or for a longer time by hand. This is to obtain an even distribution of the organism before the estimation of the bacterial strength of the vaccine is attempted.

Standardizing the Vaccine: The sealed end of the tube is now broken and a few drops of the emulsion (vaccine) are placed on a glass slide or an hour glass and the tube then sealed. The finger of the operator is now pricked and blood is drawn up to an arbitrary mark in a fine capillary pipette. The pipette is now removed from the drop of blood and the blood in the pipette is drawn up a little further, leaving a small air space at the lower end of the tube. The lower end of the tube is now placed in the vaccine emulsion on the slide or hour glass and the vaccine is drawn up to the arbitrary mark before mentioned, the air space separating the blood from the vaccine. Another air space is made in the fine end of the tube and, merely for purposes of dilution, a little plain salt solution is drawn into the tube. Saline, vaccine and blood are then ejected on to a clean sterile slide, evenly mixed by stirring and drawing in and out

through the capillary tube. The mixture is spread over the slide by drawing the edge of another slide through it in the same manner as is employed for a differential slide preparation and is stained with Wright's stain. This slide preparation contains in equal quantities vaccine and normal blood. Therefore, if in counting five hundred red cells we observe five hundred bacteria in the same fields we know that there are as many bacteria to a cubic millimeter of the vaccine as there are red cells to a cubic millimeter of normal blood—namely, 5,000,000. If there are only 250 bacteria observed in counting 500 red cells, then we know that there is only half as many bacteria to 1 cu. m.m. of vaccine as there are red cells to 1 cu. m.m. of blood; which would be 2,500,000 bacteria to 1 cu. m.m. One thousand times this would give the strength of 1 c.c. of vaccine.

Sterilization: The tube containing the vaccine, and which has been resealed, is now heated in a water bath at from 60 to 65 C. for one hour for the purpose of sterilization. Cultures are then obtained from the vaccine and if they remain sterile we are assured that our efforts at sterilization have been successful. We may now add enough sterile saline to the vaccine to give any dilution we desire, being guided in this procedure by the bulk and bacterial strength desired for a dose. To the total quantity carbolic acid or lysol is added to the strength of 0.5 per cent. and the vaccine put up in sealed ampules, or bottles rubber capped and parafined. If kept in the latter way the dose is extracted by plunging the needle of the hypodermic through a drop of lysol on the rubber cap, inverting the bottle and drawing off the desired quantity. The ampules are preferable.

Dosage: The following is a list of the organisms most commonly employed in vaccine therapy and the doses recommended by Wright:

Bacillus Coli—

5 million to 50 million bacteria.

Micrococcus Gonorrhææ—

5 million to 50 million bacteria.

Micrococcus Pneumoniæ—

10 million to 50 million bacteria.

Bacillus Pyocyaneus—

5 million to 5,000 million bacteria.

Micrococcus Pyogenes—

50 million to 1,000 million bacteria.

Streptococcus Pyogenes—

10 million to 25,000 million bacteria.

Bacillus Typhosus—

5 million to 50,000 million bacteria.

Koch's New Tuberculin—

1-1,000 to 1-400 milligrams.

The intervals between doses are usually 5 to 10 days, but no fixed rules can be laid down, our guides being clinical manifestations unless the opsonic index estimation is employed. The clinical guides vary much in different cases, and so there are few or none of which we can make a general application. There may be no local reaction at the site of an injection and no transient general reaction apparent, and yet a marked improvement in the clinical picture may result. On the other hand a distinct rise of temperature or increase in local discharge of pus may obtain within twenty-four hours (negative phase) to be followed in favorable cases by a distinct remission of fever or lessening or cessation of local discharge. This rather characteristic temperature phenomenon is well illustrated in the accompanying chart of a case of peritonitis, treated with an autogenous colon bacillus vaccine, made from a culture obtained from a discharging abdominal wound of operation. A pertinent illustration of the effect on local discharge is evidenced in a stubborn case of chronic posterior urethritis treated by the usual methods, and for several years, with little or no result. Under the stimulus of an autogenous gonococcus vaccine, there was a marked exacerbation for about forty-eight hours, with burning and markedly increased discharge followed by a complete subsidence of all symptoms and discharge. Cultures and slide preparations of expressed posterior-urethral contents made three months later were negative for gonococcus, though a staphylococcus present in the earlier cultures and included in the vaccine still persisted.

SPECIFIC AND POLYVALENT VACCINES.

A *specific vaccine* contains the exciting organism in the case to be treated. A *polyvalent vaccine* is a mixture of several pathogenic organisms, and is generally employed only while the specific organism is being isolated from the blood and a specific vaccine prepared. It is sometimes a valuable assistant in urgent cases, but usually it is preferable in these cases to make up a pure or mixed vaccine by culture from the local infection; or even to roughly estimate the bacterial strength of the pus and sterilize and inject that.

STOCK AND AUTOGENOUS VACCINES.

A *stock vaccine* is one kept in stock and used for treating cases infected with a similar organism, *e. g.*, streptococcus. An *auto-*

genous vaccine is one made from growths of the etiologic organism obtained from the patient to be treated. While practically all authorities accord some value to stock vaccines, the weight of evidence is greatly in favor of autogenous preparations. And when we review the different stains of streptococci, gonococci, colon bacilli and typhoid organisms we cannot but be impressed with the importance of obtaining from the patient the same strain or subdivision of the bacterial group that is the pathogenic factor in that case. Laboratory and clinical data amply support this impression. It has been demonstrated with rabbits that to control a given streptococcus infection, the same strain of streptococcus as that causing the infection must be used. Cases of chronic entero-colitis that have persisted for several years and which have not been affected by stock vaccine have cleared up completely with the administration of three or four doses of an autogenous colon bacillus vaccine.

The comparative value of the two types of vaccines is well illustrated in the case presented to the Kings County Medical Society by Dr. Walter A. Sherwood, of Brooklyn, and here appended, as published in the *New York State Journal of Medicine*, April, 1911:

Mrs. W., 35 years of age, was admitted for obstetric care in the Methodist Episcopal Hospital on July 22, 1910, in the service of Dr. Humpstone, to whom the writer is indebted for the early history of the case. Her ante-partum record was uneventful, and on August 9th, after a somewhat tedious labor, in which a Voorhees bag was used to facilitate the dilatation of the cervix, she was normally delivered of a full term child. The expulsion of the placenta was complete, and a moderate first degree laceration was repaired on the following day.

While on the delivery table the patient had a chill, which was followed by a moderate elevation of temperature and pulse rate. For the following two weeks she presented evidences of a low grade of sepsis, characterized by foul lochia, mild constitutional disturbances, and a range of temperature between 99 and 102 degrees. With appropriate treatment this condition showed a tendency to subside; the temperature, however, never became normal, and during the third week a more serious grade of sepsis was ushered in with a chill, rise of temperature to 104.5 degrees, increased prostration, backache, vomiting and the usual symptoms which accompany such a pro-

found toxæmia. Almost daily thereafter, sometimes twice in one day, the chill and characteristic elevation of temperature to 105 or 106 were repeated, followed by profuse perspiration and remission in the temperature curve which sometimes fell to 95 degrees or lower.

Careful and repeated pelvic examination by Dr. Humpstone failed to reveal anything abnormal with the uterus or its adnexa. There was no fornical mass, no point of tenderness. The perineum was healed, the lochia were now inoffensive and cultures taken from the inside of the cervical canal gave negative results.

A blood count showed 13,200 leucocytes, 70 per cent. of which were polymorphonuclear, 8 per cent. large and 22 per cent. small mononuclear cells. The plasmodium malarie was not found.

Examination of the urine showed the presence of a moderate number of pus cells and a slight pain in the right upper quadrant of the abdomen called attention to the kidney as a possible source of the trouble.

Ureteral catheterization was done by Dr. Durham, who reported that the urine obtained from both kidneys was identical and showed a small number of pus cells in each specimen. Pyelitis was ruled out, but further abdominal examination revealed on palpation slight tenderness over the lower pole of the right kidney.

A diagnosis of acute hematogenous infarct of the kidney was made by Dr. Humpstone, who at this time asked the writer to see the patient with a view to exploration and removal, if necessary, of the suspected kidney.

The diagnosis was concurred in and the patient was accordingly transferred to the service of the writer, at which time the following further observations were made. Another blood count showed marked leucopenia, there being only 3,800 leucocytes, 90 per cent. of which were of the polymorphonuclear variety.

The patient was now profoundly septic, having one or more chills each day followed by extreme variations in temperature. There was a progressive anæmia and emaciation, and the patient lay in a stupor with a weak, thready pulse, extreme prostration and apathetic facies; the characteristic clinical picture of true pyæmia. With no assurance of a sound left kidney, with evidences of metastatic foci in the right lung and spleen which was enlarged and tender, operation was advised against on the ground that the operation *per se* would have a fatal issue.

The patient was placed on large doses of urotropia, and from September 27th to October 4th, she was given eight successive doses of a mixed stock vaccine, which had been prepared in the experimental laboratory of one of the large commercial drug firms, and contained a mixture of dead streptococci, staphylococci and the colon bacillus. The effect of these injections was entirely negative, no change being noted in either the temperature curve or the general condition of the patient. The chills, marked variations in temperature and prostration continued with increased stupor and evidence of a rapidly approaching fatal termination.

A second ureteral catheterization was made by Dr. Durham, who reported that 5iv of clear urine were obtained from each kidney, and that the specimen from the right ureter was more highly colored than from the left. Each contained a few pus cells and were otherwise negative.

A blood culture was now requested and for the result and technic of this procedure, I am indebted to Dr. Kelly, of the pathological department of the hospital. For purposes of brevity the details of this technic will be omitted except to state that the method employed was so accurate and painstaking as to exclude any possibility of contamination, a condition which sometimes obtains when the blood is secured by means of a hypodermic puncture of the vein wall through the intervening skin. In this instance, the vein wall was exposed by means of a skin incision at the bend of the elbow and the blood obtained through a canula inserted into the vein. The result of this culture in due time showed a luxuriant growth of pure staphylococcus and from this growth an autogenous vaccine was prepared in the usual manner after the method of Wright, by Dr. Dexter, the attending pathologist.

An illustration of the temperature chart was presented which showed the characteristic temperature curve during the few days preceding the use of the autogenous vaccine. The temperature picture presented is the same as for the preceding four weeks. This shows the extreme variations in the curve and a note of the daily chill.

On October 20th, the first injection of the vaccine was made in the gluteal muscles. Forty million dead bacteria were used at this time. You will observe that the chills which had recurred at regular daily intervals ceased after the first injection, although

there was no change in the temperature curve.

On the second day after the second injection of sixty million bacteria which was made on October 24th, you will observe an immediate reduction in temperature to the normal point.

Three subsequent injections, one of sixty millions, and two of forty millions staphylococci, were made at intervals of several days, the last on November 4th, and it may be observed that since the administration of the second dose, the temperature record showed a perfectly normal course and has continued to do so up to the present date. There has been a steady improvement in the anemia and the patient has progressed rapidly toward a complete restoration of health. There have been no ill effects or unpleasant sequelæ and the patient has recently been discharged from the hospital in excellent condition.

GLIMPSES OF MEDICAL HISTORY.*

BY SAMUEL E. ROBERTSON, M. D.,
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In 1886 there was published an address by Dr. Austin Flint, Sr., which was to have been delivered before the British Medical Association that year, but his sudden death prevented the reading of the address. The title was "Medicine of the Future." In this small book he made some predictions of the future progress of medicine. It is somewhat remarkable to read of the great foresight of this truly wonderful man. I desire to compare his prophecies with the actual facts. Before doing so I will run over very briefly the progress of medicine during the Christian period in order that you may compare the quality and quantity in this era as well as the effect of the general intelligence of the people of different periods upon so necessary a profession as that of medicine.

About 500 B. C. among the doctors at the Temples of Cnidos and Cos, not the priests of the temples, dwelt a class of men, the chief of whom was Hippocrates, who bound themselves to investigate the causes and courses of disease, also to keep that knowledge within their own cult, in order that they might maintain the dignity of their art, and at the same time, keep a record of what was the best known about disease. Their power of observation was acute and

*President's Address at the Annual Meeting of the Essex County Medical Society, April 4, 1911

remarkably correct, considering the unstable basis upon which they built—for instance, in the treatment of tuberculosis, Hippocrates said that such patients did better in pure air, at the sea or in the mountains. He did not give much medicine, but trusted in baths, exercise, massage and diet. Anatomy and physiology were studied with care by him and his friends, and although during the next three or four centuries, progress was made as the result of these studies, it was not until the time of Galen, a Greek, about 120 A. D., that marked advance in the study and progress of medicine took place. Galen studied anatomy very successfully. He experimented in physiology, studied the action of the heart and lungs, noted the difference between diaphragmatic and intercostal breathing and distinguished between motor and sensory roots of nerves as they left the spinal column. He was a clinical student and used his patients to elucidate his theories. His methods of treatment were those of Hippocrates, and they were the controlling influences in medicine up to the time of Harvey. He showed that the arteries contained blood and not air, spirits or vapors.

During the Middle Ages, the centre of medical knowledge drifted to Arabia and there the Arabian physicians followed out, in a way, the methods of Galen for the benefit of their patients, yet owing to the ignorance and superstition of the people, they claimed that they obtained their knowledge from the gods in an occult manner and practiced accordingly. Notwithstanding this public method, in private many were students, and we have had handed down to us from them correct descriptions of smallpox, measles and other contagious diseases. Following this period, during the so-called "Renaissance," the methods of Galen and Hippocrates were re-established and from them developed the medicine of the future.

During the fifteenth century, Vesalius, a native of Holland, was the leader for the time being. He was called the "Anatomist," and by practicing dissections of the human body, obtained the dislike of his neighbors, but he also obtained a very correct idea of human anatomy. In the same century Paracelsus, a Swiss, became a leader, on account of his knowledge of chemistry and metals, through which knowledge he improved pharmacy and therapeutics.

About the same time, Ambrose Pare, 1617-1690, became known as a surgeon and

he has been called the "Father of Modern Surgery," being the first to use ligatures in arterial hemorrhages. Thus you will observe that in these periods when the people were inclined to literature, philosophy and education generally, the practice of medicine progressed and the results of practical experiments were tabulated and investigated, and deductions in the path of advancement made.

Shortly after the time of Pare and Paracelsus, the striking advance of William Harvey's discoveries came, when in 1628 he published his work on the circulation of the blood, making another important epoch in the history of medicine. Next we come to Sydenham, who came nearer to the cause of fevers than many others even up to very recent times. He looked upon fever as the result of efforts of nature to rid itself of injurious agents causing disease. He was a great clinician, and his writings on various diseases give a wonderfully correct picture of these diseases as we see them to-day. He was the first to use Cinchona for malaria. After Sydenham we have the Dutch School headed by Boerhaave. This school started the first medical university at Utrecht about 1700, and from this university came pupils who started the medical schools at Edinburgh, Leyden and Vienna. The method of study was clinical. Boerhaave was a chemist in the first place, and from his studies of nature by chemistry came his method of the study of disease as a department of the study of nature, and as chemistry was one of the important agents at that time, so I believe to-day, chemistry is probably more necessary as a preparatory training to the study of medicine than any other branch of learning.

John Brown, a student of Cullen, of Edinburgh, in 1780, gave his views on the cause of disease to the effect that "debility" was the fundamental factor in disease, striking very near the accepted theory of "personal resistance" to-day. About the same time, 1761, percussion was used as a method of diagnosis by Avenbrugger of Vienna. In the same year, Morgagni published his "De Sedibus," in which he presented the advantages and results of studying disease by post-mortem investigations. At this period, too, we have the two Hunters, John and William, who were surgeons and pathologists, and after them their nephew, Matthew Baillie, who published books and plates on disease and anatomy, and perhaps helped the study of medicine as much as any one at that time.

In 1796, Jenner gave to the world his discovery of vaccination, starting in this way the path to what is now called the "Germ Theory of Disease." In 1776, Priestly discovered nitrous oxide gas. Sir Humphrey Davy in 1799 used sulphuric ether on himself for toothache and found it relieved pain. In 1818, Faraday pointed out that sulphuric ether produced an effect similar to that of nitrous oxide gas, but notwithstanding this, the realization of what their knowledge meant did not come to them. In 1844, Dr. Wells had a Mr. Turner give him nitrous oxide gas while a tooth was extracted. Wells had an assistant named W. T. C. Morton, who gave sulphuric ether for Dr. Warren in the Massachusetts General Hospital while a tumor was removed without pain, October 16, 1846. Dr. Oliver Wendell Holmes, by the way, gave the names Anæsthesia and Anæsthetic. Sir James Young Simpson, of Edinburgh, in 1847 used chloroform for the first time in an operation. In 1819, Lænnec wrote of "Auscultation" in diseases of the chest, and his home, Paris, was the centre for medical students.

Next comes the analysis of urine and the relation of albuminuria to dropsy and diseases of the kidneys by Richard Bright, of England, and Dr. Wells, of Charleston, S. C. It is very interesting to notice the travel of the study of medicine from one country and city to another as the individual comes to the surface. The microscope now comes to make its influence felt. The study of cellular pathology by Virchow; the experimental physiology of Majendie; the investigations of cardiac physiology and the actions of drugs in cardiac pathology by Cohnheim; the physiological researches by Claude Bernard, and the investigations into the affections of the brain and into neurology by Charcot, following one another so quickly that the status of medicine was changing almost hourly. But the really crowning event of the many advances was when Pasteur published his views of the ætiology of bacterial life. His work at first was along industrial lines, as in the wine disease, the making of vinegar, growths in beer, and chickenpox, cholera, anthrax or splenic fever, and he showed the action of attenuated virus in hydrophobia, cholera, diphtheria, etc. Meanwhile, without knowing the reason for the process, Lister described the action of carbolic acid on wounds. And then comes Koch with the specific cause of tuberculosis, and we

are within the memory of many men who are here to-night.

I remember very well, looking at what was considered about the first specimen of the bacillus of anthrax in this country and also the bacillus of tuberculosis. The changes have come so quickly that one can hardly realize that so much could be accomplished in the time of one person's life. During the last fifty years or so, we have had also the discovery of the clinical thermometer, the ophthalmoscope and laryngoscope, the proctoscope, cystoscope, polariroscope and other aids to the practice of medicine. Dr. Flint, in describing the condition of affairs in 1886, undertook to prophecy what would happen in the next fifty years, and while he had a clear view of things, he had no idea of the rush of science through the swift flight of time.

I will now take up briefly his predictions and show how almost all have been fulfilled before one-half of the fifty years have gone by. The following are the most marked predictions of Professor Flint. I repeat them for you to form your own conclusions:

"The illumination of microscopical objects may be increased." "The practical application of the spectroscope may be enlarged." "The development in optics may furnish new methods of observation." Was he thinking of the X-ray and fluoroscope? "The process of staining may be extended and applied to the study of normal as well as morbid components of the body." "It is a significant fact as regards the future, that the use of dyes has brought into the range of vision objects which, without their use, the microscope fails to make visible."

About the blood, Dr. Flint said: "Analytical chemistry carries the investigations beyond the field of the microscope. The latter seems to promise the most in pathology and physiology. But, is it not rational to look for more brilliant results from the chemical analysis of the blood in health and disease?" He did not know that chemistry would also be the most essential element in the study of bacteria and their products. Again he says: "Histology may disclose the agents, but it leaves us in the dark as to the agencies. How is it that the secretion, excretion, nutrition, growth and certain morbid products are brought about?" Thus, you hear the first about toxins, antitoxins and anti-bodies, opsonins, staphylococci, streptococci, etc. He rightly says, "That the supreme objects of study are the study of micro-organisms through their natural history, but these agents are

probably pathogenetic, not directly but indirectly by means of the toxic products of their activity. What are these products and how do they give rise to the phenomena of disease?"

This appears to me to be the very essence of foresight and thorough understanding of the progress of medical investigations as proven by what has taken place since his death. What would Dr. Flint say to the numerous tests and their results of to-day, namely, the Wassermann test in syphilis, the diphtheria antitoxin, tuberculin, typhoid antitoxins, etc., all possible by reason of the researches in chemistry, which he so clearly predicted as the leading agent in this work. He further says: "The sense of hearing has contributed most important information respecting the condition of the body, especially the chest," and he refers to the telephone, microphone and phonograph, says much more is to be learned from this source, and refers to the instance of the physician listening to the cough of the croupy child over the telephone and then prescribing by means of the telephone. Incidentally, I might say, he says he does not know whether this will be for the benefit of the physicians or not. He says twin pregnancy may perhaps be ascertained by listening for the foetal heart sounds, all of which has come true. While he says this of hearing, he has no glimpse of the wonderful X-ray, radiograph, violet rays, etc. He says: "The influence on therapeutics of the knowledge of the natural history of disease, acquired in less than fifty years has been great." Would he not be surprised to know that in less than twenty-five years this knowledge has reduced therapeutical demands, by medicine I mean, to almost the point of extinction. He says, "With the now prevailing views, it seems a surprising statement that phthisis pulmonalis may be self-limited and end in recovery purely from an intrinsic tendency, and yet I venture the statement that before many years elapse it will be generally accepted to be a fact."

And so he goes on, forecasting the results of the future work and the agents used. Many of these he predicts with an accuracy which is astonishing. In regard to bacteria, he says, "The presence of parasites is but one factor in the aetiology of disease," and then proceeds to say: "Conditions favorable for their lodgment, growth, multiplication and colonization, and also a diathesis are no less essentials," showing again the line of thought which told what has been so laboriously evolved since his time. He refers to

the thyroid body, leucocythemia, pernicious anemia and Hodgkin's disease much in the same strain.

In concluding the book he refers to the study and practice of medicine as well as the position to be held by medical men of the future, viz.: that the study will gradually become more clinical and experimental, and that the study of the functions of the organs and tissues will include experiments upon lower animals, saying that "it is a reflection upon the intelligence of the community that endeavors to restrict these efforts to benefit the higher race at the expense of the lower."

I have, in passing, hinted at the realization of many of the advances prophesied by Dr. Flint. I wish now to state in a more definite form the principal steps taken in this onward march. Almost before the ink was dry upon Dr. Flint's pen, four Newark boys returned from the Pasteur Institute in Paris, where they had been inoculated with the antitoxin of hydrophobia, with the result that they all escaped this dread disease, although others bitten by the same dog, died here in Newark from hydrophobia, the autopsy upon one of whom I saw the second day I was in Newark, twenty-five years ago the twenty-fourth of March. This treatment of these boys was the cause of Dr. Biggs and others being sent to Europe to study bacteriology, and from this beginning we have the wonderful procession of the study in this country of all kinds of bacteria, their habits, manner of growth, excretions and secretions, so truly suggested by Dr. Flint, and by the aid of chemistry, which he also suggested, we have been enabled to make delicate tests and dissections far beyond anything imagined in his time. It appears to me as though it were ages ago, when our diphtheria patients died in a regular manner thoroughly in accord with our ignorance of those days. You younger men can have no idea of the feeling of relief the older family practitioners had when they found diphtheria antitoxin stopped the procession of twenty-five per cent. or forty per cent. mortality, and within two months after the introduction, the writer reported one hundred and seventeen cases of diphtheria and diphtheritic croup with only seven deaths, where the diphtheria antitoxin was used. In the matter of tetanus, here again we have had an improvement, and it is many years since the writer reported the first case of tetanus in New Jersey cured by the use of the new tetanus antitoxin. But these are

to-day matters of common occurrence. The typhoid serum has deprived the army officers of that dread disease of the camps; cholera, pneumonia and sepsis, and many others are coming in the same category of controllable diseases. The proper understanding of the latter, viz., sepsis and its causes, has produced a revolution in surgery, and it is here perhaps more than in any other quarter, that the people are learning that the science of medicine is a reality, and many things can be done to extinguish many of the miseries of life as looked at from the standpoint of the past. What the future will bring forth would require a very bold man to foretell. Every journal tells us of advances made, and yet the ills of mankind are numerous, and the good work must go on *pari passu* with the march of civilization, each new era developing maladies peculiar to the period and people, and our art and science will never become a fixed science, and in consequence of this, it will always be necessary to keep up the standard of education of the medical man in order to command its study and practice by men of the best and highest character, to the end that the title of M. D. will point out a person who is worthy of the respect and gratitude of all without further description.

COFFEE.*

BY HENRY CHAVANNE, M. D.,
SALEM, N. J.

Your essayist in presenting this treatise on such a well-known and generally used article of our dietary has no apology to make, nor will he occupy space with citations for presumed quotations, abstracts or compilation, having confidence in the generosity of his hearers therefor.

To tell the story of coffee in a practical way and in so brief a narration, furnishing statistics of the world supply, historical matter relating to the many and interesting ways and agencies whereby it has become world-wide known is impossible. Even a volume such as Longfellow tells of in "Golden Legend," "A huge tome, bound in brass and wild boar's hide," would not be adequate, but if an honest effort to contribute some knowledge to the lover of coffee shall increase his enjoyment of the cup that stimulates but not inebriates, the writer will be amply rewarded.

The outrageous travesty upon good coffee

by the decoctions dignified by that name, that has cheated the writer out of the enjoyment of an anticipated ideal cup of coffee has provoked the curiosity to know why there existed such a wide range in quality and taste as offered in the trade and restaurants.

Questioning, reading, observing, supplied texts for research; and the ways it led, the subjects it introduced, were interesting and enjoyable.

History: remote, ancient, medieval, revolutionary and modern. Oligies: social, political, religious, medical, literary, were all tributary to coffee. Botany supplied no small share of information and pleasure. Its place in botany is in the "Natural Order" *Rubiaceae*. Species, *Cinchonaceae*, related to the plant and source of quinine.

A shapely shrub or tree, 8 to 40 feet high, branches opposite, ever green, many varieties, leaves large, glossy, long ovoid, flower clusters tubular five cleft—those of *caffea Liberia*, six or nine cleft.—white, fragrant, borne in axila of leaf. Fruit fleshy, cherry like, two-celled, one seed in each cell. Two species of importance: *caffea Arabiaca*, *caffea Liberia*. The latter of stronger growth and thriving on a lower level than the *Arabiaca*, which requires to be cultivated in a zone of 15 degrees either side of the equator and at an altitude of from 1,000 to 4,000 feet above sea level, and the temperature ranging from 60 degrees to 90 degrees Fahrenheit. Habitat, Abyssinia.

The early history of coffee is obscure. A valuable manuscript in possession of the Paris Historical Society records that coffee was known as early as 875 A. D. Legendry relates that the effect observed upon goats that browsed on the plant suggested its use to overcome persistent sleepiness so annoying to the dervishes during evening prayer. The experiment proved successful with the monks and won favor as a beverage. The laymen followed the example and coffee passed to and became a choice beverage in Arabia. Pilgrims annually flocking to Mecca were initiated into this new fragrance of the faith, and carried back the bean in their saddle bags to all parts of the world professing the faith of Islam. By 1554, coffee had invaded Constantinople. In 1652 coffee was introduced to the Christian nations by stepping over the bounds of Mohammedanism into London.

As early as 1658 the use of coffee had been revealed to the inhabitants of Marseilles, but it had a slow beginning in

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France. Frenchmen looked on the new drug with disdain, avoiding the coffee houses—café—and frequenting the wine shops out of sheer spirit of nationalism. It required some extraordinary incident to introduce it to people like the Parisians. This occurred in 1669, and by a gallant and wily Turkish Ambassador to the Court of Louis XIV., diplomatically and with effect. But the King did not drink coffee; of course, the court did not. "LaGrande Monde," with mad Savigne at their head adjured it, as that amiable letter writer said: "Coffee and Racine will pass." However, there were independent spirits like Boileau, Moliere, Lafontaine and Racine, who did not follow their prejudices, and opposition gradually fell. The next King—1770—to please his mistress, Mad. DuBarry, drank coffee. So did the court and society.

The Germans began to drink coffee during the seven years' war, 1756-63, having been preceded by the Netherlanders. All opposition failed to suppress it, but one actual check was Napoleon's blockade.

A cosmopolitan—so to speak—and most democratic, coffee found favor in the palace and the laborer's hut alike; and wherever served, it comforted and cheered as no other substance under the sun.

A fact significant in itself is, that long before chemists had isolated the active principles of the coffee bean and demonstrated their physiological effect on the human subject the subtle principles embodied in Arabia's fragrant berry had fairly won first place in the world's social and domestic economy, overcoming the opposition of political and religious bigotry, though aided by civic and military power.

As a promoter of the social element in man it has been an aid to liberty and freedom of speech; for where coffee was served there the feast of reason began, and naturally discussion and interchange of theory and thought followed.

In London, coffee houses were social centres; there men of mutuality met to discuss literary, political, social and public affairs, and, no doubt, there historic events had their inception. In Macauley's history we read: "Wild rumors which flew without ceasing from coffee house to coffee house." The same was true in the cities of France, the celebrated "Cafe Procope," Paris 1686, immortalized by its association with the names of Boileau, Lafontaine, Moliere and later Rousseau, Voltaire, the Encyclopedists, and during the French Revolution, Robespierre, Danton, our Tom Paine and

others. What memories of disputes, quarrels, conspiracies, intrigue and treachery linger about the old structure.

The change that time brings caused the passing away, and nothing remains of the old coffee houses of which we have read with the names of Addison, Pope, Johnson, Steel, Dryden and contemporaneous worthies, who assembled to compare notes and witness the quarrels of the two first named.

In England tea, because it is cheaper, has outstripped the Arabian berry and the call for a pint of bitters, or "arf and arf," has been substituted for coffee in what now is nominally a coffee house.

In Colonial days and those of the early Republic, New York and Philadelphia had their coffee houses, but they differed from the European café's, being chiefly business or political headquarters and of alimentary character.

With those who—perhaps honestly—condemn the use of coffee as a beverage—as they reason—because of the several injurious effects on the system, so assiduously exposed, the writer has no quarrel, whoever he may be, professional, or pseudo-hygienist.

To review in this limited article opinionated notes and experiments so freely distributed would be a travesty on your intelligence as medical men. This paper is a criticism on coffee *per se!*

Coffee is not used in medicine except as an auxiliary, and indifferently. But in view of its value as a beverage it compels the doctor to give attention to the dispute, leaving speculation respecting its action physiologically on frogs and other abnormalities to the enjoyment of the esthetic scientist.

It is not here permissible to discuss the drug coffee in the air of a chemical or therapeutic laboratory. Cushing, Hare and Partholow do; these teachers tell you that coffee depends principally on the alkaloid caffeine $C_8H_{10}N_4O_2 \cdot H_2O$ as other drugs of the group: tea, cocoa, guarana, mate kola nut. By a like theory your essayist would have you believe that you walk because you have legs. They describe every effect and symptom produced by that principle, to the delight of those persons obsessed with the ghost of Hygiea, and think they are divinely informed of an ambrosia menu, and as the poet wrote:

"There stop'd the car, there the coursers stood.

Fed by fair Iris with ambrosial fruit."

As Professor Darwin said, speaking of

granite rocks, "We may think of anything that comes within the scope of our appreciation, but is beyond our apprehension; they are objects possessing a high interest which is increased by their close neighborhood to the realms of imagination."

Our stomachs are so much with us and we are so beguiled with talk of rare flavors and high per cent. of proteins that we fail to appreciate the fact that formulas of figures, physics and fanatic fads are fateful to functions. It is not the nutritive elements that analytics claim for the several recommended healthful beverages that give them value, for their starch is changed to charcoal in roasting and their albuminous properties are locked insolubly by heat, leaving to the small per cent. of fat and starch that may remain free to flavor the bouillon. No claim is made for a nutritive property in coffee. It sustains.

Notice the following, not the author's figures:

Coffee roasted—

Water	1.1
Protein	14.
Fat	14.5
Nitrogen	42.3
Fiber	18.2
Ash	3.9

Cereal roasted—

Water	6.2
Proteid	13.3
Fat	3.4
Carbohyd—Charcoal	72.6
Ash	4.5

Coffee depends on three constituent principles, which, in their reaction on each other, maintain the balance of that property specific to coffee *per se*.

The intoxication so frequently spoken of by opponents is not like alcohol, psychopathological, but mildly symptomatic.

True enough, black coffee will make some people lie awake and try to stare through the ceiling, impressed with the clearness of the different sounds characteristic of the night. In time they will fade into busy sleep as though wakefully engaged, mentally; with no idea of time, they will awake at an accustomed hour.

Caffeine $C_8H_{10}N_4O_2 \cdot H_2O$ is the primal culprit, assisted by caffeine $C_8H_{10}O_2$; the absence of N_4 modifies the action of the above, and caffeic acid $C_8H_6O_4$ completes a trinity that the pharmacologist should long ago have adapted to our service more effectually than we have it.

The value of coffee to the doctor is evi-

dent in that it exhilarates, arouses the nervous centres to activity, counteracts the stupor occasioned by fatigue, allays hunger to a certain extent, gives to the weary increased vigor, and imparts a feeling of comfort and repose.

The incongruities that seem to appear in the foregoing epitomized physiology of the drug, to explain, would require an extensive dissertation. But the following is given as a pointer.

Perhaps, to compare it—coffee—with digitalis, with which we are familiar, we may explain the dual activity of our subject.

Digitalis effects only certain involuntary muscles; coffee, like alcohol, stimulates the entire nervous and vascular system. One cannot be substituted for the other. Coffee acts where digitalis ceases. If the heart muscularly is not competent to propel the blood, digitalis cannot strengthen it. Coffee acts by stimulating the nervous centres which are the heart's power. It stimulates brain activity in that, under its influence, the amount of blood circulating in the brain is lessened, but is served with more force, thereby reducing the plenitude of the cerebral vessels and relieves the entire vascular system. Its service in opium poisoning as in other cerebral congestions is thus explained.

It stays heterogenous change by slowing the waste of tissue thereby modifying the demand for food by decreasing the blood supply to the tissues but serves it more forcefully and rapidly, hence the assimilation of nutritive matter is increased in rapidity, though less in quantity and more thoroughly; this is indicated by the diminished quantity of solids in the urine.

The combined activity of all the metabolic functions is shown by diminished force, frequency and volume of the pulse after the primary transient stimulating impression has subsided. As an auxiliary to quinine it has not been credited its due.

However, it must be remembered that, because of its specific arterial activity, the venous side of the circulation may become distended, and the engorgement of the normal circulation as a consequence. This, perhaps, explains the cause of biliousness that sometimes affects the habitual coffee drinker.

N. B.—The species and variety and region or source of supply demand attention; also its preparation as a beverage; or auxiliary service to the doctor is worthy of consideration. To treat these properties is not

here permissible. However, be a Solon and get information from an original source.

Learn why coffee is called the "intellectual beverage;" ask the veteran of the Civil War what coffee was to him on his marches in absence of rations and when fatigued; why Admiral Dewey took an hour out of an eventful battle that the men might have coffee, and why this fragrant beverage has displaced the ration of grog from the navy.

And perhaps the continued supply of the essence of Araby's blessed bean to the Federal soldier, and its absence from the service of the Confederate veteran, had more force in deciding every battle that required three days' action in favor of the Union forces.

Inquire among the laboring class (not the sedentary) of your community who are producing the most physical force, compatible with the least nervous energy, etc., if they drink coffee.

Modern complaints regarding coffee are compatible with the inapprehensible "trend the rust complexioned man pursues, whose blood is dry, whose fibers gain too stretched a tone."

Who never tasted a cup of *café au lait*, or a *demitasse noir*, or, if scruples did not forbid, *un tasse avec un petit verre a gloria*—the result of a carefully ascertained proportioned combination of strength, aroma, roundness and felicity, so prized by the epicure, and the best gift of the tropics.

Clinical Reports.

Pregnancy Blindness.

In Himmelheber's case a woman of 34, with chronic nephritis, in the fifth month of her seventh pregnancy developed amaurosis with headache and detachment of the retina on both sides. Abortion was induced and was followed by retrogression of the detachment of the retina, but the atrophy of the optic nerve proved irremediable. The trephining to relieve the pressure on the brain evidently came too late; the pupil reaction was abolished by the second day after the woman had entered the hospital. The case teaches the importance of emptying the uterus and of prompt measures to reduce the intracranial pressure if vision is not promptly restored.

Late Pregnancy.

Dr. C. C. Norris, in the A. M. A. Journal, April 22, 1911, reports the case of a woman, aged fifty, who had been twice married but had had no children, though she had been operated on after each marriage by dilatation and curetting and simple dilatation of the cervix without results. Menstruation had continued, usually with but slight discomfort. She had never had

severe dysmenorrhea. The genital organs were rather normal though the os was small. Dilatation was performed and a rather thick Wiley drain inserted ten days before the expected monthly period. The Wiley drain is a sort of groove-stem pessary. Pregnancy followed, with normal labor and delivery. The advanced age is of interest in this case, though menstruation is not uncommon after the age of fifty.

Spontaneous Healing of an Old Vasico-Vaginal Fistula.

Dr. H. Crutcher, in the Illinois Medical Journal, reports the following:

A woman, aged 68 years, mother of several grown children, was operated on several years ago for vasico-vaginal fistula, the obliging operator leaving behind two silk-worm gut stitches, around which a large calculus formed. I removed the stone and the stitches in April, 1909, and advised that another operation would be necessary to close the fistula. To my surprise the opening closed about a year after my operation without further operative measures of any kind. Considering the persistency of such lesions, I regard the result as worth reporting.

Bronchopneumonia Showing Positive Brudzinski Neck and Collateral Signs.

Dr. Martin J. Loeb, of New York, reports this case in the A. M. A. Journal of May 13, 1911:

History—Baby B., aged nine months, had a normal but difficult birth; no instruments were used. It had been artificially fed since birth. Stools passed twice daily, yellow, no curds. Nutrition was good. Family history is negative. There is a history of scarlet fever (?) three weeks before I saw the child. The infant became suddenly ill on January 27, 1911; the mother observed fever and cough.

Physical Examination.—The head was abnormally shaped, the left occipital region sloping downward and being depressed. It had been so since birth. The anterior fontanelle was one-half inch wide; there was no bulging or pulsation. No flatness could be elicited over the skull. The tongue was coated. Prostration was intense. Respiration was rapid, but not accompanied by pneumonia grunt or dilation of the alae nasi. The pulse-respiration ratio was $2\frac{1}{2}$ to 1. The lips were slightly cyanosed. There was slight rigidity of the muscles of the neck. The chest showed diminished expansion on the left side. There was no dulness, and neither rales nor bronchial breathing, though on the third day small mucous rales and bronchial breathing could be made out in the lower mid-axillary region on the left side. The abdomen was not large, was rather soft and flabby. The spleen and liver were slightly enlarged. Heart action was rapid but there were no murmurs.

Reflexes: The pupils were normal and reacted to light; there was neither nystagmus nor ptosis of the lids. Brudzinski's neck and collateral signs were present. Kernig's and Babinski's signs were also present.

All these signs were elicited up to the third day. Between the third and seventh days I did not try to obtain them. On the seventh day the temperature was normal and these signs were no longer obtainable.

The temperature ranged 102.5 to 104 F.; respiration ranged from 65 to 90 and was irregular; pulse varied from 160 to 200. The child made an uneventful recovery.

Gunshot Wound of Brain.

In the first case cited by Dr. Da Costa a No. 22 bullet was lodged in the brain for eight months, producing amnesia and convulsions. It was removed successfully. Convulsions were arrested but the amnesia was not improved. In this patient the shock caused partial amnesia; the bullet, encysted just beneath the cortex, caused convulsions, and Da Costa suggests that in all probability, when the tearing loose of the bullet from the wall which encysted it took place, the bullet moved about and the irritation led to the development of status epilepticus. An interesting fact is that a No. 22 bullet should have pierced an ordinary thick skull and reached the opposite side of the head. In the second case, a bullet of 32 calibre, in the brain for over four weeks, caused violent headache and was successfully removed with complete recovery. The bullet was lodged in the falx and against the superior surface of the straight sinus. The whirr of the blood in that sinus was very distinct as the finger pushed against the bullet. The falx was incised, the bullet was exposed and removed with bullet forceps. On its removal there was a great gush of blood, presumably from the sinus. The bleeding was arrested by gauze packing which made much pressure on the falx and tentorium. Because of the large amount of gauze employed the fear of further hemorrhage, and the apprehension as to the result of compression, the bone flap was removed and the scalp sutured about the protruding gauze. The man reacted quickly from the ether and a few hours after the operation was perfectly conscious and free from pain. The packing was not removed for nine days. On its removal there was no bleeding. The patient at present is in excellent health.

Multiple Rupture of the Choroid.

Reported by Dr. H. B. Lemere, of Omaha, Neb., in a paper in the *Western Medical Review*, March, 1911.

George K., ironworker, presented himself for treatment August 22, 1910, for injury sustained eighteen days previously. He stated that he was struck in the right eye by the piston of a pneumatic hammer which exploded. Status present, scar on face $\frac{3}{4}$ inch long following the outer half of the lower margin of the right orbit. There is also a slight scar on the margin of upper lid of the right eye, centrally located. There is slight conjunctival injection of the right eye and the pupil is dilated one-half maximum. Ophthalmoscopic findings show a small unabsorbed clot in vitreous just anterior to the retina. The fundus, however, can be distinctly seen and four separate ruptures of the choroid made out to the temporal side of the nerve and concentric to it.

The nearest line of rupture is close to the optic nerve and is about $1\frac{1}{2}$ times the diameter of the nerve head in length. The most external (temporal) line of rupture is four nerve heads in length and extends through the macula. The other two lines are two distinct lines about $1\frac{1}{2}$ nerve heads in length, situated between the

two above mentioned ruptures. There is a pale area external to these about $\frac{1}{2}$ a nerve head in width and $1\frac{1}{2}$ nerve heads in length which might possibly be considered another rupture. The vision is at three feet.

The patient was under observation about six weeks. The clot cleared entirely away. The lines of rupture did not change in appearance except to become a little fainter and the ultimate vision was 20/40 with 1.50 sphere.

Atheroma in the Region of the Frontal Bone.

Tsinakewitsch, in *Praktitscheski Watsch*, cites the following:

The patient was a woman 42 years of age, who since childhood had been a bearer of a tumor the size of the hen's egg, over the left eyebrow. The swelling was covered at the sides and at the base with a hard bony capsule, which occupied two-thirds of the periphery mesially, above and laterally. The margins of the bone were somewhat everted and irregularly crenated. The tumor had rapidly increased in size during the last few years and caused a dull headache. The diagnosis was dermoid cyst. An operation was performed, consisting in removal of a part of the bone and enucleation of the tumor from its bony bed. The skull in this region was found to be as thin as paper. The tumor contained a turbid whitish somewhat thickened fluid, and accordingly represented a congenital atheroma (epidermoid cyst).—F. R., in *Med. Review of Reviews*.

Rare Disease of the Esophagus.

In the Vienna Letter in the *Medical Record* of May 6, 1911, the following case is recorded:

In the Practitioners' Society, Dr. Hans Heyrovsky demonstrated a rare disease of the esophagus. The patient was a woman 34 years old, who, ever since she was 19 years old, suffered from vomiting after every meal. Later when she attempted to suppress the vomiting she also experienced attacks of pressure in the region of the sternum, cyanosis, and dyspnea, which attacks disappeared whenever repeated belching or vomiting occurred. In the medical division of Professor Pal a disease of the esophagus was diagnosed. The patient had on two occasions profuse hematemesis; her attacks of dyspnea were accompanied with intense cyanosis, distention of the jugular veins, and swelling of the thyroid. These attacks subsided with the regurgitation of air. During the act of swallowing she swallowed air in order to press downward the contents of the esophagus; the accumulation of air in the latter, as revealed by the X-rays, caused severe respiratory difficulty, owing to pressure upon the trachea. Radiographic investigation by Dr. Holzknacht showed that the esophagus formed above the diaphragm an S-shaped tube, with a diameter of two finger breadths, which made it impossible to pass a sound into the stomach. From the esophagus it was possible to remove 500 c.c. of fluid mixed with food remains, in which there was no free hydrochloric acid, although it contained lactic acid. The patient was transferred to the surgical service of Professor Hoche-negg, and last June a gastric fistula was established in order to nourish the patient better, and in order eventually to dilate the cardia by way

of the gastric fistula. The latter procedure did not succeed; accordingly, last December a second operation was performed. This consisted in drawing the esophagus so far below the diaphragm that one could perform an anastomosis between the esophagus and the fundus of the stomach. Even the normal esophagus can be drawn below the diaphragm, as may be demonstrated in the cadaver; in this case this was still easier, since the esophagus was elongated. The result was a favorable one. Convalescence was complicated by a left-sided pleurisy. The patient can now swallow any kind of food without difficulty. Heyrovsky believes that this case was one of peptic ulcer of the cardia, with spasm of the latter, and with the later development of a stenosis, which controlled the clinical picture. All former instances of anastomosis between the esophagus and the stomach have ended fatally.

A Remarkable Case of Mammary Cancer.

Reported by Dr. H. Crutcher, Roswell, New Mexico, in the Illinois Medical Journal, April, 1911:

In 1898 I operated on a woman aged 50 years for carcinoma of the right mammary gland. The operation was confined to scraping away sloughing tissues, as the husband of the patient, although a physician, absolutely tied my hands, insisting that he "had always seen death follow operations on the breast!" Recurrence followed in the opposite axilla. Cancerous nodules appeared here and there, and my recollection is that I performed five or more operations at various times, covering a period of eight years, all of which time the patient appeared to be in perfect physical health. She was always in good spirits, seldom complained of serious pain, ate heartily, and went about as usual. I ought to say that the clinical picture was perfect and that the diagnosis of scirrhus was repeatedly confirmed by Dr. W. A. Evans, of the Columbus Laboratories. After my removal from Chicago this patient was operated on several times, once, as I recall, by Dr. Charles Adams. She died in November, 1910, at St. Luke's Hospital, Chicago. That she should have been the victim of a serious cancer for about fifteen years seems to me so unusual that I feel that the case ought to be recorded.

Probable Sarcoma, With Prompt Recurrence Following Operation.

Dr. Crutcher reports also this case:

A sailor, aged 50 years, called to see me concerning a progressive swelling in the left groin. He was suffering from chronic tuberculosis and had a well-marked specific history. I told him that the growth was in all probability sarcoma, that its prompt removal was advisable, but that it would most probably return within a year. We appointed the next day for the operation, but before leaving the office he remarked: "Doctor, I have a very sore foot, which I wish you would look at." Examination of the sole of the left foot disclosed the presence of a large pigmented mole, now the seat of deep ulceration. The next morning at St. Mary's Hospital I removed the tumor from the groin and cut deeply into the sole of the foot in removing the ulcerative area. Recovery was unusually prompt, the patient saying to his

friends that he was "better than ever in his life." Specimens of the tissues removed were sent to Dr. Robert Smart, of Albuquerque for examination, who at first reported that they were sarcomatous, but a few days later on sent me word that they might be modified syphilitic growths. I showed Dr. Smart's letter to the patient and told him that he had better take up a course of thorough-going alterative treatment, which was pushed to the utmost point consistent with safety. I did not see the patient for several months, when he returned to Roswell with recurrent sarcoma in its most virulent form. It was impossible to count the growths in the scalp alone. The original growth in the sole of the foot had returned and the left groin was as bad as at first. The patient went to Hot Springs, Arkansas, but died within a few days after his arrival at that place. While this patient was undoubtedly syphilitic and tubercular, I believe that he fell a victim to sarcom, in spite of the microscopic findings. Sarcoma to my mind is the master spirit of all pathologic changes. It is, so to speak, the major premise of all morbid developments. The lesson in this case, as in all others, is to remove by a radical operation every morbid growth without delay.

Large Myoma Disappearing After Cutting Off Blood Supply.

This case is also reported by Dr. Crutcher, in the Illinois Medical Journal:

Several years ago I reported a series of cases of inoperable myomata treated by the method of ligating the large vessels of the broad ligaments. The results were wholly satisfactory. Last September a colored woman, aged 40 years, married, never pregnant, consulted me for the relief of an enormous myoma. The growth extended from the pelvis to the diaphragm. I exposed the tumor through a long incision, removed several fibroids from the mass, tied off the broad ligaments, removed both ovaries and tubes, and closed the abdomen. For many days following the operation the patient ran several degrees of temperature and at one time developed a phlebitis of the left leg and thigh; but, four months after the operation, the growth is about one-half its former size and is steadily going down. Meantime the woman has returned to work and feels perfectly able to perform her usual duties.

Case of Hernia in a Child.

Reported by Dr. Thomas G. Dodds, of Oakland, Cal., in the California State Journal of Medicine, March, 1911.

Name, Harry K., age 4 years. Well developed and well nourished; full term child; bottle fed. Mother states that child was "born ruptured." Since birth has had attacks of inability to retain urine. Child exceedingly cross and irritable at all times. At times attacks of vomiting and febrile temperature were noted. At such times child complained of severe abdominal pain. Family physician examined child and referred parents to an instrument maker who applied a spring truss. Mother states that truss has always seemed to hurt the child. Since first wearing truss, which was begun at the age of two years, child has been periodically afflicted with spasms. Complained at intervals of a great deal of pain in scrotum and right inguinal region.

Examined 6/25/10. Physically an apparently normal child except noted absence of right testicle. Oblique inguinal hernia present. Marked sense of resistance noted in lower right quadrant of abdomen. Pressure over McBurney's appendiceal point showed slight tenderness. About one inch lower down a decidedly tender point was found.

Diagnosis—Undescended right testicle. Oblique inguinal hernia on right side, and probably a condition of chronic catarrhal appendicitis. Operation advised.

Date of operation, 7/2/10. Oblique incision on right side down to sac. Sac opened. In sac appendix found coiled upon itself and adherent to walls of sac. When uncoiled appendix measured $5\frac{2}{3}$ inches in length. Appendix removed through opening in neck of sac. Fine silk purse string method used. Undescended testicle found in sac just above appendix. Impossible to draw testicle down into scrotum. Testicle about $\frac{1}{3}$ size of left testicle. Removal of testicle. Typical Bassini operation completed on R. side.

Post-operative History — Appendix opened after removal; found to be catarrhal in type. Child left hospital in two weeks. Has since gained in weight; has become less cross and irritable; has had no recurrence of spasms or pain, and no further incontinence of urine.

Conclusion—All cases presenting themselves wherein an absence of the testicle is noted along with a condition of hernia, are not well adapted to the wearing of a truss. It is always advisable that the physician himself should fit the truss, should the advisability of wearing such be determined upon. It is unwise to cause the pressure of a truss to be brought to bear upon a testicle that may be caught in the inguinal canal.

In two and one-tenth per cent, of all children who are born ruptured, the appendix will be found in the sac. A ruptured child having a history of repeated attacks of spasms may in reality be suffering from repeated attacks of appendicitis.

Intestinal Obstruction.

Dr. J. R. Morison, in the Medical Press and Circular, London, reports a case of intestinal obstruction due to a malignant stricture in the splenic flexure of the colon with hypertrophy and distention of the cecum and colon, proximal to the stricture, the contents being actively virulent in consequence of colitis and retention above it. No material benefit followed medical treatment. Following a preliminary cecostomy, half of the transverse and descending colon with a corresponding portion of mesentery was excised with the growth, the ends of the bowel were closed by sutures, and a large lateral anastomosis was established by sutures between the remains of the transverse and descending colon. Fourteen days later, after free irrigation of the colon, the cecostomy opening was closed and twelve days later the patient left the infirmary with his wounds healing and feeling well. The second case was one of acute intestinal obstruction from blocking of the small intestine, with strangulation of a considerable area of the gut. The obstruction was caused by something fixing acutely and kinking the ileum on the outer side of the cecum and ascending colon, and on separating this adhesion pus escaped. After clean-

ing away the pus, a gangrenous perforated appendix was turned out of the abscess cavity and excised. Recovery was subsequently uninterrupted.

Three Laparotomies on Same Patient Within Nine Weeks.

Dr. E. L. Brown reported the following case at a meeting of the McLean County (Illinois) Medical Society, February 2, 1911:

On March 16, 1910, I was called to see a patient with severe pain over gall-bladder. He had a slight fever, was a little jaundiced, had severe pain and sweat freely. I saw him three times that day and then he was so much better he said I need not come next morning. April 13, a month later, I was again called and found an abscess under or over the liver, it was hard to tell which was the original seat of the trouble. Patient was in great pain, fever very high, sweating septic; consultant declined to operate as the case seemed hopeless. In a few days when in pain patient began to cough up a great quantity of pus of putrid odor so strong that others could not stay in the room. After that the patient began to improve and was able to come to my office May 25. In June and July he was pretty well, but August 24 the abscess under liver reappeared and patient went to hospital for operation by Dr. Noble, whose reports are as follows:

Patient was seen August 23, 1910, and sent to St. Joseph's Hospital, where, August 25, 1910, he was laparotomized. An incision one inch to the right of the median line, one inch below the right costal border was made, through which access was had to a cavity, which on the median side was walled off from the general peritoneal cavity by adherent intestine. The cavity in which we entered was found to extend up under the liver to the diaphragm and contained pus and necrotic material. Its protection wall to the median side was not disturbed. Three drains were inserted and the abdominal wall closed with exception of the drain exits. The wound drained freely for about six days, at the end of which time all drains had been removed. At the end of two weeks the patient left the hospital, the central drain exit still discharging slightly.

September 29, or about four weeks following the first operation, the wound was entirely healed. Between that time and October 14, 1910, the patient came to the office at irregular intervals, reporting himself in good condition. October 14, he came in complaining of some pain in the right abdominal region. October 15, there was a pronounced bulging in the lower half of the wound area and he was sent to St. Joseph's Hospital, where, October 20, he submitted to a second laparotomy. Upon opening the abdomen through the site of the original incision, we came upon necrotic intestine involving the head of the cecum and about four feet of the ileum. Owing to the extensive necrosis, the extensive adhesions, and the serious condition of the patient under anesthesia, it was decided best not to attempt an intestinal anastomosis at this time. So the cecum was attached to the upper angle of the wound and the ileum in the lower angle of the wound, leaving a fistula at this point. Eleven days following this operation, October 31, a third laparotomy

was undertaken to close the fecal fistula. An incision was made one inch to the median side of the original incision, through which the free end of the resected cecum and the free end of the resected ileum were dissected out from a mass of adhesions and brought into the opening and united by means of a Murphy button, and the incision was closed in layers. Drainage was inserted through the original incision. Four weeks following this operation the Murphy button was removed by means of a forcep from the rectum. Eight weeks following this last operation both wounds were entirely healed and the patient left the hospital. At this date, February 2, 1911, the patient has regained his normal weight, 180 pounds, and he says he is perfectly well. All the functions are normal and he has returned to work.

Abstracts from Medical Journals.

The Specific Agent of Ozena.

Dr. Paolo Barabaschi has made a study of the specific cause of ozena. He found in pure culture a coccobacillus similar to the pneumobacillus of Friedlander. The growths were easily stained with all aniline colors and not decolorized by Gram stain. The organism is endowed with protoplasmic movement, but has no cilia. Intraperitoneal inoculation caused septicemia and peritonitis. The cultures had always the extremely fetid odor that is noticeable in ozena. This organization develops much like the pneumonia bacillus, but its action on milk is different, which it does not coagulate, while the bacillus of Friedlander does coagulate. —*Giornale Internazionale delle Scienze Mediche.*

Pain in the Back.

If one goes over the history of patients suffering from Bright's disease, from stone in the kidney, or from septic infection of the kidney, it is surprising to note how few cases, if any, have pain in the back; that is to say, pain referred to the vertebral column. In most of these cases the pain is a dull ache or soreness referred to the lumbar region, and in the case of colic it is usually referred along a definite path. So, also, the number of cases of pain in the back, popularly referred to some displacement of the pelvic viscera, is far too great to have any definite scientific reason for localizing the cause in that region, and the proof of this lies in the fact that so many of the leading gynecologists of the day are very conservative in their operating on this class of cases.—W. G. Turner, in the *Montreal Medical Journal*.

Cocainism Mistaken for Alcoholism.

Dr. Higier says that two conditions are often confounded. A subject, perhaps a dentist, of neuropathic tendencies begins to use cocaine in small doses, increased day by day. He begins to suffer with tremor and insomnia. His troubles usually begin when he voluntarily cuts down the dose. He suffers from collapse, bad dreams, mental confusion and hallucinations bearing on the conviction of immediate death. He develops a high state of mania. The attending physicians diagnosticate alcoholism

and treat the patient accordingly. There is indeed a strong resemblance between the two mental states. Morphine is of value in either case. The cocaine psychosis is an acute hallucinatory insanity, with a greater tendency to suicide than is shown by the alcoholic. The author insists that cocainomania is easily curable and but seldom relapses. Withdrawal does not occasion the severe abstinence phenomena present in alcohol and morphine addicts.—*Munchener medizinische Wochenschrift.*

School Children and Their Nervous Systems.

Dr. Hartman, in *Penna. Med. Jour.*, May, 1910, p. 587, states that this subject has not received sufficient attention from medical inspectors, and is of the utmost importance from the standpoint of the proper regulation of the physical and mental development of the children. There is no definite knowledge of the part played by any particular study or group of studies or any school occupation in causing nervous affections. He thinks that between seven and twelve years of age overwork at school is of less moment than afterward; in fact, few children before twelve years do overwork; there is no ambition. But after twelve years, and especially in girls, because of competition and severe examinations and discipline and ambition, there is overwork, and it tells on the nervous system. He recommends the introduction into institutions of higher education of a department for the "study of the child." There should also be more co-operation between educators and physicians, for the purpose of maintaining a better standard of health among school children.

The Hospital and the Young Physician.

Dr. William E. Darnall, of Atlantic City, has a paper in the April issue of the *Bulletin of the American Academy of Medicine*, Easton, Pa., of which the A. M. A. Journal gives the following abstract: Speaking of the value of hospital training to the recent graduate, Darnall says that it brings him in intimate contact with the best of the profession, enabling him to be started along right paths. The ability to apply practically what he has learned is developed within him, besides a systematic way of doing things, and he learns that not all of medical lore is to be found in printed books or prosy lectures; he sees something of the personal relation between physician and patient, which, sociologically, is a most important thing. If afterward he acquires a position in some hospital it will stimulate him to put forth his best efforts in scientific attainment. If he has ability along any certain line it will give him the opportunity to demonstrate it. The hospital becomes for the young man a finishing school in which the mind is trained to accurate methods and correct reasoning. The daily habit of thoroughness, diagnostic accuracy and the ability to go straight to the point, laying aside the non-essential and unimportant, after a time become habitual. His work is all charted, and is an open book. He must submit to the criticism not only of men of older and richer experience, but also of the younger men with newer methods and even the interns themselves fresh from the laboratories and the schools. It behooves him, therefore, that his work should be

of the highest grade and the pride of his reputation cannot afford that it be otherwise. His position demands that he should stand for all that is best and most scientific in medicine. This critical fire to which he is subjected, however, brings out whatever qualities he has and stimulates him to give the best that is within him. The greatest good the hospital does in any community is not so much what it does for the individual as the good it does in sending out men trained to the scientific habit of mind, and whose influence and authority as leaders is reflected in the general diffusion of sanitary knowledge in the community.

Heart Failure.

Dr. J. Mackenzie, in the London Lancet, April 15, 1911, states that, according to the bodily requirements, the force inherent in the heart muscle may be considered for practical purposes to be composed of two parts—namely, a part which is employed to maintain an efficient circulation when the body is at rest, and which, therefore, may be called the "rest force." The second part of the heart's force is that which is called upon when the body makes some effort. Heart failure invariably starts in the first instance by exhaustion of the work force. The exhaustion is slight at first, but by the persistence of the casual factors it proceeds until the exhaustion induces such distress as to compel attention, or the rest force is encroached upon, and with the exhaustion of the rest force a point of danger to the life of the individual is reached. Heart failure is no more than the inability of the heart to regain sufficient work force during its period of rest. When exhaustion sets in the first sign is given by some sensation of distress. This sensation arises by calling into play some part of the nervous system. The sensations may be of varied character, as a sense of exhaustion, choking sensation in the throat, tightness across the chest, dyspnea, or pain. When such sensations arise during effort they act as an imperative call to desist from further exertion. The standard by which the heart's strength is measured is peculiar to the individual. The simple test is to observe how the heart responds to effort. Many individuals suffer from extreme heart failure who never show any objective sign, the heart's action and size agreeing in every respect with one's conception of what is normal. But if this method of estimating the condition of the work force be followed symptoms of a characteristic kind will be found that will show the extent of the heart failure, and warn the physician when danger is impending. When one reflects as to what are the essential conditions which lead to heart failure one will at once recognize the great limitations of all methods which depend on the use of mechanical contrivances. The early subjective symptoms of heart failure are breathlessness, pain, hyperalgesia of the external body wall, the sense of compression of the chest, and the feeling of suffocation in the throat. These phenomena when present singly or two or more together are frequently the only grounds on which a safe opinion can be based. The patient should describe his own sensation and all attendant circumstances minutely. One should ascertain if he can do the work and effort of a healthy man at his time of life. If he can do this one should give him a good prognosis. A

careful investigation may reveal that excessive work, worry or sleeplessness has prevented recuperation. On the other hand, other factors may have contributed to the heart's embarrassment, such as poisoning from tobacco or alcohol. By the removal of these causes the heart may be restored to such efficiency that the individual leads a useful life at a lower level, with a prospect of attaining the allotted span. Auricular fibrillation not infrequently induces an extreme amount of heart failure, which may speedily terminate in death. An individual affected by a heart lesion which diminishes his work force must live within the limits of his powers. It seems probable that drugs which have such a potent and beneficial effect upon the heart as those of the digitalis group owe their good effect mainly to the amount of rest procured by the slowing of the heart's rate. Practically all recorded cases illustrating the remarkable effects of digitalis are cases of auricular fibrillation. There is no evidence of the slightest benefit of the effect of medicinal doses of strychnine upon the heart. There are many conditions in which rest alone fails to benefit the heart, as when the heart is invaded by a toxin, or rendered irritable from some lesion in the heart itself, or when the ventricle in heart-block contracts so seldom as to endanger life.—Medical Record.

Primary Sterility in Women.

Dr. A. J. Rougy's remarks, in the Medical Record, Feb. 18, 1911, are based on the study of 120 cases applying for treatment for primary sterility and whose husbands were also examined. He found that sterility was due to inflammatory processes of gonorrheal origin in fully 70 per cent. of the cases. Dysmenorrhea was present in 84 per cent. of the patients. Displacements of the uterus are not great factors in the production of sterility, and seldom does pure mechanical obstruction cause sterility. It is the stenosis of the cervical canal produced by endocervicitis that prevents conception. Sedentary occupation in early adult life is the most important cause for the various flexions of the body and cervix of the uterus. Leucorrhœa was present in 95 per cent. of the patients and in 20 per cent. the reaction was highly acid. The small or infantile uterus, unless associated with other conditions pointing to congenital maldevelopment, seldom, if ever, causes sterility. In nearly 12 per cent. of cases of primary sterility one is unable to account for it either in the husband or wife. Seventy per cent. of the husbands of women who suffer from sterility have had gonorrhœa, and in 40 per cent. the infection extends to the posterior urethra and neighboring structures and is incurable. Thirty per cent. of men who were infected with gonorrhœa suffer from azoospermia. The best operative results were obtained by the dilatation and stem pessary method in cases that had not suffered from severe dysmenorrhea. The Dudley operation did not cure the severe forms of dysmenorrhea. Plastic operations on the tubes and ovaries do not give much hope for the cure of primary sterility. The prognosis for the cure of sterility is unfavorable; 80 per cent. of the patients remain uncured. The greatest single factor in the production of sterility is gonorrhœa and its complications. A goodly number of cases require medical treatment only, and as

soon as the cervical discharge is cleared up conception is likely to take place. Pathological lesions in the genital tracts of both husband and wife may in time disappear, and therefore one must never give an absolutely unfavorable prognosis unless the husband is suffering from aspermia.—*Amer. Jour. Obstetrics.*

Cancer of the Throat.

Dr. E. Schmiegelow, in *Ugeskrift, for Laeger, Copenhagen*, entreates the general practitioner to appreciate the fact that there are very few organs in the body from which cancer—diagnosed in time—can be removed with as good prospects of a complete cure as from the throat. He has encountered 48 cases of primary endolaryngeal cancer, the patients all male but 8, and all were over 40 except one woman in the twenties and one man and one woman in the thirties. The growth was in the vocal cords in the majority, and hoarseness was the first symptom to call attention to the throat in 37 cases. As a rule the hoarseness developed gradually but in a few cases it came on acutely with a catarrhal laryngitis and after a series of remissions became chronic. Even in the laryngoscope the picture may be apparently that of an ordinary chronic catarrhal affection. A tuberculous infiltration of the vocal cord may also deceptively stimulate cancer. He has had several such cases in which no signs of tuberculosis could be detected elsewhere and the tuberculous nature of the process was distinguished only by microscopic examination of an excised scrap of the tumor. In 25 of his cases the cancer was differentiated in this way: in the others the disease was at a stage beyond all doubt. The excised scrap must be taken deep enough to be truly characteristic. In 2 there was both a cancer and a benign growth in the same throat. Seven of the 20 patients whose laryngeal cancer was removed by thyrotomy from 1 to 10 years ago are still living; another died of tuberculosis 4 years after the operation; another of gastric cancer after 8 years, and another of rectal cancer after 17 years. The proportion of permanent cures without local metastasis was thus 50 per cent. in the thyrotomy cases; 20 per cent. of the 5 cancers removed by the endolaryngeal route, and 20 per cent. of the 5 removed by total resection of the larynx. Thyrotomy may be regarded as an efficient means of curing cancer in the larynx if diagnosed early. The endolaryngeal route exposes too much to local recurrences later. In one of his cases the local recurrence did not develop until after an interval of 7 years, and the man is still living, 3 years later, but the growth is now inoperable. Age is no contraindication to thyrotomy. One of his patients was a man of 71 who is still in good health 4½ years after the thyrotomy.

Operative Treatment of Wounds of Heart.

Drs. G. W. Brewster and S. Robinson, Boston, in *Annals of Surgery*, March, 1911.

Adding a fatal case to the reported list of operations for wounds of the heart, the authors analyze the methods of treatment employed. There is as yet no standard method of treatment, because no individual has had enough experience with operations in these cases to enable him to speak authoritatively.

The diagnosis of heart injury is difficult; heart

wounds rarely exist without pleural involvement. One need, therefore, not hesitate to widely open the pleura, especially when differential pressure can be employed. Differential pressure is not an absolute necessity, but it is of great value to control the respiratory function, to regulate the heart-beat, and to inflate the lungs.

Osteoplastic flaps should not be employed to expose the precordium. The best incision is one in the anterior portion of the fifth or fourth interspaces. A rib-spreader will then usually give adequate exposure. In some cases the heart wound may be of sufficient size to permit violent hemorrhage at the time of suture; in such cases interrupted manual compression of the *cavæ* may control the bleeding, the authors believe.

Acute Post-Operative Dilatation of the Stomach.

Dr. R. T. Morris, in the *Boston Medical and Surgical Journal*, April 20, 1911, states that this condition presents four salient features: (1) The initial disturbance, (2) increased peristalsis and antiperistalsis, (3) great dilatation of the stomach walls, (4) extreme amount of secretion. Shock, ether and toxins overstimulate the sympathetic nerves, which overstimulation has the same result as cutting the vagus, which is known experimentally to lead to enormous dilatation of the stomach. Shock, ether, and toxins all derange the action of the hormones with consequent loss of control of the secretory glands; this accounts for the vast quantities of fluid in the stomach in these cases. What is to be done for the cases of acute gastric dilatation? Place the patient upon the abdomen, inclined a little to the right side. That will mechanically compress the dilated stomach and un-kink the duodenum. Wash out the stomach every hour or two if necessary with the stomach tube. That allows the postural mechanical resource to become more effective, and it takes away saprophyte poisons. Many of these patients will progress steadily toward recovery from the very moment of application of these two simple resources.

Painful Cystitis.

Dr. Posner, in *Berliner klinische Woch.*, October 18, 1910, declares that there is generally ulceration in every case of painful cystitis, the conditions in many cases being remarkably like those of round gastric ulcer. The pain in the majority of cases is due to ulcer, tuberculosis or tumor, and treatment varies for each. In the tuberculous form, a primary kidney process is probably the source of the bladder trouble, but whether this is the case or not, general measures should be instituted, including prudent general tuberculin treatment. There is no form of local treatment of a tuberculous bladder process that does not aggravate the disturbances. In the painful variety, the bladder will not tolerate even the ordinary technic of copious irrigation. The organ is actually a contracted bladder by this time, and has a capacity of only a few cubic centimeters. A cystitis which becomes aggravated under treatment with silver nitrate, instead of showing a change for the better, is strongly suggestive of tuberculosis. Corrosive sublimate may have a favorable action and use of small amounts of a 6 per cent. solution of

carbolic acid have been recommended by Roy-sing and is justifiable as a last resource. A mere incision into the bladder may have a favorable influence in some cases. The conditions for treatment are a little better with non-tuberculous ulceration; silver nitrate instillations may induce a complete cure if applied directly to the lesion with the aid of the cystoscope. Radical removal of the ulceration may be considered unless the lesion has progressed to an actual contracted kidney. In case of inoperable tumor, relief may be obtained sometimes from injection into the bladder of warm olive oil. If mineral waters are permitted they should be restricted to small amounts. Physical and dietetic measures are of the utmost importance, especially local application of heat, long sitz baths and avoidance of condiments. Milk is the best beverage; it may be evaporated to half its volume to prevent too much diuretic action. Although bed rest is favorable, its advantages are usually counterbalanced by those of outdoor freedom, eventually with the use of a urinal, and Posner pleads for technical improvement of the urinals in vogue as they have too many drawbacks at present.

Reports from County Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The regular May meeting of the Atlantic County Medical Society was held at the Hotel Shelburne on Friday evening, the 12th inst., at 8:30 o'clock, with the president, Dr. E. H. Harvey, in the chair. Twenty-five members and several guests were present.

The applications of Dr. Samuel Weiner and Dr. Edwin M. Weil for active membership and of M. P. Shoemaker, D. D. S., for associate membership, were received and reported to the board of censors.

Dr. Samuel Barbash was appointed a committee of one to arrange an automobile party to attend the annual meeting of the State Society at Spring Lake on June 13, 14 and 15.

The resignation of Dr. George F. Ralston, of Atlantic City, was received and accepted.

On motion of Dr. E. A. Reilly the society instructed the secretary to request the publishers of the Atlantic City Directory to make a separate list of the regular physicians, from those of other schools, in the next issue of the directory.

By unanimous consent of the society, an invitation was extended to the American Medical Association to meet in Atlantic City next year. The invitation will be extended on behalf of the society, by Dr. W. Blair Stewart, who will attend the meeting at Los Angeles in June.

The guest of the evening, Dr. J. Dougall Bissell, of New York City, read a paper on "Some Diagnostic Difficulties which at Times Confront the Gynecologist." The paper was listened to with considerable interest by all present. It was discussed by Dr. W. E. Darnall and Dr. Theodore Senseman.

Dr. Senseman reported a case of intussusception in an infant. Dr. William H. Schmidt reported a case of duodenal ulcer. Dr. Conaway reported a case of tubal pregnancy, unruptured at term.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The Essex County Medical Society held a regular scientific meeting Friday, May 19, to hear Miss Laura B. Garrett, field secretary, Maryland Society of Social Hygiene, on her method of instructing public school children in "sex hygiene." She has had great success in organizing classes for the purpose in several cities, notably Baltimore and New York, and was formerly with the American Society for Sanitary and Moral Prophylaxis. Her demonstration of method was a revelation to the audience, first, in the marvelous skill and tact in her personality which enables her to cover the whole subject of generation, in both plant and animal, for people of any age and either sex, with such remarkable success, and, second, in the proof that, if the medical profession, in co-operation with the educational, tackles this momentous question fearlessly and puts it under the subject of biology to be taught logically from the first principles of plant physiology by gradual steps up to (and not too soon) venereal diseases, the knowledge acquired will be natural, scientific, wholesome and from sources whence it ought to come. Then here will be no sincere suggestion of "licensing" social crime and, more than all, multitudes of young lives will be kept pure by right knowledge where now ignorance of first principles leads involuntarily to physical evil and moral destruction. Many instances of sincere questioning by pupils and of interest in the lessons taught which the speaker cited revealed unknown possibilities of improvement over present faults of education by school and home. All the members of boards of education in the county were invited to hear Miss Garrett, and it is hoped good results will come.

Discussion followed the address. Drs. T. N. Gray, Laban Dennis, W. P. Eagleton, Katherine Porter and others spoke.

One new member, Dr. August W. Oestmann, was received by transfer from Hudson County.

Four additional annual delegates to the State Society were appointed by the president, Dr. Wallhauser, to fill vacancies, making the complete list as follows: Drs. John S. Moore, Eleanor Haines, Clement Morris, J. B. Morrison, S. A. Muta, A. B. Nash, W. S. Nash, C. R. Neare, E. D. Newman, W. C. Noble, Ralph Opdyke, F. M. Paul, E. E. Peck, C. A. Rosenwasser, making, with the reporter, fifteen, our allotment, and Drs. Ralph Hunt and P. A. Potter, alternates.

Essex County Pathological and Anatomical Society.

Frank W. Pinneo, M. D., Reporter.

The last regular meeting for this season was held May 11, 1911, at the society's rooms, 67 Halsey street. The following were the specimens in pathology presented:

(1) Abdominal wall tumor (desmoid"), Dr. H. B. Epstein; (2) another "desmoid," Dr. A. A. Strasser. Discussion on the occurrence and nature of these non-malignant and formerly puzzling, neoplasms, Dr. E. J. Ill; (3) unobliterated omphalo-mesenteric canal—Meckel's diverticulum—from a case of intestinal obstruction, Dr. E. Staehlin; (4) extreme hydronephrosis with vesicle hemorrhages from infant

eleven days old, Dr. Staehlin; (5) faecal monsters and other congenital defects, a demonstration with lantern slides of a number of representative anomalies, Drs. McKenzie, Strasser, Harden, Whitenack and Martland; (6) a uterus with very extensive multiple fibroids from a case of threatened miscarriage, Dr. Edgar III; (7) two ovarian tumors, Dr. E. Z. Hawkes; (8) myelogenous leukemia, with microscopical demonstration, Dr. R. H. Dieffenbach; (9) pernicious anemia, with microscopical demonstration, Dr. G. B. Emery; (10) lymphatic leukemia, with microscopical demonstration, Dr. F. C. Horsford; (11) four other specimens from the pathological laboratory of the City Hospital.

This closes a year's season of eight-monthly meetings, each of which has been replete with instructive pathological material well presented.

GLoucester County.

Howard A. Wilson, M. D., Reporter.

The regular meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, May 19, with the president, Dr. J. Harris Underwood, in the chair. There were seventeen members present and delegates from Camden, Cumberland and Atlantic County societies.

Dr. E. A. Spitzka, of Philadelphia, gave a very instructive address on Brain Anatomy, illustrating his lecture with charts.

Dr. W. H. Kinney, of Philadelphia, gave a very practical and interesting talk on Gonorrhoea, which called forth quite a free discussion.

Dr. George C. Laws, of Paulsboro, presented for examination and discussion an interesting case of Addison's disease in its early stage.

After adjournment the society entertained at dinner Drs. Spitzka and Kinney, of Philadelphia; Richardson, Strook, Iszard and Leavitt, of Camden; Conaway, of Atlantic, and Moore, Miller and Corson, of Cumberland County.

HUNTERDON COUNTY.

From the Trenton True American.

At the annual meeting of the Hunterdon County Medical Society recently the following officers were elected for the ensuing year: President, Dr. Isadore Topkins, Caliton; first vice-president, Dr. Henry H. Miller, Lebanon; second vice-president, Dr. S. B. English, Glen Gardner; secretary, Dr. O. H. Sproul, Flemington; treasurer, Dr. Edward W. Closson, Lambertville; reporter, Dr. Morris H. Leaver, Quakertown; censors, Dr. George L. Romine and Leon I. Salmon, Lambertville, and Dr. George N. Best, Rosemont.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The regular monthly meeting of the Passaic County Medical Society was held in the Braun building, at Paterson, N. J., on May 9, 1911. The president, Dr. William Flitcroft, presided. Attendance at meeting was small.

Dr. Elias J. Marsh was to have read a paper on "Strabismus," but could not be present on account of illness. Dr. J. Allan MacClay reported two cases of concretions found in the

submaxillary gland," removed by operation. One specimen was shown for examination.

Dr. Benjamin H. Rogers reported seven cases of diphtheria, cured by his method and without the use of antitoxin. His method consists mainly in the use of large doses of bichloride of mercury. This report caused considerable discussion.

Dr. Flitcroft appointed Drs. James M. Stewart, Walter B. Johnson and Benjamin H. Rogers, as the Committee on Public Health and Legislation.

It was decided at this meeting to divide the Passaic County Medical Society into a Paterson city and a Passaic city section. Each section to hold nine meetings, during the year, three of them to be joint meetings.

Five members of the Passaic County Medical Society were dropped at this meeting for non-payment of dues.

Dr. S. Baum, of Passaic, N. J., was introduced to the society, as a new member.

The meeting was then adjourned.

SALEM COUNTY.

John F. Smith, M. D., Reporter.

The annual meeting of the Salem County Medical Society was held at the Schaefer House, Salem, on May 3, 1911, with a good attendance of members and visitors.

After the reports of committees and delegates the president, Dr. G. W. H. Fitch read a very fine paper on "The Emunctories and Their Abuse." The following officers were elected for the ensuing year:

President—Dr. H. T. Johnson, Pedricktown
Vice-President, Dr. F. B. Husted, Quinton.
Secretary and Treasurer—Dr. Henry Chavanne, Salem.

Reporter—Dr. John F. Smith, Salem.

Censors—Dr. R. M. A. Davis, Salem; Dr. E. P. McGeorge, Woodstown; Dr. W. H. James, Pennsville.

Annual Delegate to the State Medical Society—Dr. L. H. Hummel.

After the usual dinner, the society adjourned, to meet the first Wednesday in November.

SUSSEX COUNTY.

H. D. Van Gaasbeek, M. D., Reporter.

The Sussex County Medical Society held its annual meeting Monday, May 8th, at the Cochran House, Newton. There was a large attendance for this county, 12 out of 17 members being present. The usual order of business was carried out. A very interesting and instructive paper was read by the president, Dr. F. P. Wilbur, entitled "Accidents in Their Relation to the Causation of Homia," after which a recess was taken for dinner.

After recess Dr. E. A. Ayres, essayist, read a paper on "Our Possibilities in Control of Life Processes." This paper was of a very scientific nature, dealing with the recent researches in the various extracts from the ductless glands, their action on diseased processes; the discovery of preventive sera and vaccines; their use and actions, leading the author to the opinion that they would become of great use in the prevention and treatment of disease. After a general discussion of the above paper, Dr. Thomas N. Gray, councilor for this district, read a paper on

"Infant Feeding." This paper was a very practical and sensible one and was freely discussed. Both papers were of a high class and unusually instructive and interesting.

Miscellaneous business was then in order, and the Board of Censors was ordered to investigate certain cases of "summer doctors" who practiced in the county without license in this State; also to investigate any other "doctors" who were practicing without license, and report the same to the society for action. The annual delegate was instructed to act in harmony with whatever action the State Society might take in regard to changing the subscription price for the State Journal.

The following officers were elected for the ensuing year:

President—Dr. Albert N. Jacobs, Sparta.
 Vice-President — Dr. Edward A. Ayres, Branchville.
 Secretary—Dr. Frederick P. Wilbur, Franklin Furnace.
 Treasurer—Dr. Ephraim Morrison, Newton.
 Reporter—Dr. Harvey D. Van Gaasbeek, Sussex.

Delegate to State Society—Dr. E. A. Ayres.
 Essayist—Dr. Herbert E. Riddell, Branchville.
 Censor—Dr. Joseph G. Coleman, Hamburg.

At the invitation of Dr. F. P. Wilbur, it was decided to have a meeting some time in September, at the Franklin Hospital, and, if successful, to have three or four meetings yearly at various places in the county.

WARREN COUNTY.

J. H. Griffith, M. D., Reporter.

The Warren County Medical Society met in the rooms of the Washington Athletic Association, Tuesday morning, March 21, 1911, at 11:30 o'clock, in special session.

Members present were: Drs. Shumer, president; Reese, Curtis, Dedrick, Williams, LaRiew, Griffith, Bozzard, Smith; and Dr. Gray, of East Orange; Dr. Miller, of Hackettstown; Dr. McKinstry, of Washington, and Dr. Gordon, of Blairstown.

The application for membership of Dr. Clyde K. Miller was referred to censors to report at the regular meeting.

Drs. Miller, McKinstry and Gordon were unanimously invited to sit as corresponding members.

Communication of Dr. Williams, in reference to bad roads, was read and referred to committee named by chair, composed of Drs. Williams, LaRiew and Reese, said committee to report later in the day.

Moved and seconded by Drs. Reese and Curtis that a committee be appointed to report at next annual meeting as to the advisability of printing new by-laws, constitution, etc. The chair appointed Drs. Williams, LaRiew and Curtis.

Dr. Gray read a paper on "Artificial Feeding of Infants," which was discussed by all the members present, the doctor answering all questions in reference to modes of feeding different infants. On motion, Dr. Gray was given a vote of thanks for his valuable paper, and it was ordered to be sent to the New Jersey State Journal for publication.

Moved and seconded that the committee on the Protective Association be continued and report at next meeting.

Moved and seconded that we adjourn, after which the society enjoyed a very delightful dinner at the St. Cloud Hotel.

Local, State and National Societies.

Passaic Section of the County Society.

Joseph H. Oram, M. D., Secretary.

The monthly meeting of this section of the Passaic County Society was held in the Board of Trade rooms, Passaic, May 11, 1911, at 8:30 P. M., with a good attendance of its members.

Dr. James Pedersen, professor of genito-urinary diseases in the Post-Graduate School, New York City, delivered an address on "Some Phases of Prostatic Enlargement."

After discussion of the subject, some matters of local interest were considered. The Passaic City Society has recently been merged with the Passaic County Society, but a section of the County Society holds meetings in Passaic City at stated intervals:

The Practitioners' Club, Newark.

J. D. Lippincott, M. D., Secretary.

The twenty-third annual meeting of the Practitioners' Club of Newark, N. J., was held in Davis' Parlors, Broad street, May 1, 1911. The president, Dr. Edward J. Ill, in the chair and a large number of members and a few guests being present.

The following officers were elected for the ensuing year:

President—Dr. Chauncey B. Griffith.
 Vice-President—Dr. Carl E. Sutphen.
 Secretary and Treasurer—Dr. Jesse D. Lippincott.

Membership Committee—Drs. G. R. Philhower, W. A. Jaquith and W. P. Eagleton.

After the transaction of some routine business the members adjourned to the dining-room to enjoy the excellent menu and social intercourse of the annual banquet. The following post-prandial program followed, with Dr. Walter S. Washington as toastmaster. Toasts: "Our President," by Edward J. Ill, M. D.; "Clergy," Rev. Dr. Henry M. Mellen, of Newark (who kindly took the place of Rev. Dr. W. W. Giles, detained by sickness); "Law," by Hon. Alonzo Church of Newark; "Medicine," by Dr. David C. English, New Brunswick.

Dr. H. J. F. Wallhausser added to the enjoyment of the occasion by rendering, in a most acceptable manner, two solos, sung between the addresses.

Academy of Medicine of Northern New Jersey.

To establish an institution patterned after the New York Academy of Medicine, about 300 New Jersey physicians, representing various schools, have formed the Academy of Medicine of Northern New Jersey. Incorporation papers were filed May 5th, with the county clerk of Essex County. Membership is open to all medical men of good standing in Northern New Jersey.

The academy will be established in the Wiss building, 665 Broad street, Newark, where almost an entire floor has been engaged. The quarters will be ready for occupancy about June 1.

The organization has been in course of formation during the winter, and its sub-divisions, known as sections, have been holding meetings in the rooms of the Anatomical and Pathological Society, at New and Halsey streets. When the Wiss building rooms are ready the latter will become affiliated with the new organization, both to work toward a common end, although the Anatomical and Pathological Society will not lose its identity.

Research in all medical subjects will be the primary object of the academy. It is expected that the work of the organization will compare favorably with that of the New York Academy, and, in fact, any in the country.

Dr. Edward J. Ill, of Newark, is president; Dr. Thomas N. Gray, of East Orange, and Dr. Wells P. Eagleton, of Newark, are vice-presidents; Dr. Julius Levy, of Newark, is secretary, and Dr. Henry J. F. Wallhauser, also of Newark, is treasurer.

These officers are among the incorporators, the others being Dr. Elbert S. Sherman, Dr. Charles Ill, Dr. Frank R. Haussling and Dr. E. Zeh Hawkes, of Newark; Dr. George B. Philhower, of Nutley; Dr. Gordon K. Dickinson, of Jersey City; Dr. Victor Mravlag, of Elizabeth, and Dr. August A. Strasser, of Arlington.

The members have been divided into sections, each with its particular line of research, such as surgery, medicine, ophthalmology, otiatrics, dermatology, neurology; in fact, no branch of medical study is to be neglected. Associate memberships will be provided for, to include dentists and other branches of curative practices.

These sections are to hold monthly meetings. At regular times general meetings are to be held. Every medical discovery in this country and abroad will be subjected to inquiry and tests. To this end a laboratory will be established.

Visitors to this country from abroad and notable medical men of other States are to be encouraged to address the general meetings, by which the members may be able to gather at first hand the most advanced theories and demonstrations. Unique cases in the experience of members or that arise in the experience of others elsewhere are expected to form topics of discussion and research.

In addition to the laboratory the academy intends to found a library. The New York Academy has a library that is regarded without a peer in the country. It is the plan of this organization to rival the New York body.

The floor engaged in the Wiss building is now undergoing remodeling to provide rooms for sectional meetings, as well as an auditorium for the general meetings. Systematic work will then be undertaken.

Society for the Relief of Widows and Orphans.

The twenty-ninth annual meeting of the Society for Relief of Widows and Orphans of Medical Men of New Jersey was held at Newark, May 10, 1911. Dr. Kipp was missed from his accustomed place as president of the society, which he chiefly founded and presided over. A full account of the reports made and officers elected is sent separately by Dr. Bennett, secretary, under title of the society. Dr. Kent, for twenty-nine years treasurer, declined re-election and even nomination for any place as trustee, so that we shall miss his name also as an

officer, and the society will lose even the counsel on the board of one so familiar with all the membership. It is not often that an association loses in one year two who have held office in it from its foundation, through twenty-nine years. It was unanimously felt that some testimonial should be made to Dr. Kent, and a way was found in appointing a committee to carry out a plan.

The New Jersey State Pediatric Society.

Martin J. Synnott, M. D., Secretary.

A general meeting under the auspices of the New Jersey State Pediatric Society, was held in the lecture room of the Newark Free Public Library, Friday evening, May 12, 1911. The meeting was called to order by the president, Dr. Henry L. Coit, at 8:45 o'clock.

The subject was "A Symposium on the Hygiene of Childhood," and the general subjects covered by the speakers were: (1) The Hygiene of Development, (2) The Hygiene of Environment, (3) Prophylactic Hygiene, (4) The Hygiene of School Life.

The speakers were: Dr. Henry Dwight Chapin, professor of pediatrics, New York Post-Graduate Medical College; Dr. Charles Gilmore Kerley, professor of pediatrics, New York Polyclinic, and Dr. Rowland Godfrey Freeman, lecturer on pediatrics, University and Bellevue Medical College.

Dr. William Perry Northrup, professor of pediatrics, University and Bellevue Medical School, who had been announced as the first speaker, was absent owing to illness, and his paper was read by Dr. B. Van D. Hedges. Mr. Henry E. Jenkins also made an address, speaking principally on school hygiene.

About one hundred and eighty physicians were present in the audience. The meeting adjourned at 10:15 P. M.

New Jersey Congress of Mothers.

The Child Hygiene Committee of the New Jersey Congress of Mothers will establish in the near future a school for the training in speech of young deaf children, in Burlington County, where the methods employed so successfully by Miss Mary Garrett in her home in Philadelphia will be used.

Pupils sent to school before the age of six are returned to their homes in from six to eight years, and placed in public school, where they go right along with the normal children understanding and speaking as they do.

New Jersey has at present three children in her public schools from Miss Garrett's, who are doing excellent work there.

All the comforts and care of home will be given the children in the Mother's Congress School by a corps of thoroughly trained teachers and helpers. Inquiries should be addressed to the chairman of the committee, Mrs. Alexander Marcy, Jr., Riverton, N. J.

All members of County Societies will be received and enrolled as associate delegates at the Annual Meeting at Spring Lake. YOU are invited. Come.

THE JOURNAL

OF THE

Medical Society of New Jersey

 JUNE, 1911

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

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ELLIS W. HEDGES, M. D., Plainfield

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

BOARD OF TRUSTEES.

The Board of Trustees of the Medical Society of New Jersey will meet in the New Monmouth Hotel, Spring Lake, Monday evening, June 12, at eight o'clock.

David C. English, Secretary.

Do not forget TIME and PLACE of the
145TH ANNUAL MEETING

of the

MEDICAL SOCIETY OF NEW JERSEY

SPRING LAKE, JUNE 13-15, 1911.

Make your plans to attend.

Every County Society should have a full delegation present.

We give a preliminary program, though not a full one, in this issue of the Journal.

This will be an exceedingly important meeting. Every officer, permanent delegate and annual delegate should be present and as many members of the County Societies as possible.

Remember that the presence of the ladies adds to the enjoyment of the annual meeting.

IS IT YOU?

We are sending this number of the Journal to a number of delinquents, most of whom *intend* to pay their dues, maintain their good standing and receive the benefits of membership. If these dues are not paid *promptly* their names are not recorded in the printed list of those in good standing. If they are not paid at all they lose all the benefits of membership. Now what are these benefits? What good comes to you from membership in a county medical society?

1st. Eligibility to membership in the A. M. A. No one can join the A. M. A. who is not a member of a county medical society and has paid full dues to the State Society.

2d. It secures a subscription to the Journal of the State Society at a reduced rate. All who read our Journal are entertained as well as instructed. It keeps one in touch socially and professionally with all medical progress in this State.

3d. It gives full rights of associate membership in the Medical Society of New Jersey, with all the privileges thereof.

4th. By no means the least important advantage is the benefit of legal defense in suits for malpractice. During the past year our society has taken up the defense of six of its members. Two cases only have come to trial and these have resulted in the complete vindication of the defendants. When we consider that any one of us is liable to suit at the whim of any dissatisfied patient; that only members in good standing in the State Society are eligible to this defense; that no suit is ever compromised, but carried if necessary to the very highest court; that it may cost \$1,000 to \$2,000 to make such a defense; it would seem to be the height of foolhardiness to risk that peril by failure to pay the small premium (annual dues) of \$2.00 per year. *Are you assuming that risk?*

Moral—If you have not already paid your dues for the coming year, do so immediately. Send a check for the amount to your county treasurer, asking him to at once forward the same with your full name and address, so that we may insert your name in the regular printed list of members in good standing and thereby secure for you all the benefits of membership in the State Society. W. J. C.

A NEW JOURNAL YEAR.

We endeavored to keep our promise made at the beginning of the last Journal

year to improve our Journal, and we have been pleased to receive from several of our readers their expressions of judgment, that we succeeded in our effort, to some small degree at least, though, we are sorry to say, not to the extent we had desired and hoped for. We most cheerfully and thankfully give credit for much of our success to those who have helped us to make the Journal successful, especially to the Publication Committee, the Secretaries and Reporters of the county and local societies, and to those who have forwarded original articles for insertion in the Journal, especially those from other States who have presented papers at the county societies' meetings.

Our two great aims, as we begin Volume VIII., will be—as they have heretofore been—to make the Journal more helpful to the members of our society, and to more fully set forth the good work of the profession in New Jersey. We, however, realize our inability to succeed in these high aims without the support and co-operation of the members of the profession throughout the State. For the honor of the profession and of our State, County and Local Medical societies and the good of their individual members, we ask and urge that the following items be sent to the editor: Full and prompt reports of all society meetings either by the secretary or reporter, as in each case they shall arrange; reports of important cases not only by specialists—private or hospital cases—but also by the general practitioners in our towns and villages; reports of all hospital, sanatoria or other institutions where the sick, deformed and defective classes are cared for and treated; reports of all deaths with brief obituaries; communications on any subject connected with the scientific advancement of the profession, the betterment of health and educational conditions in State, cities or towns, or the improvement of the material interests of the profession. We desire far greater use of our "Correspondence" columns.

With this suggested assistance we promise that Volume VIII. shall be a better Journal than any previous year's issues.

THOROUGH ORGANIZATION THE PROFESSION'S NEED.

This Journal has always advocated better—more thorough—organization of the medical profession, and we begin a new year with the conviction, firmer than ever, that it is our profession's greatest need for its own sake and for humanity's sake.

Not organization for the purpose of advancing the material interests of the profession in the raising of fees; the doing away with the evil of contract practice, or correcting the abuse of charity in hospitals or dispensaries; nor organization to increase the profession's political power in the election or appointment of medical men to office, or even in its efforts to secure wise legislation. These things are important and should receive that careful and just consideration which their importance demands, alike for the highest interests of the profession and for the best interests of humanity. But we plead for organization for the purpose of advancing the science and art of our profession. We recognize the magnificent triumphs which have rewarded the researches of eminent men in our profession during the past two centuries—especially during the last 100 years—and which are to-day making as never before medical history of which we may be justly proud—advances and discoveries that challenge the admiration of the scientific world. But these advances, brilliant and wonderful as they have been, are the result, and the peculiar glory of, the few able, earnest, persistent men who achieved them—some of whom sacrificed life itself in their devotion to the profession and the sacred interests of humanity.

The great need of the profession to-day is that the same zeal and spirit of philosophical research and careful clinical observation which has characterized the work of the few and brought honor to our profession shall pervade the entire membership. The obligation rests upon each and every member to become an investigator, seeking to discover that vast amount of scientific truth which remains to be revealed

and which is destined to bring, in the not distant future, glory to the profession which shall even eclipse the brilliancy of past achievements.

To this end we need not multiply machinery. We have our regular local, county, State, National and international associations. The specialists have their separate national organizations. Every physician should be a member of one or more of those societies and should strive to increase the interest in and attendance upon the meetings, by making some contribution of scientific thought, in reporting interesting cases or giving the results of his study, observation and treatment of disease, or discussing papers and cases presented by others. Intellectual indolence prevails too largely and it leads to mere routine in practice, lowers the public's confidence and respect and in some cases the old saying is applicable that "the doctor is one who pours drugs, of which he knows little, into bodies of which he knows less." Such doctors rarely "have time" to attend medical society meetings or to read medical journals. They need to be reminded that the ablest and busiest men in our profession *take time* for both. The editor gratefully records the fact that many of the busiest doctors in New Jersey have also taken time to contribute to our Journal and express their interest in and commendation of it.

Let our united effort this year be to secure the enrolment of every physician in the State in his own county's medical society, and then let us endeavor to get every member at work to increase the scientific attainments of each other for their own good and the profession's advancement. If any can be induced to unite with and work in other medical organizations also, so much the better.

THE EDITOR'S VISITS.

The editor enjoyed exceedingly his visits to medical society meetings the past month. The twenty-third annual meeting of the Practitioners' Club of Newark, May 1, was one of special enjoyment, as it gave oppor-

tunity to meet many of the ablest practitioners of our State—some eminent as specialists—and without hesitation or undue flattery we observe that it was one of the finest, most intelligent looking gathering of men it has been his privilege and pleasure to meet with. A brief account is given in another column.

The banquet was admirably planned by a most competent committee, in that it provided a splendid menu, an excellent address of welcome by the president, Dr. Edward J. Lil, and a representative of each of the three great professions—Religion, Law and Medicine—as post-prandial speakers, the first two being certainly wisely chosen. This last feature is one to be commended, as the three professions should be brought in closer touch with each other for obvious reasons which we cannot now discuss, but only observe that more frequent association would be for the benefit of each and for the public's good. Dr. H. C. Bleyde closed the speech-making by giving a most entertaining account, from his own personal experience, of the young graduate's trials in his first obstetric case. Dr. Washington proved an excellent toastmaster, and Dr. Wallhauser's solos added to the evening's enjoyment.

On May 23 the editor attended a regular meeting of the Tri-County Medical Society of South Jersey, at Salem. Though it was not so largely attended as we had expected from the fact that it embraced most of the members of three county societies, it was an exceptionally good meeting. A number of interesting medical and surgical cases were reported and the two papers presented by Drs. J. T. Rugh and S. D. Dorsett, of Philadelphia, we regarded as models because of their practicability and helpful suggestions as to the diagnosis and treatment of diseases. The first was *Some Errors in Diagnosis*, and the other on the *Treatment of Acute Articular Rheumatism*. The dinner, which followed, at the Shaeffer House, was all that could be desired. We returned home feeling well repaid for some sacrifice made to visit the South Jersey societies.

**THE 145TH ANNUAL MEETING
MEDICAL SOCIETY OF NEW JERSEY,
SPRING LAKE, JUNE 13-15, 1911.**

Condensed Program.

Meeting of the Board of Trustees in the New Monmouth Hotel, Monday, June 12, at 8 o'clock P. M.

House of Delegates meets in the New Monmouth Hotel, Tuesday, June 13, at 10:30 A. M., for the transaction of business, and again at 2:30 P. M.

General Session, 3:45 P. M.

Oration in Surgery, "The Education of a Surgeon." Joseph A. Blake, M. D., New York City. Splenectomy, John C. McCoy, M. D., Paterson. Discussion by Drs. R. M. Curtis and F. R. Sandt. Chronic Gastritis of Secondary Origin, Presenting the Phenomenon of Achlorhydria Hemorrhagica Gastrica, James T. Pilcher, M. D., Brooklyn.

Final Results in Surgery, Otto Kiliani, M. D., New York City. Discussion by Drs. A. B. Davis, T. W. Harvey, F. D. Gray.

Some Diseases of the Gall Bladder, Frank M. Donohue, M. D., New Brunswick.

Evening Session, 8 o'clock.

Annual address by President Thomas H. Mackenzie, M. D., Trenton, "A Plea for Attaining and Maintaining a High Standard of Medical Education."

Oration in Medicine, "Advances in the Knowledge of the Circulatory System," George W. Norris, M. D., Philadelphia.

The Advantages of the Autopsy and Other Pathologic-Anatomic Examinations, H. S. Martland, M. D., Newark. Discussion by Drs. W. P. Eagleton and E. Z. Hawkes.

Wednesday, June 14, 8:30 A. M.

Meeting of the Secretaries and Treasurers of Component and Local Medical Societies.

General Session, 9 A. M.

The Mosquito as a Sanitary Problem, Edward A. Ayers, M. D., Branchville. Discussion by John B. Smith, Sc. D., New Brunswick.

Excision of Superior Maxilla for Sarcoma of Antrum," Walter B. Johnson, M. D., Paterson.

Direct Transfusion of Blood; Its History and Probable Future, A. L. Soresi, M. D., New York City. Discussion by Drs. F. D. Gray, Joseph McDonald, Jr.

General Oedemas of Infancy, D. J. Milton, Miller, M. D., Atlantic City. Discussion by E. G. Hummel, M. D.

Rodent Ulcer, Walter P. Conaway, M. D., Atlantic City. Discussion by Drs. W. Blair Stewart and W. E. Darnall.

House of Delegates, 2:30 o'clock P. M.

General Session, 3:45 o'clock P. M.

Address by the third vice-president, Enoch Hollingshead, M. D., Pemberton, on "Our Profession: Its Changes in Forty Years."

Tributes to the memory of Charles J. Kipp, M. D.

Significance of Pain in the Diagnosis of Disease of the Lower Abdomen, Thomas B. Lee, M. D., Camden. Discussion by Drs. Joseph S. Baer and J. Watson Martindale.

Calcium Sulphide, John E. Pratt, M. D., Dumont. Discussion by Dr. H. H. Sherck.

Annual Banquet, at 8:00 P. M.

Thursday, June 15, 9 o'clock A. M.

Certain Juxta-Joint Fractures and Certain Important Mechanical Principles in These Fractures, Fred H. Albee, M. D., New York. Discussion by Drs. W. H. Lawrence, Jr., and H. J. Begardus.

The Early Diagnosis of Tuberculosis; Original Method, Irving E. Charlesworth, M. D., Eridgeton. Discussion by Dr. P. H. Markley.

The Estimation of the Function of the Kidney, John C. Tull, M. D., Atlantic City. Discussion by Drs. W. P. Conaway and J. I. Durand.

Erysipelas in the Newly Born, George T. Welch, M. D., Passaic.

Meeting of the House of Delegates

The Judicial Council will meet at the Monmouth Hotel, Spring Lake, on Monday evening, June 12, 8:30 P. M.

**ANNUAL MEETING OF THE
AMERICAN MEDICAL ASSOCIATION,**

Los Angeles, Cal., June 27-30, 1911.

The program published in the A. M. A. Journal, May 20th, indicates that this will be one of the best of the series of annual meetings for excellence of scientific papers and elaborate provision for the comfort and entertainment of delegates and the ladies accompanying them.

New Jersey will have three representatives in the House of Delegates and several others from this State will attend the sessions. Drs. P. A. Harris, Paterson; N. A. Cotton, Trenton, and Louise Paterson, Vineland, will present scientific papers.

Drs. C. R. P. Fisher, Alex. Marey, Jr., and E. L. B. Godfrey are the regular delegates from New Jersey.

Miscellaneous Items.

The American Surgical Association.

The American Surgical Association will hold its thirty-second annual meeting at Denver, Col., June 19, 20 and 21.

Medical Editors' Association.

The forty-second annual meeting of the American Medical Editors' Association will be held at the Alexandria Hotel, Los Angeles, on June 26 and 27, under the presidency of Dr. J. MacDonald, Jr., of New York, with the annual banquet on the evening of Monday, June 26, at the above hotel.

The papers to be presented at this meeting are the following:

Relation of the Medical Press to the Public Health and Marine Hospital Service, by Walter Wyman, Surgeon-General; The Advisability of Newspapers and Magazines Having Medical Editors on Their Staff, by Edgar A. Vander Veer, M. D.; Some Things I Have Learned as a Western Medical Editor, by Edward C. Hill, M. D.; Some Elements of Success in Medical Journalism, by J. M. French, M. D.; The Medical Reporter from His Own Standpoint, by E. Franklin Smith, M. D.; Physical Therapeutics in the Medical Press, by Arnold Snow, M. D.; What Shall We Publish? by J. R. Phe-

lan, M. D.; The Extension of Advertising in Medical Journals, by S. DeWitt Clough; Medical Expert Testimony, by R. B. H. Gradwohl, M. D.; The Hospital Bulletin as a Factor in Medical Journalism, by George W. Kosmac, M. D.; The Literary Side of Medical Journalism, by T. D. Crothers, M. D.; Private Owned Medical Journals, by Henry W. Coe, M. D.; The Influence of Medical Journalism for Medical Progress, by W. Benham Snow, M. D.; Editorial Independence, by T. G. Atkinson, M. D.; also papers by Drs. C. H. Hughes and William Porter, subjects to be announced later.

American Climatological Association.

The scientific sessions of the twenty-eighth annual meeting of the association will be held at Montreal, Canada, on June 13 and 14, 1911. Following the annual dinner at the Windsor Hotel on June 13, the president, Dr. John Winters Brannan, of New York, will address the members. Arrangements have been made for entertaining such members as desire to spend June 12, the day before the meeting at Montreal, at Saranac Lake. The secretary of the association is Dr. Guy Hinsdale, Hot springs, Va.

American Physicians' Officers.

The Association of American Physicians elected officers at their closing session at Atlantic City, May 10. The result follows: President, J. George Adami, of Montreal, Canada; vice-president, L. F. Baker, of Johns Hopkins University, Baltimore; secretary, George M. Kober, of Washington, D. C.; recorder, S. Solis Cohen, of Philadelphia; treasurer, J. P. Crozer Griffith, of Philadelphia; councilor, Francis H. Wilson, of Boston.

The American Association for the Conservation of Vision.

This association was incorporated in New York on May 13 to study and investigate conditions and causes which result in blindness and impaired vision, and the relation of eye strain to physical and mental health and to human efficiency, and to devise means to prevent blindness.

President Taft and the Medical Profession.

On the occasion of a banquet which he was unable to attend President Taft wrote that "the discoveries of American physicians from researches which the taking over of tropical lands made necessary were ample to justify the expenses of the Spanish War ten times over. Had those researches been encouraged and endowed in the usual manner the return on the investment would have been considered rich indeed. Here is a consequence of one war which the American people unanimously may view with pride, a record of achievement unsurpassed in medical enterprise, however promoted. The triumph is emphasized when it is considered that governments engaged in the colonial business in the tropics for a century or more failed to enlighten the world in this respect. While the medical profession in the United States is thus renowned, it should not be overlooked that to the army physicians the credit is directly due."

Report of Dr. J. MacDonald, Jr., on Compulsory Vaccination.

Dr. MacDonald, managing editor of the American Journal of Surgery, who resides at East Orange, N. J., and is chairman of the Committee on Medical Inspection of that city's Board of Education, made the following report to the board May 8, 1911, on the demand of several citizens that compulsory vaccination be abandoned and that non-vaccinated pupils be admitted to the schools. Believing that the doctor's report furnishes considerable ammunition to the medical profession in their efforts to maintain this very important rule of our school boards, we gladly give space for its insertion in our Journal.—Editor.

Dr. J. MacDonald, Jr., presented a report of the Committee on Medical Inspection, to which the whole matter had been referred. He first quoted from a speech made recently by President Taft at a banquet. The President referred to the great epidemic of typhoid fever in the Chickamauga camps and other camps during the Spanish-American War. Among 120,000 men there were 20,000 cases with a mortality of 7 per cent. Ninety per cent. of them became infected within eight weeks from the date of mobilization. The President stated that now, two months after mobilization, with modern health regulations, and by the use of vaccination against typhoid, there was not a case of typhoid fever among the troops on the Mexican border, except that of one of the teamsters who had not been vaccinated.

Dr. MacDonald then dwelt more particularly on smallpox vaccination, the report being in part as follows: Thomas Jefferson, writing in 1806 to Edward Jenner, the discoverer of vaccination, May 14, 1796, said, "Future nations will know by history only, that the loathsome smallpox has existed and by you has been extirpated." How true his words, where compulsory vaccination is practiced, is but to quote King Frederick William III. of Prussia in a dispatch dated October 31, 1803, in which he stated "40,000 people succumbed annually to smallpox in this kingdom." Since the compulsory vaccination law has been enforced, the record for the year 1906, in the whole German Empire (see Public Health Report, June 29 and December 28, 1906), as constituted, was 26 cases with five deaths, and these were largely imported cases. In the United States for the same year, 1906, there were reported 12,503 cases of smallpox with 90 deaths. Surely a sad commentary upon our vaunted hygienic methods.

Dr. Herman Spalding, chief medical inspector of the department of health, Chicago, in a paper read before the section of hygiene and sanitary science at the fifty-hird annual meeting, American Medical Association, remarked: "Vaccination on entering the school, and again seven years later, is the protection from smallpox given the 265,000 school children of Chicago, and in ten years but seven cases of smallpox have occurred among the school children, and all of these children were in school with a false certificate of vaccination. No vaccinated school child in the Chicago schools has had smallpox during the last ten years, though Chicago suffered a severe epidemic of smallpox in 1894 and 1895, and has had a mild, almost continuous, epidemic of the disease for the past three years."

Supreme courts of the various States have upheld the rights of school boards in compulsory vaccination. For instance, Supreme Courts of North Carolina, Pennsylvania, Ohio and others, have clearly attested to the legality of school boards to enforce this rule. Those who oppose vaccination say it is an invasion of the rights of the individual. There is no answer to this if we admit that the individual has the right to do as he pleases. This might be granted if the individual lives alone and comes in contact with no other individual.

I will endeavor to reply to Mr. Clark's remarks as presented to this board some time ago. He said: "I have a friend who lost two children from vaccination." Mr. Clark was kind enough to give me the name of the physician who did the work and upon interviewing him, he said he had never lost a single case through vaccination. He stated that he did vaccinate a boy and a month afterward the mother called his attention to the boy. The mother said she had opened a can of peaches and the son had put his hand in the can and cut himself on the can. She bandaged the hand. I asked her if she had taken off the bandage, and she said he had while having a dirt fight with another boy.

Under the false information thus gained by Mr. Clark he is opposed to submitting his child to vaccination when there is no need of it. Gentlemen of the board, please remember Mr. Clark's words, when there is no need of it, and I will further on, notwithstanding the preceding evidence, show the need of it. Mr. Clark said: "I know of a child who is going to school, who was vaccinated and it did not take." No child is going to school who was vaccinated and it did not take. The scratching of an arm and applying vaccine is not a vaccination in the true sense of the object to be accomplished. If such a case as Mr. Clark refers to, is in our schools, and if, upon investigation by our medical inspectors, it is not a vaccination, they will exclude the child.

Mr. Clark said: "The average time of immunity as a result of vaccination is four years." Evidence founded upon the experience of those best able to judge, proves it to be much longer and in many cases for life. Mr. Clark said: "I have lived in East Orange for twenty-five years and there has been no epidemic of smallpox in our public schools, and this is not due to vaccination, as East Orange has never been thoroughly vaccinated." Some might consider this a logical argument and credit it to good fortune or absence of smallpox. In the first place, I believe a majority of our pupils have been vaccinated during the past twenty-five years. Luck has no bearing upon the contraction of smallpox. A vaccinated child or individual might, during the past twenty-five years, have come in contact, while traveling, for instance, with a smallpox case and being protected by vaccination did not contract the disease and thus did not bring it to East Orange. All of the 26 cases of smallpox in Germany, during 1906, were imported cases.

Mr. Clark said: "There are some laws in this country that are enforced in times of war, but held in abeyance in time of peace." The laws made in time of peace to prevent war, so is compulsory vaccination if carried out in the absence of an epidemic, the best preventive of such an epidemic. Vaccination must be per-

formed two weeks before contact with smallpox to be effective. A single case in East Orange, could, among the unvaccinated, cause sad havoc in two weeks. Mr. Clark said: "I am opposed to taking any chances on my child's life when there is no need of it." If Mr. Clark refers to the danger of the operation of vaccination, I believe there is less danger from vaccination properly performed and properly protected, than there is from a simple pin scratch upon the hand, basing this statement upon the 3,515,000 vaccinations in the Philippines and the 40,000 in Ontario, Canada. If Mr. Clark refers to no danger from smallpox, he is hiding behind a false and dangerous impression. In the State of New Jersey, according to the reports of the United States Public Health and Marine Service, there were, for the week ended March 10, 1911, 28 cases of smallpox, and this is the fact I wanted to bring before you when I previously referred to Mr. Clark's remark that there was no danger. Mr. Clark said: "The law as enforced is a violation of a man's conscience and is un-American." The violation to his conscience has been answered under the general heading of objections, and if this rule of compulsory vaccination is un-American, so is every other law which is promulgated to protect the health and life of our citizens.

Mr. Clark said: "If there is a difference of opinion as to the length of time the first vaccination protects, then, after a certain time, these children who have been vaccinated for say ten years are just as much of a menace to the community as my child who has never been vaccinated." Those best able to judge state that one vaccination does absolutely protect for a given time and that revaccination secures immunity for life. If we have no initial vaccination covering a definite period, we can have no revaccination as a protection through life. Mr. Clark said: "That you allow children of parents who conscientiously object to vaccination to attend school with the proviso in case of an epidemic you will enforce the vaccination law." I will answer this in part by quoting an opinion of the Supreme Court of Ohio vs. the Board of Education of the Village of Babbertown, sustaining Section 3986 of the Revised Statutes of Ohio, authorizing and empowering boards of education of each school district to make and enforce such rules and regulations to secure the vaccination of pupils, although smallpox does not actually exist in that community "as an ounce of prevention is better than a pound of cure."

The committee recommends no change be made in the present rule requiring compulsory vaccination of school children.

Dr. MacDonald read a letter from a member of the Board of Health, a doctor, who opposed making any change in the present rule of the board in reference to vaccination.

President Garvin said that medical men differed in regard to the question, and he did not think that they would be able to settle the question there by debate, and he declared he did not propose to allow any debate to take place. He said he would allow one or two citizens to speak on the question if they desired to. Mr. Clark then addressed the board, speaking at some length. He quoted from Osler's "Modern Medicine" to show what complications may be expected from vaccination, including vaccinal ulcers, terminating in death, post-vaccinal gan-

grene, in which death occurs in the second week, several pyogenic diseases, including erysipelas, abscesses, etc. He held that cancer was liable to develop where there was a latent tendency. He said that the Illinois Supreme Court in a similar case to that of his boy, had held that a healthy child was not a menace to the other pupils.

M. P. Stevens spoke next. He said that in many States it had been held that compulsory vaccination was unconstitutional. He stated that Montclair did not now enforce compulsory vaccination. He declared that doctors within recent years had not found a single case of cancer in an unvaccinated person. He said that Niagara Falls had abandoned compulsory vaccination twenty years ago.

Dr. Shelton, of Montclair, was the last speaker. He said doctors and courts differed on the question. A large number of citizens were opposed to compulsory vaccination. He thought the rule should be suspended when there was no danger threatening.

The report of the committee was unanimously adopted, thus denying Mr. Clark's request.

SPRING LAKE, JUNE 13-15.

Make your professional engagements so that you can be there, doctor, not for a few hours, but for all three days, even if it requires some sacrifice.

Editorials from Medical Journals.

Scientific Medicine vs. Quackery.

From the American Journal of Clinical Medicine, Dr. William J. Robinson.

One of the misfortunes in matters medical in this country is, that with us the degree of M. D. and the title of Doctor do not stand for anything distinct and definite.

In France, in Germany, in Austria, in Switzerland, in Italy, even in the Czar-cursed Russia, the title of Doctor of Medicine means something very definite. While doctors there also differ in skill, knowledge and accomplishments, still you know at least that before a physician obtained the title of Doctor and the right to practice medicine, he had to go through a course which is essentially the same all over Europe. He had to go through a certain preliminary education—the public school, the gymnasium, lyceum or college—before he could enter upon his medical course. And after entering, he had to spend five years and pass a certain curriculum which is practically the same in all European universities.

Not out of snobbery, but as a matter of justice we demand that the title of Doctor be safeguarded, so that it may not be used with impunity by every quack and ignoramus, by every spectacle seller, by every corn cutter, by every Turkish-bath rubber.

MENTAL HEALING.

Whatever there is of suggestion in mental healing is taken from medicine; the rest is stuff and nonsense, and I regret very much to say that most of the healers are frauds and are in the healing business just for the money there is in it.

OSTEOPATHY.

I am sorry to have to class this so-called system of medicine among the frauds, but I cannot help it. The truth, as one sees it, must be told, no matter who feels hurt. I say I am sorry to class osteopathy among the frauds, because so many osteopaths seem sincere, and I do not like to offend them. But I would call fraudulent any system of medicine which would assume one cause for all diseases and which would claim to cure all diseases by one method of treatment.

And here is the entire pathology of chiropractic:

Diseases are caused by a lack of current of Innate mental impulses. This is produced by a constructing force placed around nerves through accidents—vertebral subluxations. These displacements are caused by a concussion of forces, the external meeting the resistance of the internal, induced by traumatism.

Simple, isn't it? Delightfully so. Throw away your Virchow, your Ziegler, your Hektoen. You can learn the pathology of all disease in thirty seconds by the watch.

Unity and Good Fellowship.

From the Delaware State Medical Journal.

A truism so often repeated and so often forgotten, particularly by the members of the medical profession. "Lawyers," said McCormack, "fight as long as you pay them for it. You stop paying and they stop fighting." With our doctors it is different. They just delight at slinging mud at each other for the mere pleasure of the exercise. Homeopaths stand together, and their success fully attests the wisdom of the policy. Christian Scientists and other cults, not to mention the out-and-out quacks, stand together, and their grip on the community demonstrates their combined strength. Only we, so-called regulars, have not yet learned the lesson of unity. Nothing delights a doctor more than to detect a mistake in diagnosis or treatment made by a fellow practitioner, and he is quick to mount the housetops and announce it to the laity. We disagree at the bedside and we disagree in court, each apparently anxious lest his brother practitioner will gain in reputation. All this is due, of course, largely to the overcrowding of the profession and the acute competition, but more particularly to the fact that we do not come together often enough; we do not get acquainted.

Let us attend the meeting of the county society regularly, and the feeling of good fellowship will soon dispel the black clouds of petty jealousy. A. R.

Hospitals and Private Practice.

The suggestion that instructors in medical schools who are also hospital attendants should be restricted as regards their private practice has been made at the Johns Hopkins Hospital and has provoked considerable discussion. Whether such a policy would meet with the approval of those members of the hospital staff whose connection with the hospital has been mutually beneficial, and who in many cases have large and lucrative private practices, remains to be seen. It is proposed that such men shall be given much larger salaries than at present with

the understanding that they devote their entire time to teaching, hospital work and research in medicine. This would place the clinicians upon the same standing as the laboratory men, the majority of whom are barred from practice already. That it would increase the efficiency of the hospital men seems doubtful, since the Johns Hopkins Hospital staff now includes many noted names.—Medical Record.

The Diminishing Birth Rate.

Editorial in the Medical Record, March 11, 1911.

Professor Charles Franklin Emerick, writing in the Popular Science Monthly, January, 1911, asks if the diminishing birth rate is volitional and deals with the arguments for and against. Biologists assert that by the stress and strain of modern life the reproductive organs are undernourished and finally incapacitated from performing their special functions. Then a sterilizing process is continually going on in members of both sexes. The medical expert frequently supplements the evidence of the biologist and emphasizes the amount of involuntary sterility induced by sexual diseases. Owing to easier facilities for transportation, density of population, greater wealth and leisure, there are more promiscuous relations between the sexes than formerly. Also, the insufficient wages of young women workers, who are unable by the labor of their hands to adorn themselves as young women like to adorn themselves, tend to promote immoral relations.

The economist, however, takes a very different view of the question. He takes issue with the biologist and medical expert on these counts and especially does he take exception to the statement that modern conditions of life, industrial and social, have rendered both men and women less productive, or at least, so much less productive as to account for the great fall of birth rate. His argument, in part, is somewhat in this wise, that if stress in excess of the ability of the body to appropriate nourishment impoverishes the reproductive organ, why is fecundity among the insufficiently nourished, clad and housed so great? The poor are notoriously the greatest begetters of offspring, and degenerates and alcoholics very often have large families. As for the contention that extreme brain activity is a factor of importance in sterility, he says that "the excessive use of the nervous system can neither cause its own undoing nor cause the under development or atrophy of the generative organs in any considerable portion of the population." In short, the economist regards the situation from a totally different standpoint and holds the view that large families are no longer desired, and that steps are taken to regulate the size of the family. Further than this, it is argued that since woman has, to a great extent, become self-supporting and is no longer almost wholly dependent on marriage, her will is more influential in determining not only the formation, but the admission of new members to the family. Men, too, are more averse to marriage and the responsibilities which it brings in its train than was formerly the case. Also, marriage is postponed later among women both from choice and necessity, which means fewer children and, as said before, measures are taken to limit the size of the family subsequent to marriage.

Professor Emerick is rather on the side of the economists, and the conclusion of his able article is that "the diminishing birth rate is primarily volitional and that the various factors which make for voluntary sterility are of minor importance."

Of course, the arguments on either side are by no means conclusive. It is likely that steps are frequently taken to limit the size of families, but on the other hand, it would be idle to entirely deny the importance of modern conditions of life, including venereal diseases, when discussing the question of the diminishing birth rate. Social and industrial conditions are factors which must be considered even if they are not the most important.

The Much-Abused Title of Doctor of Medicine.

Editorial in the Interstate Medical Journal, February, 1911.

In the good old days, as the conventional phrase runs, when simplicity marked our medical sociology, the title of doctor preceding a name, be it never so commonplace, meant a distinction that could not be easily misconstrued. True, even in those times of uncomplicated machinery, a number of disreputables assumed honors which did not rightly belong to them, but, though in certain communities our lax laws allowed this dereliction to wax strong, the acumen of the fairly intelligent stood them in good stead in the matter of differentiating between the real and the bogus article. In short, a quack bore the stigma of his class and, being under the burden of an ostracism that meant considerable cold-shouldering on the part of those whose money would have been thrice welcome, he resorted to the only medium which was open to him through which to announce his virtues to a stubborn public—the daily press. By doing this he declared his complete segregation from those who held diplomas that were worthy of the name; he made money, it is true, but his glory did not last; for being an ordinary human being, in most cases, with a too evident desire to reap the richest harvest, he played to a contingent in a community that wants something in return for its money, though in the beginning it may be dazzled by bombast. And so before long, the fat, gilt lettering, which had beautified the time-worn brick front of the building which housed the quack—old buildings were always preferred, perhaps, because quackery is so much older than real medical science—vanished, as if by magic; the cobwebs returned to their former haunts; and "Ichabod, thy glory is departed" was the message to be garnered by the wary. Strange, as it may seem, the meretricious irruptions of this special form of quackery into communities was lightly thought of; perhaps too lightly, but then it must be stated in extenuation of what was a too benign attitude that we were too light-hearted and too childish a people at that time to recognize the value of the inherent beauties and advantages and stringencies of the laws which are with us at present.

With the passing of the sort of quack, whom we have attempted to describe, the qualified practitioner grew more hopeful; and, though he should have known that one evil begets another, he gave but small thought to what was in store for him. This mental attitude was not due to any romantic notions as to what this

very real world spelt for him, but rather to the fact that with the obstreperous and ubiquitous quack out of the way, there was no need to fear that any serious molestation could arrive from other sources. In short, he believed that the title, which he bore with considerable pride, would not again be tarnished by any one whose practices might be construed, by the unthinking part of the laity, as similar to his own. Complaisance such as this was bound to be disturbed, especially in the medical profession, the door of which for some unexplainable reason is always too greatly ajar; and before many days elapsed the blazed trail, which had been deserted since the quack had been uprooted, was again invaded by those whose ways were gentle when compared with the sensational outpourings of their predecessors, but whose obscure workings and general lack of medical education nevertheless made them an undeniable menace to the fair name of doctor.

Now, since this is the case, what recourse has the reputable physician when he hears that the irregulars and opticians, having taken their courses of studies, are just as much entitled to the much-coveted prefix as he is, though they may have pored over their peculiar studies only for a month or a year—and a very short one at that—while for him to arrive at his goal meant achievement by the sweat of his brow? True, he will be told by his fellowmen in the ranks of medicine that his superiority to the "others" is so apparent that he need fear no harm from invidious comparisons, even when these are made by people who ought to know better; that the laws are ever and ever increasing in stringency; and that before long—what a convenient phrase "before long" is!—the wrongs, which now grate on his nerves, will be righted. But these words, which fairly drip with the optimism that one would apply to a recalcitrant child that grows restive under imaginary wrongs, are really wide of the mark, not only because their reiteration has robbed them of their pristine strength, but because the initiated know that they are offered in the spirit of a makeshift. They are sure of this because on all sides there are evidences that the improvements so much talked about are not apparent, even to the most observant, and that the supineness which permeates the rank and file of humanity continues to make light of a differentiation between the holder of a diploma from a medical college of standing and the offspring of a frayed alma mater, so long as the cabalistic prefix declares the latter to be one of the elect.

After studying the conditions, as they exist in all our large cities, are we wrong in saying that it would be advisable for the qualified practitioners to take the matter in their own hands, if they hope for a fruition of the desire to elevate the title of doctor of medicine to the heights upon which it rested until it was dragged through the mire by the unscrupulous? Would it be futile to evolve a plan such as this: All qualified practitioners be compelled to write "doctor of medicine," i. e., Dr. med. in front of their names?—a compulsion that should show no laxity, since its object is not only to instruct the people at large, but prevent the osteopath, the optician and others too numerous to mention, from arrogating to themselves an honor that, on account of its bastardy, is to-day an exceedingly commonplace designation. Now this

may sound Utopian, but it is done in other countries—namely, in the German-speaking ones, where systematization is a cult that it would be well for us to follow. Of course, there is no denying that this would be a slavish imitation of something that is foreign—hence, despicable; but despite this apparently insuperable drawback, and not overlooking the awkwardness of the more elaborate designation, would not the results contract these and other objections? We think they would, for the reason that almost immediately the line of demarcation would plainly show who is the doctor of medicine and who is the doctor masquerading in soiled and tattered garments that must be cautiously arranged to hide his ignorances.

Editorials from the Lay Press.

Hogs and Human Beings.

From the Ladies' Home Journal, March 1, 1911.

A woman wrote to Washington asking the government how she could cure herself of tuberculosis. The government had no information to give her, and a year later she passed away of this preventable disease. At the same time a farmer—her next-door neighbor—wrote to Washington about his sick hog. He got his information and it saved the hog's life. "Be a hog and worth saving!" they say in Washington as they tell this story.

But just how long are the American people going to stand for the injustice of having a department at Washington to save hogs and no department to save human beings? We cannot too urgently insist that this government shall institute and support a national department of health in Washington, and end this ridiculous condition.

To Enforce Vaccination.

Editorial in The Daily Chronicle, Orange, May 9, 1911.

The question of the vaccination of school children is one that seems to be kept pretty constantly before the public by the opposition of an occasional individual to the rule of the boards of education in regard to this recognized precaution. The East Orange Board of Education has been threshing the subject out pretty thoroughly, and it reached final action last evening when it decided not to relax or modify its rule requiring vaccination of pupils. The report of the committee to whom the subject had been referred was a convincing argument in favor of the enforcement of the rule, and the opposition of the citizen who had raised the question by petitioning that his boy might be exempted from the requirement went for naught.

Whatever the plea may be in support of the opposition to vaccination, it must be admitted that the vast preponderance of argument and evidence is in favor of the practice. It can hardly be credited to a natural coincidence that smallpox is practically eliminated where vaccination is systematically and generally enforced, and an occasional case of blood poisoning, tetanus or scrofula, that might be authentically traced to the inoculation is too remote a danger to justify the abolition of the precaution that

is entirely successful in such a vast majority of cases. Vaccination is required as a preventive, and not as a cure, and it would be absolutely without value if it was to be postponed until after exposure to infection had been incurred. A rule requiring it must be enforced without exceptions, if it is to be effective, and a single exception in its application would open the way to others of equal merit, and it might as well be rescinded entirely.

Better Conditions First, Then Larger Families.

From the Hudson Observer, May 12th.

Theodore Roosevelt, with his theory that big families are conducive to happiness and the welfare of the nation, will receive a shock when he pays a visit to the Child Welfare Exhibit, which opened yesterday in Chicago. In the health section, on a big placard, appear these words: "The bigger the family the higher the death rate among the children."

Figures taken from investigations made in 1,600 families in the congested districts of Chicago by Dr. Alice Hamilton show that in families of four children the death rate is 118 per 1,000, while in families of six the rate is 267 per 1,000, and in families of eight the deaths are 201 per 1,000.

It is well known that the larger families generally exist among the poorer people, more especially among the foreign-born parents. It is, therefore, but natural that the death rate among the larger families should be larger because in them are found neither the means nor the knowledge necessary for formally combating disease.

Given the same care and sanitary attention as children of smaller and better conditioned families, there is no reason why those of the larger families should die at any greater rate than those of smaller families. The trouble is that this care and attention, under present conditions, do not and cannot exist.

In the abstract, undoubtedly Colonel Roosevelt's theory is right, but under existing conditions should we not favor quality rather than quantity? Before we talk of raising large families should we not make conditions such that children can receive proper care and attention?

Heroism Rightly Prevented.

From the Newark Evening News, May 19.

Seventeen students in a Baltimore college devoted largely to experiments in the treatment of cancer have manifested a most heroic spirit, but their proposition has been very properly declined.

Dr. Simon, of the college to which reference is made, has been experimenting for many years upon cancer as developed in animals, and has discovered a cure which has yielded highly satisfactory results when applied to animals suffering from this terrible disease. The next step is of the most vital importance. It is to ascertain whether the newly discovered treatment will prove efficient when applied to human beings. The seventeen students who have been closely associated with Dr. Simon have, in the interests of science and of humanity, voluntarily offered themselves to be inoculated with cancer and then, when the disease has developed, to submit to the cure.

This is heroism of the type which induced Father Damien to minister to the Hawaiian

lepers; which moved the young doctors in the yellow fever districts to submit to the bites of the mosquito which carries this disease, and to perish from its effects. It is of the type which impelled Dr. Jackson to visit the plague-stricken districts of India, where he fell victim to the disease he sought to eliminate. The offers made by the seventeen Baltimore students were very properly declined, Dr. Simon himself being unwilling to have them submit to the necessary tests and take risks which might have proved fatal to all of them. Some other way of proving the efficacy of the newly discovered cure will have to be made.

It does not always follow that treatment successful when applied to the lower animals is effectual when applied to human beings, but so many of the most valuable medical and surgical discoveries have been made by experiments on animals that there is abundant warrant for trying them on human beings, if they do not involve too great risk of human life.

Cost of Alienists in the Gallagher Case.

From the Hudson Observer.

It cost Hudson County \$4,125 for alienists alone to convict James J. Gallagher on the indictment found against him of assault with intent to kill on William Edwards, street commissioner, of New York.

This sum does not include what was spent for jurors, constables, detectives, and other expenses. There were two juries—one in the insanity proceedings and one in the trial on the indictment. There was also a bill of \$102 for transcripts of testimony.

The alienists were paid as follows: Dr. Alexander McLane Hamilton, \$1,000; Dr. Harry A. Cotton, director of the State Asylum at Trenton, \$600; Dr. Carlos F. McDonald, \$800; Dr. R. F. Kennedy, \$500; Dr. William J. Arlitz, of Hoboken, \$425; Dr. John D. McGill, Jersey City, \$400, and Dr. George H. Sexsmith, of Bayonne, \$400.

Therapeutic Notes.

Croup—Spasmodic or Catarrhal.

- R Tinct. belladonnæ fol., gtt. x.
 Chlorali hydrati, gr. viij-xx.
 Potassi bromidi, gr. xv-5j.
 Syr. acaciæ, i5iv.
 Aquæ, q. s. ad. i5ij.

M. Sig.: Teaspoonful in water, and repeat in two or three hours if required. Use to relieve laryngeal spasms. For child two to eight years old. Smaller doses for younger children.—Medical Fortnightly.

Diabetes Mellitus in the Child—Treatment of.

Dr. Marius Lauritzen states that early diagnosis is important in children because the late cases almost always go on to a fatal issue in spite of treatment. In families where there are cases of this disease or of other nutritive diseases it is advisable to make periodic tests of the urine for sugar. When acne, furuncles, or other skin diseases show themselves we should think of diabetes. The first thing to do in treatment is to find out the tolerance for carbohydrates by the use of such a diet as the follow-

ing: 30 to 50 grams of rice cooked in milk, 25 grams of fish, 100 to 200 grams potatoes, 25 to 75 grams bread, varied with the age of the child. The urine for the twenty-four hours is then tested. If glycosuria increases we must put the patient on a strict diet. In mild cases the sugar disappears easily under diet alone, and here the prognosis is good. But in severe cases little effect is seen from diet, and the prognosis is very bad. Trauma has little to do with the etiology, and there are no evidences of disease of the pancreas in children. It is important to know that in many cases it is necessary to reduce the albumenoids as well as the carbohydrates to get rid of the sugar, since the albumins may be turned into sugar. The author varies the diet thus: a few days of strict diet, then a day of vegetables, then a few days of oat-meal diet, then a return to severe diet, and so on. In severe cases the use of fats and albumins brings on a condition of acidosis, and the alkaline condition of the blood is interfered with. To combat this the alkaline treatment is instituted. In mild cases no drugs are necessary.—Archives de médecine des Engants.

Diabetes Mellitus.*

Dr. J. Rudisch recommends highly the use of atropine sulphate and atropine methylbromide in diabetes mellitus. The initial dose of the methylbromide is 2/15 grn. t. i. d. gradually increasing by 1/15 gr. until 8/15 gr. t. i. d. are taken. In one case he gave 3 grains daily. The dose of the atropine sulphate is 1/150 grn. t. i. d., gradually increasing to 1/120 grn. t. i. d. With the appearance of toxic symptoms, such as dryness of the throat, the atropine is to be stopped entirely or the dose diminished. After a period of rest, the drug is resumed. The atropine has a double action; it reduces the amount of sugar excreted and it increases the tolerance for carbohydrates.

Erysipelas, Local Application of Iodine In.

Dr. M. Ferrari, in *Gazetta degli Ospedali delle Clin.*, reviews the history of iodine treatment of erysipelas and reports forty cases in which he has applied it with excellent results. It is important to paint the sound zone around first; then, with a fresh wad he paints the erysipelas patch and covers it with cotton to prevent the patient touching the region and spreading the contagion. He has found it best to apply the iodine lightly five or six times a day, thus preventing the tanning which is liable to occur when the skin is swabbed too copiously with the tincture. He prefers a 10 or 12 per cent. strength and warns that the tincture must be made comparatively fresh, and reiterates that it must be applied from the periphery of the lesion working toward the centre instead of from the centre outward, which is liable to spread the infection.

Gastric Ulcer—Treatment of.

Dr. Louis (Presse medicale) favors calcium carbonate in preference to bismuth subnitrate for the treatment of ulcer of the stomach. He prescribes the following:

R Calcium carbonate, ʒiiss.
 Ferrous carbonate, gr. j.
 Oil of anise, gtt. v.

M. in pulv. x æq. divid.

Sig.: One powder in half a glassful of water an hour before breakfast.—New York Medical Journal.

Gonorrhoea—Present Methods of Treating.

Dr. K. F. Hoffmann, Paris, outlines the methods most in vogue. He says small injections in the patient's control are not employed. Fournier's treatment by means of bicarbonate, and later the oils of copaiba and cubeb, is used by but few. On the whole Janet's irrigations are almost universally practiced. The solution of potassium permanganate produces a vigorous serous exudation from the mucosa and also is strongly germicidal. When the inflammation is hyperacute hydrargyrum oxycyanatum 1:4,000, proves less irritating than the permanganate. If seen early—within six days after infection—abortive treatment is largely practiced by injecting several c.cm. of 1-2 per cent. silver nitrate in the anterior urethra. After a few hours an anterior irrigation of 1-2,000 permanganate is given, to be repeated the next day. Thereafter twice daily complete irrigations into the bladder are given, the first on being preceded by cocainization. Most gonorrhoeas heal with 2-3 weeks. Where strong mixed infections are encountered irrigations with sublimate 1:20,000 are practiced. Complicating inflammations of the prostate, vesicles or testicles are rare. Their treatment is that generally accepted, but does not require cessation of irrigation.

The site of chronic gonorrhoeas is determined by filling the bladder and then in turn massaging the bulb, vesicles and prostate, with urination between each of these acts to examine the expressed secretion. The pendulous urethra is palpated after introducing a No. 25 rubber sound. Chronic gonorrhoea is treated by systematic expression and irrigations.—Amer. Jour. of Surgery.

Hiccough—Treatment of.

Dr. H. D. King, in the New York Medical Journal, defines hiccough as an involuntary sudden contraction or descent of the diaphragm, whereby a vacuum is formed in the chest, into which outside air attempts to rush, but is denied entrance by the sudden closing of the glottis, the impact causing a characteristic sound. The attack, which is only regarded of small moment, may become one of the greatest importance in certain acute or chronic diseases. The causes are: A. Gastrointestinal; irritative, inflammatory, and reflex. B. Specific, or secondary to abdominal or diaphragmatic abscess, gastric carcinoma, etc. C. Neurotic or reflex. D. Miscellaneous causes, as alcoholism, overeating, cardiac trouble, pregnancy, etc. Among the many popular remedies, the taking of large draughts of water while holding the breath seems to have the strongest hold on popular favor. If this proves futile, musk, in a dose of five to ten grains in starch water, should be given a trial. Treatment should be directed gastrointestinal causes. In the severe cases any of the following procedure may be resorted to with success: Lavage, passing of esophageal sound, prolonged pressure over the abdomen and epigastrium, forcible traction on the tongue, abdominal massage, constriction around the lower thorax, cold packs, applications of blisters on each side of the cervical spine over the

roots of the third, fourth, and fifth nerves. Of the internal remedies, the number is legion and only a trial can prove their worth. The following have been suggested and used: Nitroglycerine, cocaine, spirits of chloroform, codeine, tincture of capsicum, spirits of camphor, tincture of valerian, amyl nitrite, jaborandi, asafetida, the bromides, and numerous other drugs. Morphine, hypodermatically, is not of much value, as the effect is shortlived.

Hemorrhoids—Injection Treatment of.

Dr. Dawson describes his technique as follows: The injection treatment is confined to uncomplicated internal piles, which can be returned to the bowel should they prolapse.

It requires no anesthetic.

It causes little or no pain.

There is no risk of life.

It does not necessitate confinement to bed.

The solution used with most satisfaction is a solution of carbolic acid in equal parts of glycerin or water to produce a solution of from 10 per cent. to 5 per cent.

The piles are made to prolapse either by the finger or by the administration of an enema.

A hypodermic syringe fitted with a needle of good lumen is used. Into each pile 2 to 5 minims of the solution is injected. The piles are well anointed with vaseline and returned to the bowel. The patient is instructed that the piles must upon no account be allowed to prolapse, and replacement must be effected at once should they do so.

The immediate result is a rapid swelling. The effect of the method is to produce inflammatory thrombosis and fibrosis which ultimately subsides, so that the piles shrink and disappear. The patient should be kept in a state of constipation for forty-eight hours, after which the bowels should be relieved by castor oil or a saline aperient.

Throughout the course of treatment a 2 per cent. ointment of ferrous sulphate should be frequently and freely applied to the pile area, while the following mixture is taken three times a day:

Ferrous sulphate3 grains.
Magn. Sulph.25 grains.
Acid sulph. dil10 minims.
Inf. quassia, ad1 drachm.

—American Medicine.

Kidney and Heart Disease—Dietetic Treatment of.

Dr. A. Magnus-Levy, in *Berliner Klin. Woch.* January 16, 1911, says that he regards an exclusively milk diet as essentially a salt-poor diet, but he warns that large amounts of milk contain appreciable quantities of salt. He gives a number of examples to show the great efficacy of prolonged prohibition of salt in treatment of severe parenchymatous nephritis with rebellious dropsy; two such patients had previously been systematically treated for six months with all other measures without improvement. He then put them on a mixed diet free from salt and in two months the dropsy had vanished. During this time one patient eliminated 300 gm. of salt; at first the kidney had not been permeable for salt, but in the course of the three weeks in which the kidney had been relieved of the task of salt elimination, it recuperated so that it eliminated constantly more and more, accompanied

by the water to hold it in solution, and by the second month this patient's weight had declined by 66 pounds. This patient had not taken over 2 or 3 gm. of salt daily in the food during this period. If the restriction had been less severe and less systematically carried out, so that 5 or 6 gm. of salt a day had been permitted, the patient probably would never have been relieved of the dropsy. These cases not only emphasize the efficacy of the salt-poor diet after failure of all other measures, but they show the long course of the treatment necessary. Kidney patients of this class do not lose the dropsy so fast as patients with heart disease. The salt-poor diet may be valuable also with cirrhosis of the liver and heart disease, although the mechanism of its action is different in such cases, the benefit being due to improvement in the conditions in the circulation as the superfluous salt is dropped from the diet. Reduction of the intake of albumin may also prove useful, as it spares the kidneys extra work. Restriction of fluids may prove efficient but only indirectly, as the patients unconsciously limit the intake of food and especially of salty foods, to prevent thirst when they are not allowed to drink water freely.

Measles—Treatment of.

Dr. R. Milne, in the *London Lancet*, advocates the treatment of measles along the same lines that he has recommended for scarlet fever, namely, non-isolation; and the use of pure eucalyptus oil gently, rubbed in, morning and evening, all over the body. Afterwards this is repeated once a day until the tenth day of the disease. The tonsils and pharynx are swabbed with 1 in 10 carbolized oil every two hours for the first twenty-four hours, very rarely longer.

Orchitis.

This application to the testicle may be made with great relief during the first week of inflammation:

R Guaiacolis, ʒiiss.

Adipis lanæ, ʒij.

Mix well, and rub in gently twice daily; envelop the testicle in non-absorbent cotton and suspend. After a week it is better to change to:

R Ung. hydrargyri,

Ung. belladonnæ,

Ichthyoli,

Adipis lanæ, of each, ʒj.

Make an ointment and apply three times a day, using a suspensory bandage not very tightly applied.—*American Journal Clinical Medicine*.

Scabies—Treatment of.

The treatment of scabies aims essentially at opening up the burrows, destroying the acari, and allaying the itching. The best way is to make the patient soak in a hot bath for a quarter of an hour, then scrub himself with soft soap, using a nail-brush for the hands and feet. After washing off the soap the sulphur ointment of the pharmacopœia is rubbed all over the skin, except the face, and left on for three days. The patient then has a starch bath to allay the irritation and applies boric ointment to any patches of dermatitis which may be present. It is important not to use any sulphur after the third day, otherwise an unpleasant degree of eczema

of artificial dermatitis may be set up which will cause great itching. In place of sulphur, B-naphthol in 20 per cent. ointment may be rubbed in after the bath and again on the three following days. It has the advantage that it is odorless and cleaner than sulphur, but it is not so efficacious. The same may be said of balsam of Peru, and the writer prefers to order sulphur. In any case, the clothes must be disinfected and the patient kept under observation for ten days to make sure that all ova have been destroyed.—Dr. Bunch, in The London Lancet.

Painful Rheumatic Joints.

In chronic cases the following may be of service:

R Acidi salicylici, ʒj.
Ol terebinth, ʒss.
Adipis lanæ.
Adipis benzoinati, of each, ʒj.
M Ft. ungt.—The Hospital.

Syphilis—Sodium Cacodylate in.

Dr. John B. Murphy, of Chicago, published an article in the Journal of the American Medical Association of September 24, 1910, in which he detailed the striking results obtained by him through the hypodermic administration of sodium cacodylate in the treatment of syphilis. Physicians who have not seen the article in question will be interested in the following abstract, as published in Therapeutic Notes:

"Administered in doses of 1 to 2 grains hypodermically, its action was prompt and efficacious. Chancre became clean ulcers without duration in forty-eight hours; mucous patches cleared up in twenty-four to forty-eight hours; ulcers of the palate and pharynx healed in three to six days. In a child nine months old 1/4 grain injected into the pectoral muscle caused a papillary syphilitic to disappear in forty-eight hours. Two 2-grain doses, twenty-four hours apart, completely relieved the pain of a patient who suffered from active gastric crises (luetie) which usually lasted three weeks. An advancing perforating ulcer of the palate, which had resisted injections of 1/4 grain of mercuric bichloride daily, promptly yielded to sodium cacodylate, two injections of 3/4 grain each. The ulcer was healed in six days."

Dr. Murphy suggests that sodium cacodylate be employed in primary doses of 2 to 4 grains, depending on the size and strength of the patient, and not repeated within three or four days unless there are special indications for it. Sodium cacodylate, in sterile solution, is marketed by Parke, Davis & Co., in sealed glass ampoules containing 3/4 grain and 3 grains, respectively, of the arsenic salt.

Typhoid Fever—Treatment of.

Dr. W. J. J. Arnold, in the British Medical Journal, says that none of the various methods of treatment has hitherto been successful in definitely controlling the course or limiting the duration of typhoid fever. A measure employed at the Civil Hospital, St. Helena, during the past four or five years, has resulted in a distinct shortening of the average duration of illness, and in a remarkable amelioration of all the symptoms. This particular measure consists in

the administration by the bowel of turpentine and olive oil from the first day of treatment, and its regular use at stated intervals until the temperature has been normal for at least ten days. When the case first comes under observation an enema of turpentine ʒj and olive oil ℥j is given by a funnel and tube. The foot of the bed being well raised, the emulsion is allowed to find its way slowly up the bowel. On the next day, or the day after, the same quantities are repeated. A preliminary thorough cleansing of the bowel by a dose, or preferably small divided doses, of calomel, followed by castor oil, prepares the ground for the action of the turpentine.

Typhoid Fever—Diet in.

From the New York Medical Journal, February 4, 1911.

When milk disagrees, when there is abdominal distention, and when curds appear in the stools, Nammack's favorite formula is milk, 4 ounces; fresh cream, 1 ounce; lime water, 1 ounce. This is given every three hours, and is followed by a mixture of dilute hydrochloric acid, 10 minims in 1 dram of a reliable essence of pepsin. To this prescription, strychnin is added when required. Between each two portions of milk, albumin water, made by adding the white of 1 egg to 6 ounces of boiled water, is given. The patient is also solicited to drink plain water freely. If there is complete intolerance or aversion to milk, then buttermilk or kumyss or kefir can frequently be borne. There is no danger, in Nammack's opinion, in forcing this quantity of fluid through the cardiovascular apparatus and the kidneys, unless acute nephritis exists as a complication. In that case it is both useless and injurious to attempt to drive this quantity of liquid through an inflamed and partly impermeable kidney filter. The quantity and quality of the daily urine output must be carefully studied, and attempts at flushing the kidneys postponed, until the mechanical obstacles to the flow of urine are removed. After the third week, Nammack usually allows crackers with butter, well-cooked rice, calves-foot jelly, and broth, and other solid foods when the evening temperature reaches normal. Of twenty-eight patients treated according to this plan, twenty-seven recovered; one died from ulcerative endocarditis; three patients recovered after severe intestinal hemorrhages, and in one small boy perforating appendicitis developed in the fourth week, but he recovered, after operation, performed within four hours after the onset of the appendicitis.

Warts.

R Acidi salicyli, gr. xv.
Liquoris formaldehydi, m. xv.
Petrolati albi, ʒss.

M. et Sig.: Rub into the part affected twice daily.—Wisconsin Medical Record.

Harrington's Solution.

This solution, which originated with Dr. Francis B. Harrington, of Boston, is regarded by surgeons (New York Medical Journal), as one of the best and least destructive antiseptic fluids for suppurating wounds and for general use in the operating room. Summers (loc.

citat.) says it has been proved experimentally and clinically that it kills all the common germs met in surgical practice in from twenty seconds to a minute, and it is not caustic. Besides its antiseptic property it possesses the power, when applied to a raw surface, to produce a copious discharge of serum, thus aiding the washing away of noxious elements from the wound. The formula for the solution is as follows:

R Corrosive sublimate, gr. xv.
Hydrochloric acid, ℥iiss.
Water, ℥xij-5vj.
Alcohol, ℥xxvij.

Solve. Sig.: Harrington's solution.—The Medical Council.

Digitalis—Conditions Where Beneficial.

We take the following from an article in the *A. M. A. Journal*, February 18:

The conditions improved by this drug are:

1. Poor heart action from any cause except when there is advanced myocarditis, or fatty degeneration.
2. Lack of compensation in valvular disease.
3. Simple dilatation.
4. The irritable or weak heart of nicotin poisoning.
5. The strained heart from over-work or over-athletic exercise, severe marching, mountain climbing, etc.
6. Poor vasomotor tone.
7. Edema or exudations with no serious kidney lesions.

The following seem to be valuable suggestions as to the dosage of digitalis:

1. It must be known that the preparation used is a good one.
2. No immediate symptoms of the action of digitalis must be expected. It cannot exert its physiologic action until at least twelve hours, and not its full activity for at least from twenty-four to thirty-six hours.
3. If there are conditions present that present a doubt as to whether digitalis will do good or harm, the dose should be medium or even small and given three or four times in twenty-four hours, and if ascertained that the action is for good, the frequency of the dose may then be diminished.
4. If positive indications for the need of digitalis action are present without conditions of doubt being present, as arteriosclerosis or myocarditis or fatty heart, a large efficient dose should be given at once and then no more for from thirty-six to forty-eight hours.
5. Digitalis should not be used in shock or in cardiac failure in acute disease.

Glycerine as a Bladder Stimulant.

Dr. Otto Frauck, in *Zentralblatt für Chirurgie*, January 14, 1911, reports the following:

Baisch and Doderlein found that if 20 c.cm of a 2 per cent. Doderly-ceride solution is injected into the bladder spontaneous urination occurs, where otherwise catheterization is necessary. This method has proved valuable especially in post-operative bladder paresis. The ability to void urine spontaneously continues without the necessity of a second injection. Franck has found this method of treatment almost infallible both in women and men. In order to obviate the use of the catheter, Franck resorted to the injection of the solution directly into the

urethra, and found that this simple procedure was successful. He injects 15 to 20 c.c.; about 10 c.cm. returns, leaving 5 to 10 c.cm. within the bladder. In about twenty minutes spontaneous urination is possible. The author has also tried this method in cases of difficulty of urination due to neurogenic or mechanical causes (prostatic hypertrophy, stricture, etc.) and found it effectual, even if the injection has to be repeated.

Medico-Legal Items.

The Legal Protection of the Child in the Struggle Against Alcoholism.

Hercod, of Lausanne, in concluding his address on this subject before the International Temperance Congress in London, said: (1) The children of alcoholic parents, being minors, should be taken from them and confided to the care either of charitable institutions or placed in private families (abstainers, if possible). Unworthy parents should be made to contribute to their support, if possible. (2) The law should forbid even parents to give their children alcoholic drinks. In fixing the age the state of public opinion must be taken into account. Measures should be taken to make parents understand the reasons for such prohibition. (3) Minors up to the age of eighteen should be forbidden to enter a public house in order to drink unless accompanied by their parents. An exception may be possible in case of boarders, at meal times. (4) Children under fourteen years of age should not be allowed to enter a public house after seven in the evening, even if accompanied by their parents. (5) It should be prohibited to employ young women or girls under twenty, and youths under eighteen, as waiters, whether they belong to the publican's family or not.—*Medical Press and Circular*.

City Liable for Pollution of Water Supply.

The Supreme Court of Minnesota has handed down a decision in the case of Delia Keever and Kate Flannigan against the city of Mankato holding the city liable for its negligence in its corporate capacity for permitting its water supply to become polluted, causing the death of citizens from typhoid fever.

Decision Against Osteopaths.

The Appellate Division of the Supreme Court in Brooklyn, N. Y. on May 12 affirmed the judgment of Justice Putnam in refusing to grant a mandamus to Charles S. Bandel, an osteopath, to compel the recognition by the Board of Health of a death certificate signed by an osteopath. It is possible that the case, which has excited much interest throughout the State, may now be carried to the Court of Appeals.

Impeachment of Medical Experts.

The Supreme Court of Washington says that in the homicide case of State vs. Newcomb (109 Pac. R. 355), a physician was called as a medical expert by the defence, and the State in rebuttal called witnesses to impeach him on his general reputation for truth and veracity. The

ruling of the trial court in permitting such testimony over the defendant's objection was assigned as error. This was untenable. A medical expert, or any other expert, is subject to the same rule of impeachment as any other witness. He occupies no higher plane than the ordinary witness, nor does he stand on any different footing. The only difference is that he may be interrogated along hypothetical lines; otherwise he is subject to the same methods of examination and must subject himself to the same test of credibility.

When Testimony of Physician and Patient Differs as to Pain.

The Supreme Court of Washington says, in the personal injury case of Hoyt vs. Independent Asphalt Paving Co., that if a witness testifies that she experiences pain, and a physician testifies that there is no condition existing which would or could produce pain, and that, therefore, she can not be experiencing pain, the testimony would be conflicting, and the jury would be warranted in believing the witness who testified to experiencing the pain. But when she testifies that she experiences pain, and undertakes to give the cause of the pain, or the cause of certain painful condition, and introduces expert scientific witnesses to corroborate her, and, instead of corroborating her, they flatly contradict her, and swear positively that the cause to which she attributes her injury and pain is an impossible cause, and testify as to what the actual cause is—it would seem that, if there is anything at all in medical science, the proof would be conclusive that the cause of the admitted condition was not the cause to which the condition was attributed by the suffering person.

Compulsory Vaccination.

In the District of Columbia, there are two laws, one the Compulsory Education Law, the other the Vaccination Law, the one being virtually an adjunct of the other. Section 274, reads as follows: "No child shall be admitted into the public schools who shall not have been duly vaccinated or otherwise protected against the small-pox." In order to bring the vaccination law to a test, a nine-year-old boy, who was neither vaccinated nor otherwise protected, applied for admission to the public schools, and was refused. His father, thereupon, brought the Board of Education before the District Supreme Court upon a writ of mandamus to compel his admission. The contention of the petitioners was that the law was obsolete, that it had been nullified by later legislation, and, therefore, it could not be enforced. This was claimed aside from the grounds usually set forth by the anti-vaccinationists.

Justice Anderson rendered a decision upholding the law. The decision in part is:

"There is no uncertainty in the Revised Statutes, upon which the board relied in framing the regulation.

"There can be no question as to the validity of the statutes making the vaccination of children a condition of their right to enter or remain in public schools." He then quoted the United States Supreme Court, in *Jacobsen vs. Massachusetts*, and added: "The words 'or otherwise protected against small-pox' cannot,

in the judgment of the court, be said to be uncertain or indefinite when used in connection with the word 'vaccinated,' which has a definite and well-understood meaning. It is commonly understood, and so held by the medical profession, and likewise justified by long experience, that one who has already suffered from small-pox is usually thereafter immune, as is also one who has been vaccinated without success on several occasions. The words 'or otherwise protected against the small-pox' were evidently used in the statute to embrace not only such means of protection as those just mentioned, but also such other recognized and accepted means of protection known to medical science, if any, or that might thereafter be discovered.

"The court is, therefore, of opinion that the point urged by the relator that Section 274, Revised Statutes, District of Columbia, is void for uncertainty is not well taken."

The law, having been upheld by the Supreme Court of the District of Columbia, leaves the opposition without means of appeal, and unless Congress, the legislative body of the District, will so alter or amend this law, vaccination of applicants for the public schools will be enforced.

Hospitals, Sanatoria, etc.

Hospital in Largest Hotel in the World.

One of the numerous unique features to be offered by the new McAlpin Hotel, now in course of construction on the southwest corner of Thirty-fourth street and Broadway, New York City, is a fully equipped miniature hospital, where cases, no matter how serious, can be treated with exactly the same care as in the best up-to-date private sanatorium. It is to be arranged so as to be able to comfortably accommodate twelve patients at the one time. Expert surgeons, physicians and trained nurses will be in attendance so that surgical operations of any character can be skillfully handled at a few moments' notice.

This practical and extraordinary addition to hotel accommodations is to be situated on the twenty-third floor of this largest hotel in the world, so that a patient can enjoy the same quiet and comfort as though being treated in the most tranquil locality, in spite of the fact that the McAlpin is to be the most centrally located hotel in New York City.

Expert surgeons and medical men have been consulted by Mr. Frank Andrews, the architect of the hotel, and plans are being made for this miniature hospital so that it will be fitted with every modern appliance known to surgery in exactly the same manner as the best equipped hospital in any part of the country.

State Hospital, Morris Plains.

Dr. Britton D. Evans, medical director, has inaugurated a plan among the patients of competitive gardening. Land in the rear of the big building has been divided into small strips and one of these assigned to each patient. Seeds are then distributed, and, under the direction of the head gardener of the institution, each "owner" of the strip is told how to plant. In this way Dr. Evans hopes to encourage the mentally afflicted to take an interest in the real things of

lite. To further add to outdoor life, Dr. Evans has suggested to the board of managers the erection of a dancing pavilion on the grounds. Once each week dances are held in the ballroom of the institution, and it is the opinion of the physician that during the summer months, the heat is too great for this form of exercise indoors.

The board of managers of the institution are now formulating plans for the erection of several buildings for which money was appropriated by the last Legislature. It is proposed to erect a cottage for men nurses and for this purpose \$30,000 has been set aside. At present the men sleep in the same wards as the patients. They work from twelve to fifteen hours each day, and should have a separate building for themselves when off duty.

A building for tuberculosis patients will also be erected, for which \$10,000 has been provided; also a building for sleeping quarters for the firemen at the hospital, for which the Legislature appropriated \$15,000. The installing of electric lights throughout the hospital is contemplated, \$15,000 having been appropriated herefor. Two additional physicians will be added to the hospital staff, also one will be appointed in place of Dr. Peter S. Mallon, who recently resigned.

An entire change in the classification of the assistant physicians at the New Jersey State Hospital for the Insane at Morris Plains will be made. The readjustment of the medical staff was decided upon at the quarterly meeting of the board of managers of the hospital May 11th. The change will go into effect June 1st.

The medical staff was formerly composed of the medical director, Dr. Britton D. Evans, and a corps of physicians known as first, second, third, fourth, fifth and sixth assistant physicians. Under the new classification the medical director is chief of the staff as before. Instead of having first and second assistants, two men at salaries of \$1,700 a year each, will be known as senior assistants. They are Dr. E. Moore Fisher and Dr. Louis K. Henschel. The first of these men was formerly third assistant and the latter fourth assistant physician. The remaining assistants on the staff, who are Drs. George A. Anderson, Marcus A. Curry and George R. Hampton.

State Hospital, Trenton.

Perhaps the most important bill of all signed by the Governor was the criminal insane hospital bill. It is by Dr. Ramsay, of Middlesex, and provides for a building on the State Hospital grounds in Trenton to be used exclusively for the criminal insane of this State.

The bill authorizes the State House Commission to provide the grounds for the construction of such a building and regulates the commitment of patients to the institution.

Before the summer months have passed the State Hospital for the Insane will have taken on an appearance of an entirely new place, according to the work mapped out by the Board of Managers May 10.

The entire place is to be repainted both inside and out. The fences are to be repaired and painted and there will be new walks laid around the buildings. As much of this work will be done before Wednesday, June 7, as can be in

order to be ready for the commencement exercises, which take place at that time.

In addition to this, the board has authorized Warden Atchley to advertise for plumbing bids for the annex building and to obtain plans and specifications from the State architect for a new switchboard and for rewiring the dining-rooms. Bids will also be advertised for the installation of new laundry machinery. When all this has been done, new furniture will be placed in various parts of the institution, which will be in keeping with the general renovations.

City Hospital, Perth Amboy.

Action was taken by the Board of Hospital Governors at an adjourned meeting in the City Hall, April 27th, to allow any physician, whether or not he is a member of the staff, to enter a paid patient in the hospital and treat him or her until the completion of the case.

Cooper Hospital, Camden.

The Cooper Hospital last month cared for the largest number of patients in its long and honorable history. The capacity of the hospital at the best is 100, but last month the total reached the figures of 104.

That the hospital is able to take care of so many patients speaks well of its staff. A number of hospitals in Philadelphia with large staffs and considerable more room cannot boast of treating so many at one time.

The officials of the hospital long ago realized that it was necessary to have more room and a new addition is being added. The building is nearly completed and when finished will increase the capacity of the hospital considerably. The new addition is connected by a two-story covered bridge and is a striking example of hospital architecture.—Camden Courier.

Mercer Hospital, Trenton.

The board of managers of Mercer Hospital have appointed Sylvanus J. Nunn, a student in the Medical School of the University of Pennsylvania, to the staff of resident physicians of the hospital. He will enter upon his duties at the institution following his graduation in June. Dr. Nunn is a resident of Orange.

Announcement of a gift of \$30,000 for the construction and equipment of a wing to Mercer Hospital by William S. Hancock was made May 9 at the graduating exercises of the hospital training school in the Prospect Street Presbyterian Church.

Plans for an addition to Mercer Hospital are being considered by the board of directors of the institution. The directors propose to erect an addition three stories in height with eighteen private rooms and ward accommodations for at least fifty patients. It is likely that a roof garden for convalescents will be a part of the improvements. The cost of these proposed improvements is estimated at close to \$40,000.

TRAINING SCHOOL.

The graduating exercises of the nurses who have been in training at Mercer Hospital took place Thursday evening, May 18th, at the Prospect Street Presbyterian Church. William S. Hancock presented the pins and diplomas, and

Dr. J. Riddle Goffe, surgeon of the Women's Hospital in New York, made the address to the nurses. Henry G. Stoddard also made an address in behalf of the community.

The nurses who graduated this year are: Miss Hilda M. Gillespie, Miss Margaret E. Beard, Miss Laura H. Wood and Miss Emily W. Krieger.

Monmouth Memorial Hospital Training School.

The annual commencement exercises of this school, Long Branch, were held this year on May 18, a month earlier than usual. The program was as follows: Rev. Edwin I. Stearns, of Matawan, made the principal address. Dr. Joseph B. Bissell, of New York, presented the diplomas and delivered the charge to the nurses. Ex-Mayor Thomas R. Woolley presided. Mrs. William D. Harper presented the graduation pins. There were seven in this year's class. They were Ada C. Callahan, Grace D. Hopkins, Caroline L. Koch, Cora Dolson, Anna Burke, Jean Sheil's and Minnie Gant.

Mountainside Hospital Training School.

Graduation exercises for the Nurses' Training School at the Mountainside Hospital, Montclair, were held in Unity Church, that town, May 23.

Rev. Harry Emerson Fosdick, pastor of the First Baptist Church, Montclair, delivered the graduation address. Robert M. Boyd, Jr., of the Mountainside Hospital advisory board, presided at the ceremony.

Members of the class of 1911 are as follows: Miss Kincaid Munningham, of Ticonderoga; Miss Anna F. Speicher, of Newton; Miss Ethel McKim, of Canada; Miss Lelia Gilman Folsom, of Montclair; Miss Florence Adelle Vernet, of Montville; Mrs. Florence A. Palmer, of Perth Amboy; Miss Clara Elizabeth Ellar and Miss Beatrice Brown, both of Montclair.

It is the largest class to complete the three years' course at one time in the history of the institution. Besides their diplomas, the eight graduates were presented with gold class pins, bearing their name and class numeral.

North Hudson Hospital.

The Board of Governors of this hospital received a \$200 donation at their meeting last night, and a promise of this same amount to come annually. The Schwartzenbach & Huber silk mills' officials, of West Hoboken, sent it. Several other donations were received.

The Proposed Hospital at Dover.

In response to a suggestion that the public is interested in the amount now available for hospital purposes the woman's auxiliary of the proposed institution states that \$3,000 is now in hand.

The statement goes into detail as follows:

"All those interested in the fund for the proposed hospital will be glad to know that we now have on hand, in round numbers, \$3,006. We shall have still more before the close of the fiscal year in June.

"We have made, this year, about \$790, though there has been no Miller carnival to give us \$500, as last year. The bazaar netted \$203, the

Choral Society, conducted by Mrs. Silberg, gave \$225 and nearly \$100 was realized from whists, etc."

The Essex County Isolation Hospital.

There has been an unusual number of cases of scarlatina and diphtheria scattered through the county. In one of the Newark institutions—the Eighth Avenue Baby Shelter and Day Nursery—diphtheria breaking out as a complication of measles in ten cases created an unusual risk to about twenty other cases of measles. The Isolation Hospital at first declined to take those of diphtheria and measles, giving as reasons that they had no provision for measles and, though these were diphtheria, too, they had no room for such a mixed infection. We quoted last month an editorial from one of the Newark papers sharply criticizing the "Isolation Hospital Authorities" for their "lack of accommodations or mismanagement." The public could not easily assume that such fault lay with the Medical Board managing the hospital without knowing that they have long foreseen and asked for provision for mixed infections from the Board of Freeholders who built the institution and must pay for any additions.

Following the statement of lack of facilities at Soho the Nursery made preparations to borrow an army hospital tent and offer it, fully equipped with beds and linen and nurses, to the Isolation Hospital, who accepted it. But when the Nursery's attending physician announced the plan ready, the hospital concluded to receive the balance of the cases (two had been received) into present buildings. This closed the matter, but, as an aftermath, the Isolation Hospital is to build five small buildings for twelve patients, with nurses and equipment each, to provide for mixed infections in the future. Moreover, the Newark Board of Health has raised the question of making measles reportable, has agreed to take at the City Hospital a limited number of simple measles and has urged the Isolation Hospital to establish provision for mixed infections as above.

Epileptic Village to be Enlarged.

The Governor has approved the bill appropriating \$100,000 for the erection of new buildings at the State Village for Epileptics.

Gift to Preventorium.

The Tuberculosis Preventorium for Children at Farmingdale, N. J., has recently received an anonymous gift of \$50,000, which will be used toward the new building fund. It is planned to increase the capacity of the institution to 158 beds.

The Difference Between a Sanitarium and a Sanatorium.

The words "sanitarium" and "sanatorium" are popularly understood to have the same meaning and are generally used interchangeably, says the Scientific American, when designating (or describing) places of refuge for sick people, but there is, in fact, quite a distinction between the meaning of the two words. In answer to a correspondent on this subject the Literary Digest says:

"The distinction between these words lies in

the fact that they are derived from two different Latin roots. 'Sanatorium' is derived from the late Latin sanatorius, meaning health-giving. The term relates specially to 'an institution for treatment of disease or care of invalids; especially an establishment employing natural therapeutic agents or conditions peculiar to the locality, or some specific treatment, or treating particular diseases.' On the other hand, 'sanitarium' is derived from the Latin sanitas, from sanus, meaning whole, or sound. 'Sanitarium' relates more specifically to 'a place where the hygienic conditions are preservative of health, as distinguished from one where therapeutic agencies are employed.' Hence it is the province of a 'sanitarium' to preserve health, that of a 'sanatorium' to restore it. Care should be exercised in combining the proper vowels in these two words, in order to indicate correctly the derivation."—Amer. Medicine.

Glen Gardner Sanatorium.

At the reorganization of the board of managers of the State Sanatorium for Tuberculosis at Glen Gardner, Dr. F. A. Wild, of Bound Brook, was chosen president, and William G. Besler, of Plainfield, vice-president. A. L. Beavers, of Glen Gardner, was elected secretary and treasurer.

These committee chairmen were named: Sanatorium, Dr. Wild; light, heat and power, Mr. Besler; buildings and grounds, Edwin J. Burke, this city.

Dr. William H. Kensinger, of Camden, and Dr. Frederick J. Hughes, of North Plainfield, two of the new members, were present.

Snake Hill Sanatorium Extravagant.

From the Hudson Observer, May 13th.

Dr. George E. McLaughlin, of Jersey City, who for many years was a member of the Board of Managers of the Snake Hill Sanatorium, gave his reasons, at a meeting of the Hudson County Branch of the State Charities Aid Society, why he resigned his position on that board and refused to take any further active interest in the welfare of the institution. He said that the Board of Managers were managers in name only and that it was the Board of Freeholders that regulated the expenditures there. The Board of Managers are hampered in their work," he said. "They do not get any chance to do the work and run the institution as it ought to be run. I happened to be a member of the first board and right from the start we had a pretty hard time. We had absolutely no control of the funds. Our requisitions were simply handed to the Board of Freeholders and they ordered the supplies as they saw fit. I was heartily discouraged and I thought it better to quit."

Dr. McLaughlin described the conditions in the sanatorium as deplorable. "It costs nearly \$100 per capita more at Snake Hill than at the State sanatorium," he pointed out, "and what are we getting for it? Only a place in which to segregate our consumptives from our midst. We are not curing them. The public will blame the condition of things on the board of managers, but this is unfair. It is the Board of Freeholders that is responsible."

Mrs. Caroline B. Alexander made a report of investigations which a committee of the so-

ciety had made to Snake Hill. The members of that committee were Mrs. Alexander, Palmer Campbell and Thomas McEwan, Jr., of Jersey City. In the report allegations of wasteful extravagance were made, and it was shown by a comparison of the diets at Raybrook and Glen Gardner institutions. The committee said that there was either gross waste in preparing the food or that the prices paid for food were exorbitant. The report went on to state: "The salaries also show extravagance. At Raybrook the annual salary account was, per capita, \$140.49; at Glen Gardner, \$221.21, and at Snake Hill, \$332.15, or \$121 more than was paid at the State institution. The total per capita cost for maintenance of the Raybrook sanatorium last year was \$489.84; at Glen Gardner it was \$552.30, and at Snake Hill it was \$844.89, or almost double the cost of the New York institution."

Marriages.

BOWDEN—BRYCE.—At Paterson, N. J., April 19, 1911, Dr. David T. Bowden, of Paterson, to Miss Helen W. Bryce, of Passaic, N. J.

HUNTER—OUTEN.—At Ogontz, Pa., May 16, 1911, Dr. James Hunter, of Westville, N. J., to Miss Catherine Elizabeth Outen, of Oak Lane, Pa.

MAYER—HOFFMAN.—At Jersey City, N. J., March 15, 1911, Dr. Frederick William Mayer, formerly of Jersey City, now of St. Paul, Minn., to Miss Elsa Gertrude Hoffman, of Jersey City.

Obituaries.

HART.—In Jersey City, N. J., April 10, 1911, Dr. Edward P. Hart, aged 39 years.

At a commemoration meeting of the Medical Staff of St. Francis's Hospital, Jersey City, held May 1, 1911, the following minutes to the memory of Dr. E. P. Hart were offered by Dr. John D. McGill and were unanimously adopted:

The members of the Medical Staff of St. Francis's Hospital have assembled here to-day to commemorate the life work and medical service of their late associate, Dr. Edward Patrick Hart, especially in connection with that hospital. They desire to give expression to their great sorrow and regret at his untimely death, and would offer to his wife and family their sincere sympathy in their great affliction and bereavement.

Dr. Hart was born in Jersey City, September 10, 1872. John and Mary Hart were his parents. He was educated in the public schools of his native city, graduating from its High School in 1893. He attended St. Peter's College, Jersey City, for a time. In 1897 he graduated from the Long Island Hospital Medical College, and was licensed to practice medicine in New Jersey by the State Board of Examiners of that State in the same year.

In 1898 he was appointed on the Medical Staff of St. Francis's Hospital as an assistant surgeon and later was promoted to the position of emergency surgeon, holding the latter place until his death.

In 1899 he was selected for the office of deputy health inspector, in the Jersey City Health Department. In this position he served with great

ability and credit, and obtained from the public well-deserved commendation for efficient and faithful service. During his service as deputy health inspector a wide-spread epidemic of smallpox broke out in Jersey City, which, on the part of the Health Department, was placed under the direction and management of Dr. Hart, who discharged his important trust in a very successful manner, and became known widely in the city as an expert diagnostician of this dread disease.

In 1901 Dr. Hart was appointed one of the surgeons to the Public Service Corporation and in his new position soon developed acknowledged proficiency as a medico-legal expert, especially in accidental surgery and its sequela. As an expert medical witness in the courts he was justly recognized as able, efficient and valuable.

He was also assistant surgeon to the Erie Railroad Company in Jersey City, and he also held the office of assistant surgeon in the Medical Corps of the N. G. N. J., with the rank of captain, being assigned to service with the Second Battalion, Fourth Regiment of Infantry.

For nearly thirteen years, and until his death, Dr. Hart was associated with Dr. John D. McGill in the practice of medicine and surgery, an association that was truly ideal in character, more that of a filial relation than a business connection. In 1902 Dr. Hart was married to Miss Alice I. Coyle, of Jersey City. His wife and three children—one daughter and two sons—survive him. By the many excellencies and virtues of his character, Dr. Hart had endeared himself, not only to his friends and associates, but to all who knew him. As a man he was upright, honorable and courageous. In the activities of daily life he was industrious, hard-working and self-sacrificing, but withal modest, retiring and unassuming. He was of that type of man exemplary to his fellows and well worthy of emulation.

As a citizen he was public spirited, always solicitous for the public weal. As a physician he was able, well informed and skillful, and, although comparatively a young man in years, had already made for himself a successful and enviable record in his chosen profession.

In his association with his fellow physicians he was courteous, affable and ethical and was held by them in great esteem.

As a father and husband he was all that those beloved offices should be. "Without fear and without reproach," he was a great good to his fellow men in general, and to the members of his own profession in particular, and it is but becoming and proper that they mourn his untimely death. While free from cant and hypocrisy, Dr. Hart always evinced deep respect for religion and was ever faithful in the observation and performance of religious duty, but not obtrusive in its demonstration.

He has gone from us forever and we will see him no more, but the impress and memory of his attractive personality yet linger and will remain in the hearts of his friends for all time.

HOAGLAND—In Memphis, Tenn., May 10, 1911, Dr. Garret G. Hoagland, of Keyport, N. J., aged 54 years.

Dr. Hoagland graduated from Jefferson College, Philadelphia, in 1884. He was a member of the Monmouth County Medical Society, the Medical Society of New Jersey and the American Medical Association.

HOLZMAN—At Ocean Grove, N. J., May 8, 1911, Dr. Samuel E. Holzman, aged 73 years. He was born in Winchester, Va. Was a surgeon throughout the Civil War. He had been a resident of Ocean Grove for about twelve years.

WHEELER—At Boonton, N. J., April 27, 1911, Dr. Harry S. Wheeler, aged 36 years.

Dr. Wheeler graduated at the Baltimore Medical College in 1897. He died suddenly in his office.

TAYLOR—In Vineland, N. J., March 22, 1911, Dr. Alexander C. Taylor, aged 86 years.

Dr. Taylor graduated at the Medical Department of the University of Pennsylvania in 1850.

Personal Notes.

Dr. David B. Ackley, Trenton, who has been for several weeks suffering from blood-poisoning, was compelled to have the index finger of his left hand amputated.

Dr. Charles P. Britton, Trenton, and family have gone to their summer home at Bushkill.

Dr. Gordon K. Dickinson, Jersey City, has a paper in the American Journal of Obstetrics, April, 1911, on "The Hysteropexes."

Dr. Ernest L. Dickinson, Trenton, who has been very ill with pneumonia, is reported convalescent.

Dr. Frank M. Donohue, New Brunswick, and family have gone to their summer home, "Cedarcrest," near Bound Brook, for the summer months.

Dr. Elmer H. Eulner, South Amboy, is president of the local Board of Health, and Dr. E. A. Meacham is city physician.

Dr. Frederick W. Flagge, Rockaway, and wife enjoyed an automobile trip last month through New Jersey and New York.

Dr. Francis H. Glazebrook, Morristown, and wife spent a few days at Atlantic City in May.

Dr. A. Clark Hunt, Metuchen, recently enjoyed a brief visit at Boston, Mass.

Dr. William H. Iszard, Camden, celebrated the 69th year of his birth and 46th anniversary of his wedding on April 27, 1911. Dr. Iszard has been Camden's food inspector for three years, was county physician eight years, and is president of the pension board of his district.

Dr. Edward J. Ill, Newark, has a paper in the American Journal of Obstetrics, April, 1911, on "The Treatment of Acute Puerperal Sepsis." It was read at a meeting of the Alumni of the Sloane Maternity Hospital Association.

Dr. J. Herbert Keenan, Elizabeth, was recently burned about the hands and face in trying to extinguish fire in the clothing of a child eight years old.

Dr. J. Watson Martindale, Camden, recently had his satchel and raincoat stolen from his automobile at the ferry in Camden, where hundreds were entering and leaving the ferryhouse.

Dr. Edward Parry, Camden, and family have gone to Wildwood, to remain until September 1.

Dr. William C. Parry, Hainesport, was recently appointed by Senator Frelinghuysen, president of the State Board of Agriculture, as one of the commissioners under the new law for the prevention of infectious and contagious diseases in animals.

Dr. William G. Schaufler, Lakewood, was recently elected by the Society of Colonial Wars

in New Jersey, a delegate to the triennial assembly.

Dr. Obadiah H. Sproul, Flemington, was recently elected secretary of the Centre Bridge Delaware Bridge Company, and Dr. George N. Best, Rosemont, was elected one of the directors of the company.

Dr. George N. J. Sommer, Trenton, and wife expect to start on a tour of the West June 17th. The doctor will attend the A. M. A. annual meeting at Los Angeles, Cal.

Dr. John H. Bradshaw, Orange, has an article in the April, 1911, Archives of Pediatrics, on "Tuberculous Peritonitis in Children."

Dr. Richard G. P. Dieffenbach, Newark, and wife sailed on the North German Lloyd steamer Berlin, May 13th, for a few weeks' sojourn abroad.

Dr. David E. English, Summit, has been elected one of the directors of the Summit Board of Trade.

Dr. William I. Kelchner, Camden, and family have gone to Wildwood, N. J., to spend the summer months.

Drs. William H. Kensinger, Camden; Fred J. Hughes, Union, and E. S. Loomis, Mercer, have been appointed members of the State Tuberculosis Commission.

Dr. Alexander McAlister, Camden, has an article in the April issue of Archives of Pediatrics on "Treatment of Typhoid Fever, with Special Reference to the Use of Hydrochloric Acid."

Dr. Arthur Stern, Elizabeth, in Archives of Pediatrics, has a paper on "Infant Mortality in Summer."

Dr. George B. Tompkins, Paterson, has removed to Flemington and occupied the offices of the late Dr. E. L. Leidy.

Dr. Elmer G. Wherry, Newark, has an article in Archives of Pediatrics, April, 1911, on "Malarial Fever in Children."

Book Reviews.

THE PRINCIPLES AND PRACTICE OF MODERN Otolology. By John F. Barnhill, M. D., Professor of Otolology, Laryngology and Rhinology, Indiana University School of Medicine, and Ernest de W. Wales, B. S., M. D., Clinical Professor of Otolology, Laryngology and Rhinology, Indiana University School of Medicine. Second edition revised. Octavo of 598 pages, with 305 original illustrations, many in colors. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50; half morocco, \$7.00 net.

We commend this volume, especially to the general practitioners, as it treats of the diseases of the ear in a very practical manner and gives account of recent advances in this department of practice. This second edition shows thoroughness of revision of the former volume and among the important additions we note that the chapter on the examination of the function of the ear includes the description and formula of the uniform system of tests accepted by the Otological Congress at Buda-Pesth in 1909; operative injury to the facial nerve is more fully treated; the "conservative" radical mastoid operation, known as Heath's, is described and several paragraphs relating to the symptoms, pathology and surgical treatment of labyrinth

suppuration. Two points are especially emphasized through the work: the earliest possible prophylaxis or treatment, and the great importance of a thorough examination and a definite diagnosis as a basis for rational treatment.

PLASTER OF PARIS AND HOW TO USE IT. BY Martin W. Ware, M. D., N. Y., Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary. Second edition. Cloth, \$1.25. Surgery Publishing Co., New York.

This helpful book has been completely rewritten and enlarged. Complete new drawings, marginal side notes in red and ninety illustrations are used to more clearly enforce the intent of the subject matter.

The mechanical features of the book are decidedly striking.

BOOK NOTICE.

The Practical Medicine Series. Edited by Gustavus P. Head, M. D., and Charles L. Max, A. M., M. D. Vol. II. General Surgery, by John B. Murphy, A. M., M. D., LL. D. Series 1011. Year Book Publishers, Chicago.

Report from the Pathological Department, Central Indiana Hospital for Insane, Vols. II, and III.

Public Health Items.

Health Board Prohibits Exposure of Food.

Commissioner Lederle believes that the exposure of food to the dust and dirt of the public streets is a menace to health and has directed inspectors of the department to enforce strictly the sanitary code relating to the conditions under which food products may be sold when exposed outside of stores. The police department has been called on to assist in this work.

War on Mosquitos.

The Montclair, N. J., Health Department has begun a crusade against the mosquito by locating and draining the stagnant pools of water where the insect finds breeding places. A penalty of ten dollars has been fixed for maintaining a pool of water in which mosquito larvae breed, but it is impossible to prosecute an owner for maintaining such a pool unless mosquito larvae are actually found.

Public Drinking Cups.

Assemblyman W. E. Ramsay, M. D., of Perth Amboy, a member of the Middlesex County Medical Society, introduced and secured the passage of the law prohibiting the use of the common drinking cup or glass at public places after July 4, 1911. The law applies to railroad stations, stores, shops, factories, etc. After July 4, paper cups in slot machines, or some other approved method will have to be adopted not only here but all over the State.

The new law is as follows:

Be it enacted by the Senate and General Assembly of the State of New Jersey:

1. The use of the common drinking cup, an undoubted source of communication of infectious diseases, is hereby prohibited in all public

places within the commonwealth, and the State Board of Health shall have full authority to establish such reasonable rules and regulations to make this prohibition effective as in their judgment seems wise and proper.

2. Whoever fails to observe the provisions of this act, or the rules and regulations in relation thereto, shall be deemed guilty of a misdemeanor and be liable to a fine not exceeding twenty-five dollars for each offence.

3. All acts and parts of acts inconsistent herewith are hereby repealed.

The State Board of Health is preparing the rules and regulations which the law provides it shall have authority to adopt, and they will be announced in a short time. They will designate just what constitutes a public place, and will give general regulations for the new protection to public health.

Tremendous Cost of Communicable Diseases.

From April Bulletin, Chicago Department of Health.

Universal recognition of conditions that are bad, as a rule, leads to their being made better. A few persons in a community may agitate and rail against evils that need correcting, but it is not until there is an aroused and practically unanimous public sentiment against them that real reform and betterment become accomplished facts. So, if people generally realized the tremendous cost put on them by the communicable diseases, there would speedily be more intelligent and aggressive cooperation on their part with health officials in controlling and preventing epidemics of every kind.

Everyone knows that, aside from all other considerations, sickness is expensive and a terrible drain on his financial resources. But because this knowledge has not as yet crystallized into a sweeping public sentiment, or conviction, we might say, health laws and regulations are not appreciated at their full value and are not obeyed in the spirit that would make them of greatest value to the community. Here are some figures that will help us to better understand the cost of contagion. It has been estimated that the average case cost of the principal communicable diseases is as follows: diphtheria, \$200 to \$500; scarlet fever, \$250 to \$2,000; whooping cough, \$150 to \$1,000; measles, \$100 to \$500. Taking the minimum figures, let us see what the people of Chicago were compelled to pay for the four principal contagious diseases in 1910.

Diphtheria cases ..	7,961 at \$200—	\$1,592,200
Scarlet fever	6,427 at 250—	1,606,750
Measles	10,920 at 100—	1,092,000
Whooping cough..	2,552 at 150—	382,800

Total..... \$4,673,750

The figures used are for average case cost from onset to termination of the disease, including the average, also covering recovery or death as the final outcome. The maximum figures are, no doubt, intended to apply to cases where the families are in good circumstances and are lavish, even reckless in the money spent for both the comfort and care of the sick.

It is, however, certain that the figures representing minimum cost are conservative and approximately represent the actual money cost to the people of Chicago on account of the communicable diseases named. It might be added

that if only 10 per cent. of this \$4,673,750 could be had with which to fight contagion and to carry on a city-wide campaign of education and preventive work it would doubtless prove to be a most profitable investment both from the health and economic standpoints.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, April, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending April 10, 1911, was 3,631. By age periods there were 632 deaths among infants under one year, 329 deaths of children over one year and under five years, and 1,140 deaths of persons aged sixty years and over.

The mortality from tuberculosis of the lungs for the month is higher than for any corresponding period during the past four years.

Pneumonia and other diseases of the respiratory system were also more prevalent and comparative figures for these diseases follow:

April.	Tuberculosis of lungs.	Pneumonia.	Other diseases of respiratory system.
1908.....	278	354	235
1909.....	366	427	261
1910.....	366	398	307
1911.....	427	467	333

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending April 10, 1911, compared with the average for the previous twelve months, the averages being stated in parentheses:

Typhoid fever, 18 (36); measles, 38 (17); scarlet fever, 37 (19); whooping cough, 53 (32); diphtheria, 64 (60); malarial fever, 2 (2); tuberculosis of lungs, 427 (328); tuberculosis of other organs, 38 (51); cancer, 161 (157); diseases of nervous system, 419 (366); diseases of circulatory system, 450 (370); diseases of respiratory system (pneumonia and tuberculosis excepted), 333 (236); pneumonia, 467 (268); infantile diarrhoea, 77 (244); diseases of digestive system (infantile diarrhoea excepted), 153 (194); Bright's disease, 263 (228); suicide, 32 (35); all other diseases or causes of death, 599 (646); total, 3,631 (3,289).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 355; tuberculosis, 473; typhoid fever, 195; malaria, 20; miscellaneous specimens, 40; total, 1,083.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending April 30, 1911, 350 samples of food and drugs were examined in the State Laboratory of Hygiene, as follows:

Milk, 15 of the 272 samples were found to be below the standard; also 2 of the 13 of cider vinegar, 16 of the 17 samples of Fowler's solution, and 3 of the 5 of tincture of iodine. All the samples of ice cream, oysters (37), sausage and white vinegar were found above the standard.

Six suits were begun against parties whose milk samples were found to be below the standard.

Division of Creameries and Dairies.

DAIRIES.

During the month 146 dairy inspections were made. We give the number inspected and the numbers of those found 60 per cent. above and 60 per cent. below the perfect mark, as follows:

County.	Number inspected.	Above 60 %.	Below 60 %.
Bergen	4	2	2
Camden	7	3	4
Essex	9	5	4
Hudson	1	1	0
Hunterdon	22	4	18
Mercer	18	10	8
Middlesex	8	0	8
Monmouth	1	0	1
Morris	23	10	13
Passaic	8	6	2
Somerset	12	9	3
Sussex	32	30	2
Union	1	0	1
Totals	146	80	66

Number of dairies; first inspection, 121; reinspection, 25; number of milk depots inspected, 1; water samples collected from dairy premises, 2; number of letters sent to dairymen, 77.

Inspections were made at the request of the following local boards of health: Collingswood, Dover, Glen Rock, New Brunswick, Paterson, Perth Amboy, Princeton, South Orange Village and South Orange Township.

CREAMERIES.

Bernardsville, Bevans, Flanders, Hampton, Irvington, Lyons, Montague, Newark, Trenton, White House. Total, 10.

ICE CREAM FACTORIES INSPECTED.

Allenhurst, Asbury Park 4, Camden 3, Dover 3, Newark, New Brunswick, Ocean Grove, Plainfield 16, Princeton 2, Trenton 17, total 49.

Number of creamery licenses recommended, 1; ice cream factory licenses recommended, 9; letters sent to creamery and ice cream factory operators, 27.

During the month ending April 30, 1911, 66 inspections were made in 39 cities and towns.

The following articles were inspected during the month but no samples were taken:

Milk, 392; butter, 499; foods, 629; drugs, 205.

Other inspections were made as follows: Milk wagons, 141; milk depots, 46; grocery stores, 233; drug stores, 15; confectionery stores, 6; meat markets, 3. Miscellaneous inspections, 9.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 119; Public water supplies, 73; creamery supplies, 2; proposed public supplies, 5; private supplies, 27; dairy supplies, 2; sewage samples, 10.

INSPECTIONS.

Public water supplies inspected at Jersey City, Delawanna, Orange, East Orange, Summit, Short Hills, Hackensack, Paterson, Haledon, Ridgewood, Midland Park, Bogota, Garfield, Wallington, Hawthorn, Lodi, Hammonon, Egg Harbor City, Atlantic City, Ventnor, Margate City, Longport, Ocean City, Pleasantville, Mays Landing, Vineland, Millville, Bridgeton, James-

burg, Freehold, Manasquan, Sea Girt, Point Pleasant, Bay Head, Mantoloking, Sea Side Park, Toms River, Island Heights, Lakewood, Lakehurst, Barnegat, Tuckerton, Beach Haven, Beach Haven Terrace, Surf City, Allentown, Beverly, Bordentown, Bound Brook, Burlington, Roebling, Riverton, Hopewell, Pennington, Dunellen, Raritan, Plainfield, Summit, Elizabeth and Short Hills.

Sewage disposal plants inspected at Woodbury, Roebling 2, Glen Gardner, Westfield, Asyla, Washington, Changewater, Thomas Devlin Co., Burlington; Essex Fells and Merchantville.

Special inspections made at Woodbridge, Phillipsburg, Paterson, Crosswicks, Lambertville, Stockton, Frenchtown, Rigelsville, Wilburtha, Bound Brook, Audubon, National Park, Clinton, Three Bridges and Perth Amboy.

Number of pollutions reported.....	82
Ten-day notices to cease pollution issued..	24
Reinspections made	93
Abatements reported	80
Cases referred to the Attorney-General....	2
Plans for sewage disposal plants—	
Approved	8
Disapproved	1
Plans for public water supply plants and systems approved	2

A further hearing in the case against the town of Phillipsburg was given on April 5th and 6th, at which time testimony for the defence was taken. The case is scheduled for further trial on May 8th and May 22d.

State Health Board Organizes.

The State Board of Health organized May 9th, with John H. Capstick, resident, and Dr. Bruce S. Keator, secretary. Dr. Richard Cole Newton, of Montclair, the new member, was presented.

California is once more to the front—her State Board of Health has notified local boards of health that beginning January 1, 1911, syphilis and gonorrhoea shall be reportable diseases, like the others of an infectious nature.—Utah Medical Journal.

Preparations Approved by the A. M. A. Council on Pharmacy and Chemistry.

New and Non-Official Remedies Accepted by the A. M. A. Council on Pharmacy and Chemistry.

Since March 1, 1911, the following articles have been accepted by the Council:

Pa-teur Antirabic Vaccine (American Biologic Co.)

Predegested Liquid Food (H. K. Mulford Co.)

Borchardt's Malt Extract, plain; Malt Olive, with Hypophosphites; Malt Soup Extract (Borchardt Malt Extract Co.)

Cargentos, and Cargentos Tablets; Cargentos Rectal, Vaginal and Urethral Suppositories (H. K. Mulford Co.)

Ovagal and Ovagal Capsules; Xerase and Xerase Capsules (Riedel & Co.)

A FINAL WORD.

Don't fail to attend our Annual Meeting at Spring Lake, June 13th to 15th, if within range of possibility. Your presence will help us and the meeting will be helpful to YOU.

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Delivered at the 145th Annual Meeting of the
Medical Society of New Jersey,
Spring Lake, June 13, 1911.

A PLEA FOR ATTAINING, AND MAINTAINING A HIGH STAND- ARD OF MEDICAL EDU- CATION.

THOMAS H. MACKENZIE, M. D.,
TRENTON, N. J.

The State of New Jersey has the proud distinction of being one of the first, if not the first, of the States in this country to organize a medical society. In the year 1766, when New Jersey was but a colony, its medical men, desirous of improving themselves in medicine, and having at heart the betterment of medical education, the promotion of good fellowship, and the cultivation of medical ethics, instituted this society.

Never, from its inception to the present time, has the society faltered in its high aims and purposes. It has ever frowned upon any and everything that would in any way detract from the superior standard it aims to maintain for the conduct of its individual members toward each other, and the general public.

When this society was first organized, the science of medicine was at a low ebb, but six years after its organization it accomplished much toward raising the standard, by securing an act regulating the practice of physic and surgery in the colony.

The act provided for the licensing of physicians through judges of the Supreme Court, after examination by a board of physicians appointed by the court. It proved very effective, aiding in elevating

the standard of medical education, for we are told that, prior to that time, "quacks abounded like the locusts of Egypt."

The people of to-day are evidently no better able than they were in those days to discriminate between the spurious and the genuine doctor of medicine, and, in consequence of this lack of discrimination, we find many people, and they are not confined to any particular class, turning away from the conscientious and qualified physician, to seek relief at the hands of some one of the many cults now in vogue.

It is a sad commentary upon the credulity and susceptibility of the American people that they so easily become the prey of the devious ways of the charlatan. Is it not, therefore, the duty of the State to protect the public from unscrupulous practitioners by enacting laws that would eliminate entirely from the practice of medicine those not qualified for such service?

The question naturally arises, How is the qualification to be determined? This is, indeed, a many-sided and difficult problem, the solution of which necessitates careful and serious thought.

Qualification is determined by measurement with some standard. A medical educational standard should, therefore, be established by which to measure a candidate's qualification for a license to practice. Should the standard thus established be universally adopted by the profession throughout the length and breadth of this country, it would be a simple matter for the colleges to prepare a curriculum of studies of adequate breadth and scope to conform to that standard.

How may such a standard be established? This is a subject that has agitated the minds of the medical men of this country for many years and probably will continue to occupy their attention until some plan is evolved by

which a common standard will be adopted for the whole country.

A simple solution of this vexed question would be, for the Federal Government to enact a law creating a bureau of medical education and sanitation, whose duties would be to establish a standard for preliminary and medical education and to have general supervision over all matters pertaining to interstate and national sanitation and hygiene.

This plan would undoubtedly meet with the objection that such Federal action would be in violation of the Constitution, as an infringement of State rights. The same objection was made to the Pure Food Law and the Interstate Commerce Commission Act; yet these, when presented before the Supreme Court, were adjudged constitutional, and are now proving their worth to the entire country. Should such a medical commission be adopted, all State medical examining boards could be dispensed with, medical men throughout the country would be on an equal footing, and there would be no good reason why the practitioner of one State could not move to another and practice his profession, without proving anew his qualification to do so, before a board of examiners in another State.

Under this plan, a degree from a medical school would be a guarantee of efficiency, a guarantee infinitely superior to any that would be assured by the best of State medical boards, and, what is of still greater importance, would guarantee to the general public physicians who had received their degrees from medical schools under the supervision of the Federal Government, and would also secure to the public protection from the incompetent physician, whether he be regular, homeopath or eclectic.

In the selection of this commission, the different schools of medicine should have representation.

I think it reasonable to presume that of the 129 medical schools of the United States, forty or fifty only would survive under this plan, yet this number would be abundantly sufficient to supply the needs of the country.

The profession of the United States is greatly indebted to Abraham Flexner for the very thorough and valuable report he has made to "The Carnegie Foundation for the Advancement of Teaching."

We learn from his report that for the last twenty-five years there has been an enormous over-production of uneducated and illy-trained medical doctors. This without

any serious thought of, and absolute disregard for, the interests of the public.

Physicians are four times as numerous in proportion to the population in this country than in Old World countries, such as Germany. This over-production of illy-trained men is mainly due to the existence of commercial medical schools which seek students by advertisement, and draw unprepared youths from occupations of industry to study medicine.

From this report, we learn that there are fifty-six medical schools in the United States and Canada, whose total annual available incomes are less than \$10,000 each. One School, the California Eclectic, has an income as low as \$1,060; another, the Southwestern Homeopathic, \$1,100.

When one compares these same amounts with those of our generally recognized first-class schools, such as Harvard, with an annual budget of \$251,389; Johns Hopkins, with \$100,000; Columbia, with \$239,000; Cornell, with \$242,728; Toronto, with \$85,000; McGill, with \$77,000; Jefferson, with \$102,995, and notes that the expenditures of all these institutions are greatly in excess of the receipts from fees, and that these and similar first-class schools find that the amounts expended each year, though large, are none too large to provide their institutions with the necessary laboratories, equipment and material, as well as with eminent professors, efficient instructors and skilled clinical teachers, it becomes very apparent that the less favored schools or those with inadequate financial support, will have results commensurate only with the funds at their disposal. Such schools should, therefore, be relegated to the rear, leaving medical instruction to those institutions in every way qualified for so important a work.

It has been argued that the inadequately equipped medical school or the one which requires but little preliminary education, is allowable in the interest of the poor boy. I hold that it is no kindness to the poor boy to give him an education that will handicap him throughout his whole life. And then again, is the poor boy justified in entering a profession without requisite preparatory education?

If the poor boy has a wholesome respect for, and a proper conception and appreciation of the dignity and importance of the medical profession, he will be willing to prepare himself by acquiring the necessary preliminary education; and if he is made of the kind of stuff that will make a first-class physician, he will find some way to over-

come the difficulties that have circumscribed his advancement, and made difficult his adequate preparation.

The young man possessing the qualifications will naturally select a medical school of the highest standard in which to pursue his medical course, and at its completion will find himself equally, if not better, qualified for his life work than his fellow-student who has taken the course in the same or a similar institution under more affluent circumstances.

The arguments often heretofore used in the interest of the poor boy were manifestly more in the interest of the poor medical school, whose very existence depended upon the number of persons it could induce to enroll as students, losing sight of the fact that its first duty was to the people, from whom it indirectly received its charter.

The charter is not granted by the Legislature to the medical school for exploitation or for the furtherance of selfish motives; but for the high and noble purpose of giving young men a first-class medical education, an education that will enable them to give the public, which entrusts its health and life to their care and skill, the best possible service.

For the first two years of the medical course, first-class schools should be prepared to teach among other things; anatomy, including embryology and histology, pathology, pharmacology, chemistry, bacteriology and biology.

To teach these subjects as they should be taught, schools should have thoroughly equipped laboratories in order to give as thorough a course as possible in the fundamental medical sciences, the ground-work and superstructure of the science of medicine. Separate laboratories devoted to experimentation in anatomy, physiology, biochemistry, pathology, and bacteriology are of paramount importance. Each of these departments must needs be provided respectively with the necessary apparatus and materials. Add to such departments professors, together with corps of instructors and assistants, and we have a budget for laboratories alone large in amount.

Abraham Flexner is authority for the statement that a laboratory department in one of the fundamental medical sciences, none too elaborately provided, cannot be effectively maintained for less than \$10,000 to \$15,000 per annum; the combined expenses of the six departments, ranging from \$60,000 to \$90,000 per annum. And if the last two years of the course would cost approxi-

mately a sum equal to the first two years it would require a budget of from \$120,000 to \$180,000 for the whole school for one year.

In contrast to this statement, which we may accept as authentic, I will cite a few instances of schools lacking adequate funds, yet attempting to prepare men for the medical degree.

A medical school in Philadelphia has estimated receipts of \$18,000. Of this amount \$11,000 is distributed among its teachers; \$1,500 is spent on equipment and only \$500 on laboratory material. One large Eastern institution spends \$4,700 on publicity as against \$3,500 on its laboratories. A New York school spends \$1,500 on publicity and \$1,100 on laboratories; another, a Southern school, \$1,000 in advertising, and \$500 on laboratories.

Medical science can make but little progress while it depends upon such mercenary institutions as its source of inspiration. Science and mercenary pursuits are incompatible and will not mix.

The chief objections to schools lacking the proper financial support for laboratories, equipment, professors and efficient instructors are: First, their source of revenue is chiefly, if not entirely, confined to the fees received from the student body and very inadequate to the great importance of the work; second, the methods to which they resort to induce students to matriculate are those adopted by commercial houses for exploiting their business and is totally at variance with the principles of professional ethics; and third, the professors and instructors are illy paid and, what is still more deplorable, illy trained, compelled, as they are, to devote the greater part of their time to the practice of medicine, contrary to the fact that the most successful laboratory instructors are those who devote their entire time to the work.

The question naturally arises, what is the best remedy to be employed for correcting the conditions in the inadequate medical school?

A solution of the problem would be, I think, the establishing of a Federal medical bureau, as already suggested, having authority to establish national educational standards, and empowered to regulate the practice of medicine, along with such other duties as would benefit the public health.

In the absence of such a provision, we must look to the progressive, public-spirited and well-endowed schools, to the State Medical Board, and to whatever results

may be obtained from agitation instigated by the American Medical Association.

Viewing education from the student's point of view, is it not a duty we owe to the aspirant for medical honors, to point out such methods for securing his education, as will give results commensurate with the efforts put forth to acquire it?

A large percentage of students enter upon the study of medicine with little, if any, conception of the mental and physical demands required of them; and with no way of knowing of the number of failures, they are often attracted by an indefinite glamor and the ease with which many of their acquaintances have begun to practice.

It is generally conceded that a college degree is desirable, if not essential, for success in any business pursuit. Only one per cent. of the non-university men, or those of marked ability, may hope to reach the highest degree of success. It has been ascertained that one per cent. of the male population of the United States has received a college education, or rather a degree. This one per cent. holds forty per cent. of the positions of trust and profit.

If this be true in business pursuits, how much more necessary is it that a candidate for the study of medicine shall first have a knowledge of the fundamental sciences, not to mention other academic qualifications, so especially desirable for the well-equipped physician. It is not so much the knowledge acquired, as it is the mental training received during a college course, that so eminently prepares the student to enter upon the study of medicine.

There are a number of very efficient agencies at work, and have been for a number of years, studying the needs of medical education, pointing out ways and means by which improvement may be brought about. Among these agencies may be mentioned the Council on Medical Education of the American Medical Association, the Association of American Medical Colleges, the American Academy of Medicine, the National Confederation of State Examining and Licensing Boards, and the individual State Examining Boards. It is to the combined operation of these that we are indebted for the national movement for better standards of medical education. The efforts put forth by these agencies have been abundantly vindicated by the beneficence of their results. I cannot neglect to again mention the report of Abraham Flexner as giving great promise of material aid to these agencies in correcting many defects still ex-

isting in our educational system.

The Council on Medical Education and Abraham Flexner's report have given us a true picture of medical education as it is and should be; in short, they have made a correct diagnosis of underlying conditions, and prescribed the proper remedies. The function of the other agencies is to administer the remedies, the result will prove the wisdom of the diagnosis and the efficacy of the remedy.

Improvement in medical education has been rapidly accomplished since the organization of the Council on Medical Education in 1904. Until that time medical colleges, mostly of the proprietary variety, were continually increasing. It was in that year that the maximum number of 166 medical colleges was reached. In that year there were 28,142 medical students and 5,747 graduates in the United States. Since that year, however, there has been quite a decrease in the number of medical schools, forty-four having since closed, twenty-four by merging with other schools and twenty outright.

All of these belonged to the weak and inferior class, and their end can only be regarded as a victory for higher medical education. A still further reduction of the remaining 122 would be an additional triumph to the cause of medical educational progress.

The Association of the American Medical Colleges, composed as it is of representatives of the leading medical schools of the country, has discussed the standards of medical education with a view to their improvement and has in consequence recommended a decided advancement in the requirements of admission. The result is that nearly one-third of the colleges are now requiring for admission, in addition to the high school course, one or more years of college work and that medical instruction as a whole shall be placed largely on a university basis. The trend of the times seems to indicate that the medical schools are each year exacting a higher standard of admission. I think it is safe to predict that in another decade all the medical schools will insist that candidates for admission shall have had a preliminary training of at least one or two years in college, and that the number of medical schools which will accept nothing less than a college degree as qualification for entrance, will be materially increased.

We have already discussed the necessity of well-equipped laboratories for each of

the sciences taught during the first two years of the medical course. While these are essential, they are only a part of the requisites of a first-class school. The ability of the instructor is of paramount importance. The quality of the instruction depends upon the efficiency of the instructor. It follows, therefore, that the medical school is not to be judged so much by its fine buildings and its laboratory equipment, as it is by the qualification and efficiency of its instructors. To be a first-class instructor, one must have devoted a great part of his life to the study of the subjects he intends to teach.

Perhaps, after all, the State Board of Examiners has done as much as any of the agencies in elevating the standard of the profession. The profession of our own State is certainly indebted to our State Examining Board for all it has accomplished toward raising the standard and eliminating an undesirable element from the practice of medicine. In spite of their best efforts, however, a number of men, under one guise or another, have succeeded in entering the fold, and, by imposing upon the credulity of the people, have made some progress in impressing upon the public the importance of their methods for the cure of disease. If there is anything more in their methods than is conceded by the profession, then, indeed, we should know it.

It is the duty of the medical profession, as a truly scientific body, to submit every claim made by those who profess to cure disease by new methods, to a scientific test and determine whether or not their claims have merit. If merit be found in those methods, they should, of course, be adopted; for it is clearly the duty of the profession to avail itself of every method and device that might prove valuable in the cure of disease.

Can there be any good reason for starting another school and asking for a separate board to pass upon the qualification of a set of men who claim some mode of cure peculiar to themselves?

The good offices of our board have been somewhat handicapped by our defective laws regulating medical practice.

The Medical Society has for three successive years asked in vain for relief.

It is difficult to understand why we receive such treatment at the hands of the Legislature. The answer probably is that our legislators regard the medical profession with some degree of mistrust, suspecting that we ask for such legislation for our own selfish ends. This view is probably encour-

aged by the pretender who attempts to enter the ranks of the profession without submitting himself to the proper scientific tests.

The mind of the general public should be disabused of these false notions. The truth should be clearly set forth, and when the people shall have had a clear conception of all the facts, and shall clearly understand that the legislation sought is to safeguard their interests, to secure to them and their families the benefits that would naturally accrue from having good physicians, physicians who have proven their competency to care for them, by submitting to and passing an examination by a qualified board of examiners, then, and not until then, do I believe we can exact from the Legislature the much-needed legislation.

The medical profession should inaugurate a campaign of education and every member of this society should feel it incumbent upon him to contribute his share toward enlightening the people on this question. Then the Medical Society of this State will come into its own and will again continue on that high plane that it has heretofore maintained and once more take its place among the States which have always stood for what was best and progressive in medicine.

The Medical Society and the people of the entire State are under obligation to our State Board of Examiners for what it has done, not only in maintaining medical standards, but in keeping the standards abreast with medical progress. The Examining Board is a very important body and should always be composed of men of the highest culture and scholarly attainments, who have received their medical education in a modern, up-to-date medical school.

The candidates for license, some of whom possess B. A. and M. D. degrees from modern and progressive first-class colleges, would surely expect to meet their peers when taking their examination before the board.

It is not within the province of the Medical Society to select the members of the Examining Board, but inasmuch as the society is intensely interested in the personnel of the board, might it not be well for the society to appoint a committee to act, in conjunction with a committee from other schools of medicine (so that they might scan the whole field of medical men in the State), in the selection of a number of available men, say four times the total number needed to comprise the board? The list of men thus selected to be submitted to the Governor, from which list, if he saw fit,

he could make his appointments for the board. If this were done in merely an advisory manner, surely no feeling that we were usurping authority would be felt, and the Executive would be aided in his arduous and difficult duties.

The members of the board should, I believe, be qualified to test the candidate's knowledge of bacteriology, histology and pathology by use of the microscope. These suggestions are not intended as criticism of the methods pursued by our excellent Board of Examiners, but are only made with the desire to urge the necessity of keeping pace with modern methods as taught in our best medical schools.

When one considers the enormous amount of original research done in the medical centres of Europe and this country, and the vast quantity of useful knowledge that is thus added each year to our present store of medical information, one finds it indeed difficult to fully estimate the great benefits that would accrue to the human family, if the physicians whose business it is to treat and also to prevent human ailments possessed this knowledge and applied it to the relief of suffering humanity.

When philanthropists like Rockefeller and Carnegie will contribute millions of dollars to endow institutes for original research work in medical science, is it not clearly the duty of the practising physician to avail himself of the knowledge thus derived and apply it in his daily mission of relief?

There probably never was a period in the history of medicine when so much useful information was extracted from the secrets of nature as during the last twenty-five years, and certainly there was never a time when the application of this knowledge was more thoroughly used for the betterment of the people and the nations than at the present. This ever-growing knowledge applied to surgery alone and the benefits accruing therefrom would require volumes to describe, but it is in its application in the prevention of disease, or what is termed preventive medicine, that it has been of untold service, staying the ravages of yellow fever, malaria, bubonic plague, Asiatic cholera, hookworm disease and in making inroads on that great white plague, tuberculosis, and made possible the sanitation of the zone through which the Panama Canal is being built—thus greatly aiding in assuring the success of that gigantic undertaking.

Has not the profession, indeed, just reason to be proud of the men who have made discoveries that have proven so great a

boon, not only to the individual, but to the nations as well, and does it not seem strange that the legislators hesitate to do everything in their power to aid, support and foster, by the enactment of wise laws, a profession that has achieved so much?

And now, gentlemen, permit me to express to you, each and every one, my deep appreciation of and grateful thanks for the high honor that you have conferred upon me, in electing me as president of this most honorable and capable body. For me this honor is enhanced greatly, when I reflect that the New Jersey Medical Society is not only one of the oldest and most venerable in the Union, but a society that has ever stood for all that is highest and noblest in our glorious profession.

ORATION IN MEDICINE.

Delivered at the 145th Annual Meeting of the
Medical Society of New Jersey, Spring
Lake, N. J., June 13, 1911.

THE ADVANCE OF KNOWLEDGE REGARDING THE CIRCULATION OF THE BLOOD.

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PHILADELPHIA, PA.

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Fellow of the College of Physicians of Philadelphia, etc.

The renaissance of medicine may be said to begin with Harvey's discovery. How great the advance has been, may perhaps be more effectually appreciated if we stop for a moment to glance at the past. In so doing we shall be subjected to far different emotions than those that welled up in the bosom of Hope, "who one day stopped in her course to look backward, and seeing what she saw burst into tears." It is well-nigh impossible to estimate the difference in our conception of disease brought about by a knowledge of the circulation. We have travelled far, indeed, from the ancient Hippocratic belief that the heart cannot be diseased, from the old Grecian idea that the shaggy heart of a pericarditis indicated unusual strength, and from the Galenic doctrine that the blood in the veins.

ebbed forward and backward like the tide of the restless sea. Before Harvey's time the liver was considered the most vital organ, whence issued the blood to the veins, the heart being regarded as a nerveless, non-muscular reservoir. Osler truly says: "By no single event in the history of science, is the growth of truth, through the slow stages of acquisition, the briefer period of latent possession, and the for us glorious period of conscious possession, better shown than in the discovery of the circulation of the blood." But new ideas are never brought forth without painful labor, always more painful to the donee than to the donor, if we judge from the way in which new ideas are generally received. The individual who enunciates a truth before the time is ripe for its reception usually suffers for his discovery. "At all times it is the individual who speaks the truth and not the age. It was the age that gave Socrates hemlock for his supper, it was the age that burnt John Huss. The age is always the same!" (Goethe.) Aristotle, who may be said to be an encyclopedia of the knowledge of his day (384 B. C.), accurately described the shape and size of the heart, also the fact that this organ gave rise to the blood vessels and was the source of the flow of the blood (previously supposed to have descended from the head). He states that the blood flows from the heart to all parts of the body, but makes no mention of its return. By him arteries and veins were, of course, confused.

Herophilus (300 B. C.) observed that the heart and the arteries beat in definite co-ordination, the pulsation of the latter being connected with the activity of the former, facts which Hippocrates and Aristotle seem to have but vaguely comprehended. He also pointed out the difference in thickness between the arteries and veins, and the fact that the pulmonary vessels were connected with the lungs. It was believed at this time that blood and air passed from the right to the left heart through the septum. The perforations, to be sure, had never been seen, but how else could the blood get through! Thus facts were ignored in order to pander to theory. Herophilus also observed the relationship of pulse and respiration, as well as the fact that sudden death followed a stoppage of the heart.

It is said that the Chinese, 2687 years B. C., used the pulse as the main, if not the sole, basis for diagnosis and prognosis¹. Perhaps they did. Forty-five centuries is

a long time when measured by the brief span of a human life, and the history of medicine is full of forgotten and rediscovered facts. At all events Herophilus seems to have been the first of the Hippocratic school to call attention to the pulse as a sign of disease². Yet, although the pulse was palpated by physicians through centuries, one Herman Kepler, a layman, was probably the first to think of counting the rate³. Xenophon of Cos hit upon the idea of checking hemorrhage by ligation of a limb. Galen, first a physician to the gladiators, later to Marcus Aurelius and Commodus, would have advanced the progress of medicine incalculably had he but taken the trouble to verify more of his theories by observation and experiment. He it was who first described the foramen ovale, an observation forgotten and rediscovered centuries later by Vesalius. To Galen (130 A. D.) is due the credit of showing that the arteries as well as the veins contained blood and not air, as was previously believed; to Vesalius, that of disproving Galen's assertion that the cardiac septum is pierced by holes—Galen accurately describes the pericardium as a sac attached to the base of the heart, which he states is not a muscle, than which it is harder, and because its fibres are irregularly distributed, and its action perpetual, instead of requiring periods of rest. For sixteen centuries there had been no dissections on the human body⁴, that is from the Alexandrian time, until 1224 when the Italians once more established the custom. Mundino (1315), who is said to have dissected one hundred human bodies, has left us an accurate description of the heart in which can be found traces of a rudimentary idea of its function. Unable, however, to free himself from the dogma of the time, he disappoints us by repeating the belief that the left ventricle contains the spirit, which it generates from the blood.

Berenger (1518), who corrected and added to Mundino's work, describes the oblique position of the heart, the pericardium as well as the normal fluid therein. The cardiac chambers are again carefully depicted, but he, too, unable to cast off currently accepted fallacies, stultifies himself by discussing the spirit contents of the heart, the aorta being still confused with the pulmonary vessels. Eustachius (1500) in the eighth plate of his carefully prepared anatomical atlas, which was unfortunately not published until 162 years after its completion, depicts the heart in a manner which bespeaks the accuracy of his dissections.

Columbo (1523), a student of Eustachius, leaves us correct descriptions of the cardiac shape and of the chambers of the heart, of its valves and vessels, and describes the pulmonary circulation.

Erasistratus (300 B. C.) is said to have described the cardiac valves, but the name of Fabricius (1537-1619) is always linked with our knowledge of these structures. Not that he was the first to observe them, but because of his more thorough study of them. Yet even he, accepting the deeply rooted doctrine of the Pergamite, believed that their function lay in preventing the too rapid egress of blood from the heart.

Mundino had explained how the blood flowed from the heart to the lungs by means of the pulmonary artery, and how the spirit, emanating from the aorta, swept through the body. Berenger had added to this description the action of the tricuspid, pulmonic and aortic valves, also the fact that there were two ventricles placed on either side of an impervious septum.

A step forward in the search for truth which Vesalius (1515-64) with these facts before him, failed to deduce, was made in 1553 by Michael Servetus, a Spanish theologian and philosopher, who was burned at the stake in Geneva by Calvin for his work entitled "De Trinitatis Erroribus." Servetus denied the possibility of blood flow through the septum, and describes the "unknown route," namely, via the pulmonary artery and veins, to the left auricle, whence the blood is conducted by the aorta to all parts of the system. Servetus showed that the blood changed color in the lungs, not in the liver, as Galen had taught, but it was not until the time of Bichat, Goodwin and Lavoisier that the exact process was understood.

In 1559 Columbo added corroboration to these statements, laying stress on the purpose of the valves and insisting that the pulmonary vein carried blood plus air from the lungs to the left heart. Soon after Andreas Cæsalpinus called attention to the similarity of the pulmonary artery and the aorta as blood conduits, noted the fact that the veins of the body swelled below a ligature, and concluded that the flow must be upward. He taught that the blood and vital spirits passed from the arteries to the veins at night, since at this time the veins became fuller and the pulse smaller. The problem which thus seemed to be nearing ultimate solution was temporarily obscured by the observations of Aranzi and Eustachius regarding the fetal circulation.

We see, therefore, that the circulation of the blood was not discovered by Harvey as an entirely new and unheard-of proposition. In the Ebers papyrus—the oldest medical document extant—we read that "the heart is distended and the sick man short of breath, because the blood does not circulate."⁵ Although the word circulate as here used meant nothing more than an ebbing to and fro. Aristotle, too, has said, "the blood of all animals palpitates within the veins (meaning arteries) and the pulse is sent simultaneously everywhere," and further, "thus do all the veins pulsate together and by successive strokes because they all depend upon the heart." (Harvey.)⁶ Cardiac anatomy, relating to its chambers, valves and vessels, also the valves of the veins, the flow of venous blood toward the heart, has been established as isolated facts by Harvey's predecessors. The views of Servetus (1509-53), Columbo (d. 1559), and Cæsalpinus (1583), who independently and almost simultaneously discovered the pulmonary circulation, were known to Harvey, but it remained for the latter to place these disjointed facts in order, and by experimenting to demonstrate the method by which the flow was kept up.

— there are deeds which shall not pass away,
And names that must not wither though the
earth
Forgets her empires with a just decay.

Up until this time, the idea originated by Plato, and perpetuated by Erasistratus in Alexandria three hundred years before Christ—that the heart and the arteries contained air—held undisputed sway, and died hard. Is it not astounding that through all these long centuries, not a single advance should have been made and that these stultifying and incomprehensible doctrines were transmitted! Seeing nothing with its own eyes, but through the distorting lenses of the past! "We cannot trust our eyes if our imagination is out of focus." It corroborates the dictum that we can only see what we have learned to see, and forcibly illustrates Corrigan's remark that "the trouble with most of the doctors isn't so much that they don't know enough as it is that they don't see enough."

Cæsalpinus was the first to employ the expressive phrase the circulation of the blood; he also controverted two old, vicious and well-entrenched errors, *i. e.*, that the action of the heart was one of suction, and that the veins conveyed blood from the heart to the tissues. Indeed, the discovery of the general circulation with which the

world at large accredits Harvey, has been claimed for Cæsalpinus by his countrymen, who, with a patriotism more enthusiastic than judicial, have raised to him a commemorative monument at Rome. Similar claims have been made for Servetus, Columbo and Ruini. But where these investigators may have had vague suspicions Harvey experimented and proved. Although Harvey did not publish his discovery until ten years after he had made it (demonstrating it in the interim), yet his teaching was such an astounding and revolutionary one, upsetting as it did the very foundations of the medical beliefs of the time, that for many years the doctrine received but little credence, and its author little but abuse. But the results of Science do not depend on whether men accept them. Nevertheless the seed was sown and in time there followed a mighty harvest, the benefits of which we are ourselves and to this day happy in enjoying. Little by little Harvey's discovery received confirmation: Asellius discovered the lacteals (1622), Pecquet, the receptaculum chyli (1647), Rudbeck, the hepatic lymphatics (1651), Bartholin (1616-1680) the general lymphatic circulation, Steno (1638-86) the muscular structure of the heart, and finally Malpighius (1628-94), the capillaries. Stephan Blascaard made the first anatomical vascular injections (1675). Lavoisier pointed out the function of respiration (1777), Weber and Edwards (1795-1825) the cardiac action of the vagus, and von Peggold, that of the sympathetic, and Claude Bernard (1851), the vasomotor nerves. Curiously enough the first estimation of blood pressure was made by a botanist, Stephen Hales, in 1726. Remak (1839) is generally accredited with having discovered the cardiac ganglia, although the first extensive and accurate description was made by Robert Lee⁷.

We must now pass rapidly over a considerable period during which many ran to and fro that knowledge might be increased. A period during which more or less isolated observations were made by such men as Valsalva (1666-1723, anatomical contributions), Vieussens (1641-1715, location of the apex beat in hypertrophy and dilatation), Albertini (1662-1738, pulse of aortic insufficiency), Lancisci (1654-1720, asthma and heart lesions)⁸.

Especial acknowledgment is due to Senac (1693-1770) and to Morgagni (1682-1771), respectively, for advances of our clinical and pathological knowledge. Morgagni (1682-1771), the student of Valsalva, the

friend of Albertini and the father of modern pathology, emphasized the importance of physical signs in cardiac lesions. He distinguished the anatomical difference between cardiac hypertrophy and dilatation, and their mechanical origin, as well as the high tension pulse of the former, and described cardiac displacement. He appreciated the mechanism and the results of valvular disease, attributed cyanosis to weakness of the right heart and showed that pulmonary congestion and hemorrhage might arise from this cause.⁹

This rapid survey brings us down to the time of Corvisart (1755-1821), the physician of Napoleon, who rescued from oblivion, 1808, "Inventum Novum" the method of percussion originated by Avenbrugger in 1761, and who, on account of his observation, study and system of classification, is now justly regarded as the father of modern cardiology. Soon after, through the introduction of auscultation by Lænnec (1819), the importance of the heart sounds and murmurs came to the fore. Yet even Corvisart in his work "On the Heart" makes no mention of the pulse rate, just as Lænnec overlooked that of the respiration. To Bouillaud¹⁰ we owe in the main the recognition of valvular disease, of its frequency, of its connection with endocarditis, and the relation of this in turn to rheumatic fever. To Hope, and more especially to Skoda (1805-81), we owe the present use of the terms "heart sounds" and "heart murmurs." Previous to their time a confusing terminology had been employed, Lænnec himself using the word "murmur" to designate the normal sounds, and speaking of "after-murmurs," etc. That the heart sound is due to muscular contraction was shown by Woolaston, Clendinning, C. J. B. Williams and Todd. The recognition of the true import of this second sound we owe to Carlile¹¹.

Stokes (1854)¹² was probably the first to emphasize the importance of acute febrile degeneration of the cardiac muscle fibres, although more accurate studies were made by Zenker (1825-98), and he also among many other astute observations gave us the first concise account of what is now known as the Adams-Stokes syndrome.

Much of our present conception of cardiac pathology is due to the epoch-making work of Traube and Cohnheim. Quantitative experiments on the effects of drugs were probably first studied by Sharpey and Blake¹³, while notable advances were made by Schmiedeberg, Fraser, Bunton, H. C.

Wood and others. To Ludwig is due the discovery of the cardiac centre in the medulla, and many of the modern methods of physiologic investigation, as for instance the graphic registration of the blood pressure curves, methods which were elaborated in the study of the pulse by Volkmann, Marey and Chaveau. Jenner first and later Farry offered the explanation still most generally accepted that angina pectoris is due to coronary sclerosis. The association of myocardial degeneration with coronary disease was pointed out by Gairdner (1824-1907), and more accurately studied by Weigert, while Delio first offered the suggestion that the fibroid and calcareous changes of senility are conservation processes, this being Nature's method of repairing weak spots.¹⁴ The absence of demonstrable cardiac lesions in some cases of cardiac death was notably emphasized by Niemeyer.

Great advances in our knowledge of both cardiac physiology and pathology have resulted from studies of the irritability of the myocardium. The fact that the heart muscle could be made to contract after the organ had ceased to beat, by means of mechanical stimuli had been observed by Galen and Harvey, and was made a new epoch in the history of medicine under the investigations of Haller. For through the efforts of Haller the sun of physiology may be said to have risen, a sun which has since done so much to enlighten the gloomy lanes of anatomy. You will perhaps recall the remark of the Parisian anatomist Mery that "We anatomists are like the coachmen of Paris, who know the streets, even the smallest and the least frequented, but who know nothing of what goes on inside the houses," or that of Montesquieu¹⁵, who facetiously described the library of the day: "Close by them are the treatises on anatomy, which do not contain so much a description of the parts of the human body, as the barbarous names which have been given to them; and this is not likely to either cure the patient of his disease or the doctor of his ignorance." The observation of Harvey that the application of saliva might temporarily reactivate the arrested auricle is probably to be explained by its chemical constituents. We have since learned that various ions, notably calcium, sodium and potassium, play a most important role in the heart action. Harless observed the heart beating in the body of a decapitated murderer one hour after execution. Margo found the right auricle beating two and one-half hours

after execution. Dietrich found that both auricles contracted if one were irritated forty minutes after death. Remak observed the rhythmic contraction of the hearts of birds and mammals two and one-half days after death, and Em. Rousseau mentions that a woman's heart had these rhythmic contractions twenty-seven hours after she had been guillotined¹⁶. Harvey's observation that the right auricle was the last part of the heart to die has received recent corroboration through findings which tend to strengthen the belief that the normal stimulus of cardiac contractions arises at the mouths of the large veins¹⁷, a fact observed by Senac, who wrote, "the vena cava is, therefore, the first motor cause which dilates the cavities of the heart, it fills the auricles and extends their walls in every direction."

It was owing to this post-mortem auricular contraction that the great Vesalius lost his life. The anatomist was performing an autopsy on a Spanish grandee, when to the horror of the bystanders, an incision into the cardiac muscle produced a fibrillary contraction. This fact became known to the leaders of the Inquisition, and Vesalius was pardoned from execution only by royal intervention and on the promise of a pilgrimage to Jerusalem, whence returning he was drowned in a storm at sea.

The question as to whether the heart owes its rhythmicity to purely muscular or to neuromuscular activity has not been definitely settled, but whether we accept the myogenic hypothesis or not, no one can deny that the researches which it has led to have not only greatly enriched our knowledge of cardiac physiology, but have also given us a comprehensible working basis for classification and study. The division of cardiac functioning into alterations in stimulus production, stimulability, conductivity, contractility and one, has led to a far more accurate analysis of pathologic conditions, and, therefore, to a more detailed knowledge as to the effects of medication. These steps have made for more exact observation as well as thinking, but I fear there are still many medical practitioners of whom it may be said that "there is nothing which average people dislike more than precision of thought, the logical genesis of an opinion, the root work of a creed, nothing delights them so much as picturesqueness of statement, irrespective of its truth—and irreducible by logic or reason, or anything resembling common sense."¹⁸

Having thus briefly sketched a few out-

lines of the sources whence our present knowledge came, you will perhaps permit me to point out a few of the more recently ascertained facts which in their practical application have enhanced our knowledge and added to our power in combating disease. It would require an article in scope far beyond the patience of an audience, and in judicial selection far beyond the talents of the writer to even tabulate with justice to all concerned, a list of the many names of those who by adding their contribution have rendered the present moment possible. "For the growing good of the world is partly dependent upon unhistoric acts; and that things are not so ill with you and me as they might have been, is half owing to the number who lived faithfully a hidden life and the rest in unvisited tombs." (Middlemarch.)

From an etiologic standpoint all cardiac diseases may be considered under three groupings: 1, those due to arteriosclerosis; 2, those due to infections, the latter being sub-divided into (a) diverse micro-organismal causes, (b) those due to syphilis. The importance of the last-named infection as a cause of arterial as well as cardiac disease is becoming constantly more and more established. The syphilitic type of arterial degeneration which is both histologically and anatomically quite different from senile arteriosclerosis, has been definitely shown to be accountable not only for the majority of aneurisms—a fact long suspected—but also for most of the cases of isolated aortic insufficiency, and of coronary disease, with the sequels which this implies. For this knowledge we are notably indebted to the results of the Wassermann reaction, a method which is of practical, as well as theoretical importance since its presence indicates active syphilis, and is, therefore, an indication for continued antiluetic treatment.¹⁹

Regarding the inflammatory lesions, especially those producing valvular disease, we now know that they may be caused by diverse types of organisms mostly of the streptococcal and staphylococcal groups.²⁰ We have further evidence pointing to the fact that these infections often owe their origin to slight, chronic and easily overlooked foci of suppuration in locations such as the gums, the tonsils, the prostate, gall bladder and intestinal tract, whence a more or less continuous poisoning of the system may arise, the organisms being insufficiently virulent to call forth the requisite antibodies for their destruction. Furthermore to be

emphasized is the fact that many supposedly arrested cases of valvular disease are really examples of chronic endocarditis in its true sense, a condition in which the pathologic process is progressive, not so much owing to the sclerogenic effects of an antecedent invasion as to the subacute but still active infection which occurs as the result of a chronic bacteremia. In other words, that many ambulant cases of valvular disease with slight and apparently inconsequential degrees of fever, etc., have never become germ free, so far as their blood stream is concerned.

The older clinical methods of investigation by means of inspection, palpation, percussion and auscultation, have not been superseded and probably never will be, but they have been materially strengthened and abetted by various clinical procedures which shall be mentioned. In passing it may perhaps not be amiss to point out the fact that many cardiac diseases can be quite accurately diagnosed by means of inspection and palpation alone, and that more accurate knowledge of cardiac disease would more often be forthcoming if data obtainable by these means were assiduously sought.

Among the newer methods of study we have the estimation of the blood pressure, a valuable acquisition, which has taught us, among other things, how deceptive may be our sense of touch, when with the palpating finger we attempt to gauge the arterial tension. We have also learned that high tension is often, if not always, a conservative effort on the part of Nature to maintain nutrition and elimination, in the face of arteriosclerotic tissue degeneration—an effort which must not be thoughtlessly, and by good fortune cannot often be successfully, combated. These investigations have also shown us that there is a vascular as well as a cardiac compensation, one of no little importance, and further that the loss of vascular tone is in many infections, notably in pneumonia, of quite as great if, not greater, importance than the tone of the heart muscle itself. Arterial hypotension has been found to be a very common condition, frequently associated with neurasthenias and often difficult to overcome.

The new method of reading the blood pressure by the auscultatory rather than by the visual method, has rendered the determination of the diastolic pressure far more accurate and easy than was formerly the case, and has practically eliminated the question of "which sphygmomanometer

shall I get," since any mercurial manometer equipped with a cuff of proper construction will answer. Venous blood pressure may readily be determined by Hooker and Eyster's apparatus.²¹ The refinements of the auscultatory method which have grown out of detailed study of the relationship of the five audible phases of Korotkow, by Goodman²² and others,²³ has opened up a new field in cardio-vascular diagnosis and therapeutics.

The practice of sphygmography has been rejuvenated to good purpose by recording simultaneously the tracings of the arterial, venous and cardiac pulsations, attention being paid not so much to the actual form and size of the individual waves (as formerly), but more to their time relationship to each other. This branch of study in association with the newer investigations regarding the physiology of the cardiac cycle, has been an extensive and absorbing topic in recent medical literature, has cast much new light on cardiac irregularities; has given us a new and greatly simplified classification of the arrhythmias, and has led to a much more accurate diagnosis and far more rational therapy than was previously the case. The utility of this procedure is largely in the field of cardiac irregularities, although prognostic data may often be obtained in cases in which the pulse is, or clinically seems to be, entirely regular. I am often asked "What instrument do you recommend for the taking of such pulse tracings?" For celerity, for manipulative ease, for routine and bedside use, and because it combines a blood pressure instrument, I unhesitatingly point to the Uskoff apparatus. For sensitiveness and accuracy if an assistant is available and time less pressing, the Marey instrument is preferable. Midway between the two foregoing stands the Jacquet cardiosphygmograph. With the Mackenzie polygraph I have had no personal experience. It has the advantage of making a very prolonged record, ink, pens and white paper being used in contradistinction to the smoked paper and recording tambours of the other instruments. Both the Mackenzie and the Uskoff apparatus have the slight disadvantage that only two tracings can be simultaneously recorded, in the former the radial and in the latter the brachial represent the constant factor.²⁴

The Orthodiagram, another useful addition to our armamentarium, by means of which the projected X-ray shadow of the heart can be accurately outlined in various planes, is of signal value in doubtful cases,

especially those in which the question of aneurism arises. It has further served to emphasize the practical clinical accuracy of percussion when skillfully performed, and has especially in the hands of Dietlen²⁵ and Moritz²⁶, taught us certain facts regarding cardiac shape, displacement and size in relation to sex and age, posture, respiration, etc.

The electrocardiogram, an invention based on the capillary electrometer of Waller²⁷ and perfected through the patient ingenuity of Einthoven of Leyden, will, I think, ever remain the instrument of the scientific investigator and the specialist. Costly, cumbersome and complicated, it has, although one of the most recent additions to our stock of resources, already added considerably to our knowledge of cardiac physiology and pathology. It registers not physical waves, as does the sphygmograph, but the differences in electrical potential which precede the mechanical contraction. By means of the coincident recording of the electrical vibration, the physical waves of the pulse and the sound waves (beginnings of which have already been made) it will doubtless play a considerable role in unravelling many complex and intricate problems in connection with normal and abnormal sounds, rhythms and murmurs.²⁸ It has already, under the master hand of Cushny, in strong probability established the identity of that form of arrhythmia so commonly seen in advanced states of broken compensation known as the pulsus irregularis perpetuus with auricular fibrillation.²⁹ It is this stage which Maurice Raynaud has so graphically described: "With his puffy face, sparkling eyes, widely dilated nostrils and heaving chest, the unfortunate patient seems to be in a permanent condition of having just finished a close race. His lips and even his cheeks are livid, the pulse is imperceptible, the distended veins in the neck seem alive with ceaseless pulsations. His body is big with anasarca, his trunk is supported by several layers of pillows, and he passes whole days and nights with his legs dangling over the side of the bed. Though overcome with desire to sleep, every effort to snatch a few moments of repose is in vain, for no sooner does he close his eyes than his head falls heavily on his chest and he awakens to renewed tortures. He is face to face with the cruel alternative of being overtaken by asphyxia or enduring perpetual insomnia."

The plethysphygmograph has also added to our knowledge of the circulation, espe-

cially as regards blood distribution, vascular tonus and rapidity of flow, but owing to complexity of technic is hardly available for ordinary clinical use.

We still lack any invariably accurate method of determining the functional capacity of the heart, but the extensive labors performed in this field of investigation have not been in vain, and several of the simple tests recommended may and should be more frequently employed. In the majority of them no paraphernalia save in some a blood pressure apparatus are required. The results obtained are distinctly useful both from a diagnostic and from a therapeutic standpoint, if their limitations are judiciously borne in mind.³⁰

In regard to treatment we have learned that, as in other fields of medicine, diet, hygiene, mode of life, exercise and rest, etc., are of primary importance, while drug therapy is of secondary importance. Hydrotherapy—saline and carbonated baths, hot and cold douches—and to a less extent graduated or resisted exercises and massage still occupy too small a part of the average physician's armamentarium. A more detailed knowledge of the principles and practice of massage on the part of the younger or the less occupied practitioner would enhance his value to his patients—not, as appears to be feared, lower his dignity—and would prevent many a drug-sick patient from falling into the hands of the osteopath and his kin.

From the standpoint of drug therapy, the recent advances in the pharmacology of the various cardiac remedies, notably digitalis and strophanthus, mark a most important advance. Thanks to the laborious and painstaking researches of R. A. Hatcher, Edmunds, Worth, Hale and others³¹, we now possess much more accurate knowledge regarding the composition and activity of various preparations of these drugs. These investigations have shown that among other things that strophanthus, owing to its variable absorption and elimination in the intestinal tract cannot be intelligently prescribed except in the form of hypodermic or intravenous medication as strophanthin³², and that even when this drug does act, its effects are practically identical with digitalis. It is well established that in therapeutic doses digitalis does not materially raise blood pressure, certainly not sufficiently to contraindicate its use in hypertension, or arteriosclerosis if its employment is for other reasons desirable. The intravenous use of strophanthin in cases of emergency,

when it is undesirable to await the twenty-four or thirty-six hour period required for the effects of digitalis to become apparent, is often attended with the happiest results, but such medication should not be employed in cases to which digitalis has been previously administered, since serious cumulative effects may result.

Through the diligent efforts of the Council on Pharmacy and Chemistry of the American Medical Association, the worthlessness of some obsolete but largely advertised, and highly lauded, drugs, notably cactus grandifloris, has been proved the comparative undesirability of convallaria, adonidin and apocynum cannabinum has been pointed out, and the need of a physiologic standardization of digitalis,³³ etc., emphasized, so that much more uniform and reliable preparations are now to be had than ever before. A number of new proprietary digitalis preparations have been placed upon the market with abundant claims for efficiency, exactness and stability, without irritation or accumulation, but thus far they cannot be said to have produced any superior results over the ordinary preparations despite their increased cost. The powdered English leaves are preferred by some, the infusion by others. The greater activity of the latter over the tincture is undoubtedly in large measure due to the relative dosage usually employed. The tincture is of a 10 per cent. strength, with an average dosage of 30 m. per day, the infusion of a 1.5 per cent. strength with an average daily dosage of 360 m. Given in these proportions, the patient receives twice as much digitalis when taking the infusion.

From our hurried backward glance at a bright and stimulating past, we now look forward to a hopeful and ever broadening future. It is for us, then, not only to judiciously assimilate and correlate the fruits of the labors of our medical ancestors, but also to glean, garner and transmit our own harvest to the generations that are to come. "Accurately observed facts have a divine immortality and are the same yesterday, to-day and forever, while theories which systematize and explain them are never absolute and usually ephemeral." (Stille.) "It is not a question of how much we are to do, but of how it is to be done; not a question of doing more but of doing better." (Ruskin.) We no longer believe as Shakespeare wrote, not medically at least, "That all offences come from the heart," although we know that many ailments may and often do, and it is in this

very field of circulatory disease that simple but accurate observation on the part of the clinician has contributed signally to the advance of knowledge. Such observation should, however, confine itself to what is seen without any attempt at explanation until all the data are at hand. "Without this precaution the most careful observer is liable to become the dupe of expectant attention."

Let us point to the progress of our own time with due humility, realizing that when viewed in the light of centuries the contributions of any given generation can rarely be more than infinitesimal. The epoch-making discoveries in medicine can be numbered by the fingers of a hand. Let us be thankful that we still harbor strongly among us the "precious leaven of discontent," that most potent ferment to which nearly all mundane advancement is due.

We of the medical profession have a proud ancestral lineage, if not always of loyalty to brother, yet at least of devotion to cause. Differences there have been, to be sure, as in every family, but, on the whole, the modern tide sweeps strongly toward the shore of mutual understand and sympathetic help. May it ever be increasingly thus! So that when the last chapter has been written it may truthfully be said that "whatever befell them it was not dishonor, and whatever they lacked they were not found wanting unto themselves."

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A foreign body lodged in a bronchus may present a symptom-complex identical with pulmonary tuberculosis in a child—the history of aspiration of the foreign body may be wanting.

ORATION IN SURGERY.

Delivered at the 145th Annual Meeting of the
Medical Society of New Jersey, at
Spring Lake, N. J., June 13, 1911.

THE EDUCATION OF A SURGEON.

BY JOSEPH A. BLAKE, M. D.,
NEW YORK CITY.

The time has passed when the surgeon was simply a part of the physician's armamentarium; when his services were prescribed just as some other mode of treatment. Now, although he may be called by the physician to treat a patient, he has to determine whether his treatment is necessary and how it is to be applied. In short, the responsibility of both decision and action are his.

This state of things has been brought about by the evolution of surgery and, coincidentally, of the surgeon; for, in order for the science to grow, its exponents have had to grow with it.

For those of us who can look back within our own experience to the old state of things, the progress of our knowledge in regard to the functions of the body and their response to disease and mechanical interference is wonderful. I remember well, when as a student twenty-four years ago I substituted at Bellevue Hospital, a patient was operated on for a strangulated hernia, and the operator, one of the most distinguished of the visiting staff, accidentally opened the intestine. Nothing was done. In the state of knowledge then prevailing there was nothing to do. The patient died.

At that time the technique of intestinal surgery was just becoming known and in a few years it was almost perfected. This past quarter century has, in fact, encompassed the development of surgery to the wonderful position it now holds. Technique, no doubt, is chiefly responsible for it, for nothing could have been done without the elimination of infection. Yet, *pari passu* with the development of method and dexterity, has been the growth of knowledge and of the mental faculties which make the better surgeons pre-eminent.

The rapid elucidation of the problems presented in the patient is the charm of surgery; the confirmation of diagnosis made, not the making by operation. The rapid succession of solved problems and the inspection *in vivo* of the effects of disease gives the surgeon an incomparable advan-

tage. Still, even with the rapid succession of confirmed or negated observations, it takes longer to teach the surgeon than the physician. Why is this so? The answer is that the surgeon has to act at a moment's notice, his knowledge must be stored in the shelves of his brain rather than of his bookcase. Therefore, he must have experience; he must not only know what has and can be done, but he must observe correctly and deduce rapidly and accurately; his hands must not only be trained to do what his mind directs but must do many things automatically and his fingers must be educated to be even better than eyes.

In order to gain this experience the surgeon must have opportunity not at spasmodic intervals but continuously. There should be no long intervals during which his faculties and his dexterity may lapse.

In the present methods of hospital organization appertaining in the Eastern part of this country the road to surgical proficiency is a long one and it takes fifteen years on an average to accomplish what should be attained in ten or less. This statement in figures admits of easy proof. It is only necessary to examine what has been the career of most of the surgeons practicing in New York to-day and then to see how these conditions are changed, if at all, at the present time.

I have only to look back upon my own career to find the type of conditions that did and does now prevail. A course in a medical school; an internship on the surgical division of a large hospital where there was opportunity to see good surgery, to assist, to have the responsibility of the immediate care of the patients for six months and to do a number of major operations; then five years of the most impressible part of my life with no impressions save those derived from the minor surgery of an outpatient department; then an appointment to a two months' service a year in one of the smaller hospitals with sole responsibility. And I well remember the anxiety and fear with which I approached operations I had done with equanimity during my houseship five years before. The seventh year after my graduation came the appointment to the summer service of a large hospital, and then four years of visiting at these two hospitals, my services being in both in the summer months with eight months of each year with no hospital work. Finally, eleven years after graduation, the appointment as junior surgeon on a continuous service and from that time on steady opportunity, with

the best of surrounding influences. Two periods in this surgical course are pre-eminent as ones in which progress was rapid and consistent; the two years of internship and the last period commencing with the appointment as junior surgeon on a continuous service. Between these periods were nine years, five of which were almost devoid of experience and the last four only containing about sixteen months.

This record, with minor modifications, is a fair representation of the records of most of our surgeons, with the exception that only a few have the opportunity of acquiring a continuous service. The lack of continuous service is compensated for for the established surgeon by his private practice, but the younger man who has little or no private practice has to cool his heels, with his mind and skill lapsing, instead of progressing. In fact, the perpetuation of the interrupted service is entirely due to the desire of the older men for time without hospital burdens to devote to their private practice; and it will generally be found that of the type who cares more for his private affairs than for the welfare of the institution the exponent of the interrupted service is and the education of the coming generation.

But to return to our subject: The chief weakness in the present system is the hiatus which exists between the period of internship and the acquirement of a position on the visiting staff of a hospital. I may say here that I believe that the latter position is absolutely necessary for the development of a surgeon, for in no other way can sufficient experience be obtained. The question before us then is how to provide opportunity, that is, positions, for the young men at the end of their internship so that their development may be steady and progressive. It is obvious that positions cannot be provided for all house surgeons at the end of their service, and that elimination must occur at this point. Not all who wish can become surgeons. In fact, elimination commences before this, namely, at the time of selection for the interne staff, when only the best of the applicants are accepted. But during their internship a very just estimate can be obtained of each individual's fitness to undertake surgical work and so far his hospital experience has been such as to afford him valuable experience for either medicine or surgery. To make this point clear it is well, perhaps, to illustrate by stating the prevailing organization of the house staffs in our New York hospitals.

Roughly, each surgical service averages about fifty beds, and there is a house staff for each service, of four—a house surgeon, a senior assistant, a second senior assistant and a junior assistant. The term of service for each position is six months, and consequently the total internship is two years.

The duties of the staff for the first three periods do not imply much individual responsibility, but in the last six months as house surgeon the incumbent has the entire responsibility of the service in the absence of the visiting staff. He also in nearly all the operations is first assistant to the operator. He comes on practically a raw man and at the end of his six months is in the way of becoming a fair surgeon. His development is sometimes remarkable. In fact, he may finish his service a better surgeon than some of the visiting staff. Others do not do so well and do not develop the capacity of becoming good surgeons, yet they have acquired a large amount of surgical knowledge and methods and are even better fitted to take up a medical career than many who have only acquired a medical viewpoint.

Each year, then, roughly speaking, our hospitals are turning out two embryo surgeons for every fifty surgical beds they contain. There are usually three visiting surgeons for each fifty beds and their average term of service is at least ten years—three as compared with the twenty out-going house surgeons. So less than one-sixth of this outgoing house staff can hope for visiting positions. Also, they will have to await without a hospital service and, therefore, without opportunity for an average of at least five years before they attain their service. So even if it were desirable for more, in the present order of things, only a few of the graduates from a surgical house service can obtain visiting positions in a hospital. But, on the other hand, it is not desirable and the fact is that we do not need so many mediocre surgeons as we have at present. What we need is a better and more even distribution of well-trained surgeons throughout the country so that the hospitals that are springing up in our smaller cities and towns shall have well-equipped men at their command.

As it is now, we have no way of satisfactorily filling these positions, for a house surgeon on leaving a metropolitan hospital is too young and inexperienced, and if we fill them from the ranks of the practitioners in the smaller places we can only exceptionally expect to get men who have kept

abreast of surgical advance in the face of the absorbing demands of a general practice.

How are we going to satisfy this demand? The answer is, by systematically developing a continuous output of well-trained surgeons from our great metropolitan hospitals. But how can we do this? The only way in which it can be done is to reorganize the staffs of our large hospitals and substitute the continuous for the interrupted service so that we shall have graded services with a number of men in the assistant positions instead of several men of co-equal rank with no assistants.

It has been well proven that the interrupted service is incompatible with a proper organization of an assistant staff. And, furthermore, why should our hospitals create a number of positions of equal rank when the incumbents are not so accepted by the community?

In a continuous service the higher positions are more or less fixtures, the position of chief practically so, the next positions, namely, the visiting or associate visiting await promotion in their own hospital, or go as heads or chiefs of service to other larger hospitals. The assistant visiting positions are more numerous and all cannot expect promotion in their own institution. They are the ones from whose ranks the positions in the smaller hospitals throughout the country should be filled. Another position which should be more common in the large hospitals from which high class surgeons are evolved is that of resident surgeon. This position has not found so much favor as it should, chiefly on account of its interfering with the prerogatives of the rotating house staff. It will, however, be a necessity in all teaching hospitals, especially if a fifth or hospital year is added to the undergraduate curriculum.

The positions of resident surgeons and assistant visiting surgeons are ones available to fill the gap that now exists between the house and the visiting staff and it now remains to define the duties of these positions and thereby the experience the young surgeon may obtain from them.

In the first place there are two desiderata to be fulfilled: the first has to do with the interests of the hospital, namely, to do its work better and more fully; the second is to give the assistant and resident surgeons a thorough and well-rounded education.

Fortunately there are certain portions of hospital work that are not usually properly performed, which are the very ones neces-

sary for the completion of a young surgeon's education. These may be divided into two main divisions, laboratory and out-patient clinical services.

The laboratory work should not only embrace routine surgical pathology, but also research and particularly research in experimental surgery. Another most important part of a surgeon's laboratory education is anatomy, and no surgeon can be said to have had a satisfactory training unless he has been for at least two years a demonstrator of normal anatomy.

Out-patient or dispensary services offer a splendid opportunity for the observation and treatment of conditions which are never seen in the wards of a hospital, the most important being the ambulatory fractures; yet it is almost impossible to get good men to take an out-patient service unless teaching of undergraduate students is conducted in it. The reason for this lies in the fact that out-patient positions do not lead directly to positions in the hospital, and also because encouragement and facilities for proper study of the patients are not afforded. Both these difficulties can be met by a more intimate organization of the out-patient and ward staffs and by the admission of the out-patient staff to the laboratories of the hospital.

If systematic teaching is a part of hospital work it is much easier to take care of and educate a large assistant staff. It is well recognized by all that the best way to imbibe is to impart knowledge, and there is always a strong preference on the part of young surgeons for positions in a teaching institution. Furthermore, medical schools are the only institutions affording opportunities for teaching and studying anatomy. Connection, therefore, with a university hospital is the best opportunity for a would-be surgeon.

A natural question is: How should the staff of a hospital be organized so as to afford the best opportunity for the surgeon and at the same time conserve the interests of the hospital in the best possible way?

For illustration, let us take a service of 100 beds in a university hospital. In such a service the positions and their university equivalents should be:

Chief of staff, professor of surgery
Visiting surgeon, adjunct professor of surgery.

Two associate visiting surgeons, associates in surgery.

Four assistant visiting surgeons, instructors in surgery, and a resident and an assist-

ant resident surgeon. Of these positions the chief, the visiting and the associates would be fixtures; the remainder of the staff, that is the assistants and residents, should have a fixed term of service just as the present rotating house staffs have, but the term of service should be much longer, namely, six years.

The arrangement of such a service can be best understood by following a man from his graduation from the medical school up through the different positions. On graduation he receives through competitive examination or otherwise a position on the house staff and passes through the grades of junior, second senior assistant, senior assistant and house surgeon, when, as now happens, he is turned out on the cold world. But by this plan, if he is good enough, he receives the appointment of assistant resident surgeon which office he fills for one year, when he becomes resident for one year longer. His duties in the two years as assistant resident and resident are the immediate charge of the patients and the students in the wards and assisting in the operating room as well as operating on some emergency cases. At the end of his service as resident, he may be appointed an assistant visiting. If so, for his first two years he would be assigned to the laboratories of surgical pathology and experimental surgery and should have the title of assistant surgical pathologist. He would be assigned certain groups of patients upon whom he would operate and follow some line of investigation. He also would have opportunities for ward and operating-room work in the absence of his superiors. In the last two years as assistant visiting in addition to ward and operating-room work he would alternate with his confrere in the charge of the out-patient department and the fracture service of the hospital under one of the associate surgeons who should be the chief of the out-patient department. In this his last two years as assistant surgeon, he should have as his right the position of a demonstrator of anatomy in the school.

Reviewing this arrangement of the resident and assistant visiting positions it will be seen that there are three grades each with two appointees; namely, two residents, two assistant visitings for the first two years and two for the last two years of the six years that might be called a post-graduate course in surgery. While, in general progression through this course would be from one grade to the one above, appointments from elsewhere to the higher grades would

be necessary from time to time because of men falling out. Also, exceptionally, some might be retained for a longer period than the six years if it seemed advisable.

This plan calls for a systematic performance of the work of the hospital and at the same time gives each man passing through it the thorough training and experience in the subjects that are necessary for the making of a good surgeon. At the same time it should be of the greatest advantage to the institution, for by making the term of service of the assistant staff a fixed one and progression in it dependent upon the ability shown by the individual, an opportunity for eliminating dead wood is afforded and thus many trying situations are overcome. It also affords opportunity to a greater number of young men than is possible with the customary arrangement of appointments and service.

HISTORY OF THE MOVEMENT FOR THE STATE REGISTRATION OF NURSES.*

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Everyone knows that nursing, as a calling, was created by the medical profession.

Physicians recognizing the need of efficiency and skill in home and hospital care of patients undertook the teaching of nurses, and gave such direction, oversight and guidance to the pupils in training, that nursing, as a vocation, rapidly assumed world-wide proportions, and nurses as a class soon occupied a high place of love and esteem in the hearts of everybody. Florence Nightingale, Dorothea Dix and Clara Barton, the great pioneers and public benefactors in skilled nursing, were hailed as but types of a great class, whose gentle ministrations to the sick and suffering appealed mightily to the hearts of people everywhere. No one had an unkind word for the trained nurse. Unselfish devotion marked the course of her life and service.

The importance and necessity of the doctors' retaining undivided authority and control over the affairs of the sickroom, was recognized, and the teaching that the nurse should render absolute, unquestioning and unqualified obedience to the attending physician, and not meddle with the treatment, was accepted.

*Read before the Mercer County Medical Society, in City Hall, Trenton, N. J., April 11, 1911.

But a change of sentiment has been taking place during recent years. The public has begun to fear that the trained nurse is not the "Angel of Mercy" she was thought to be. Her advent into the family is frequently a signal for discord, burdensome expense as to sick-room requisites, and a general disarrangement of the affairs of the home—equal in their effects to three movings and a fire.

The doctor frequently finds the nurse disobedient to his orders, meddling with the treatment and claiming equal or superior authority to his own in directing the affairs of the sick-room. This unfortunate change of conditions has been brought about by a few ambitious leaders among the nurses, who deny the origin of the nurse's calling and repudiate the doctor as a teacher and director of nursing education. They claim professional equality with the doctor and insist that this equality shall be recognized and be made a legal fact by legislative enactment.

The idea of the State registration of nurses originated in England about fifteen years ago. It may have been mentioned before that but the active campaign for its accomplishment hardly dates back that far. It was first considered only as a means of securing a title and professional recognition to a few nurses who endeavored to dominate nurses and nursing education in some of the leading hospitals and who hoped, through the prestige of a title and State favoritism, to extend their control over all nurses and over all the training schools of the country.

Year after year, and down to the present time, the bills introduced into Parliament to secure these ends have gone down to defeat. *The Hospital*, a British journal, after investigating the little organization or clique of nurses that was engineering State registration, reported that the members of the organization and promoters of the registration measure were simply the "scum of the nursing profession" and did not represent the high-souled and faithful nurses who were unselfishly devoting their lives to the relief of suffering.

When State registration was first suggested in this country it met with no response whatever, for the reason, principally, that every American woman, being born a queen in her own right, does not usually have that itching for a title, which is so characteristic of her English cousin.

Through the importation of large numbers of English nurses to take positions as

head nurses and assistants in hospitals, and the consequent increase in the number of English and Canadian pupils in our training schools, the sentiment in favor of State registration began to grow. But even with the activities of this constantly increasing foreign element there was no substantial progress toward State registration, for the reason that competition had not yet appeared and consequently that most stimulating and compelling force toward trade unionism in nursing, was lacking.

But one day the medical profession began quite generally to suggest and promulgate the doctrine, that the poor were entitled to skilled nursing as well as the rich, and that people of moderate income were deserving of nursing assistance at such rates of compensation as they could afford to pay. Instantly word was passed along the line that any such project would bear watching. To minister to the nursing needs of the poor and people of moderate means in a large and effective way was hailed by nurses of the type of Florence Nightingale and Clara Barton, as a possible, far-reaching and glorious benefaction. On the other hand, the nurses of the State registration type could see nothing in such a service but competition and a general tendency toward lower prices. In recent years they have frequently discussed this subject and almost always ended by voting not to lower their fees in the interest of the poor. The spectre of competition and lower prices, coupled with the fact that more and more emphasis was being laid upon the importance and necessity of absolute obedience of nurses to the attending physician, and that the will of the doctor should be recognized as supreme in the sick-room, precipitated a general movement toward State registration and trade unionism in nursing.

In the summer of 1900, at the annual meeting of the superintendents of training schools, held in New York City, a foreign-born head nurse assailed a movement for training and supplying nurses to the poor and people of moderate income in a paper covering six pages in the printed report of that meeting. In the discussion that followed, legislation was declared to be the only remedy for the destruction of such movements. This sentiment was reiterated at a nurses' convention held in Buffalo, New York, in 1901. At that meeting an English agitator strongly advocated State registration as a means of empowering nurses "to deal with all educational matters affecting nurses." In other words, as a means of

securing dictatorial power over all the hospitals and training schools of the country. The personal advantages to the "favored few" were alluded to as follows: "The nursing act would make registration essential as a qualification to practice, and no one would be permitted, under heavy penalties, to term herself a trained nurse, or to take any fee or reward as such unless she was duly registered."—*American Journal of Nursing*, Volume II., No. 10, page 774.

In 1901 the American Federation of Nurses was formed on the same lines, it is said, as the American Federation of Labor. The keynote of the purpose of this combination, or federation, was struck in the opening address, at a convention of nurses held in Chicago in 1902, when it was stated that "Trained nurses long ago had full recognition of their usefulness from the medical profession, and the rest of the world. Now, they had learned the value of combination to secure adequate pay, to secure laws, for their protection."—*American Journal of Nursing*, Volume II., No. 10, page 747.

A "combination to secure adequate pay" can only mean to secure *more pay*, since it is well known that nursing was then, and is now the best paid occupation open to women. It was the unselfish and devoted nurses that won for all nurses "full recognition of their usefulness from the medical profession and the rest of the world." How unfortunate that a few vainglorious, self-seekers should be permitted to mar that splendid record! "Adequate pay" is now interpreted to mean \$25 per week as a minimum. This minimum is to be maintained by agreements not to charge less. And these agreements are to be made more effective by State laws secured in the interest of the "favored few." Dr. Hugh Cabot, Boston, says: "Agreements (of nurses) not to charge less than a certain sum, savor of the trade union."

Trade unionism in nursing is the antithesis of trade unionism in the commercial world. The latter strikes first at the capitalistic oppressor, but the former lays its blighting hand first upon the oppressed. It has solicitous care for the rich, and heartless neglect for the poor.

Strikes of nurses in hospitals are becoming alarmingly frequent. Such headlines as the following may often be noticed in the public prints: "Nurses go on strike in the City Hospital, Patients left without care." "Nurses and doctors disagree." "Nurses strike. Patients neglected." Such

a misapplication of the principle of trade unionism can awaken nothing but contempt and disgust even in the minds of the most case-hardened and reckless labor agitators and strikers.

In 1903 the first nurse legislation bills were passed, North Carolina being the first to yield to the solicitation for such legislation. The provisions of the bill were very meagre in the shape it finally squeezed through the Legislature—containing none of the sweeping privileges asked for by its promoters. That bill, however, and the New Jersey bill, which was passed the same year, were called "entering wedges." Bills were also manipulated through the New York and Virginia Legislatures during 1903.

The New York law was a keen disappointment to its promoters at the time of its passage, but they soon learned to think better of it and especially as the full import of its partisan character began to be realized. This bill, while nominally putting the Board of Nurse Examiners under the supervision of the University of the State of New York, in reality places the control in the hands of five nurses who constitute the board, and whose selection is delegated to the very persons who are seeking dictatorial domination of all the nurses and training schools of the State. The real powers conferred by the statute are very nominal and meagre, but it gives a show of legal authority and allows an opportunity for misrepresentation, discrimination and nagging persecution, which interested persons have been quick to seize upon as a means of imposing upon the self-sacrificing working nurses in a manner so petty and mean as to be without a parallel in any other form of trade unionism. The measure has caused the long list of foreign-born head nurses to assume that their despotism is secure, and that they can lash the pupil nurses into a still more servile obedience. One result of this assumption, and consequent increased rigor in the treatment of pupils has been to greatly diminish the number of young women applying for admission to the training schools. Young women of American birth, especially, refuse to submit to further dictatorial tyranny. As a consequence, many hospital schools, which formerly had a long waiting list of applicants, are now complaining of a serious lack of candidates for training. The damaging effects of this legislation has been felt, not only by individuals and institutions, but its baneful influence has reached the

home and imposed needless restrictions and burdens upon the family. It has introduced the spirit of trade and commerce into the sick-room. Whatever may be said in favor of trade unionism in shop and factory, and whatever justification there may be for trusts in business, certainly both combinations are out of place at the fire-side and particularly when the issues are life and death.

In an article in the *New York Medical Journal*, April 28, 1906, Dr. W. Gilman Thompson, Professor of Medicine in Cornell University, said: "We are in the hands to-day, in this State (the State of New York) of a Nurses' Trust. The unfortunate patient is compelled to pay the same rate for the poorest nurse that is demanded for the best, and patients of moderate means must pay the high price for a nurse, or do without."

The general trend of the whole movement for the State registration of nurses has been indicated by the attorney who drew the New York bill. In reviewing the provisions of the measure, he said: "The future alone can decide whether or not it will ever be wise to entirely prohibit the practice of nursing, without examination and registration. No attempt was made to have the New York law cover this point, and, by common consent, it is left to future discussion and consideration." In other words they say: "We will drive this nail now, into the coffin of those who can't pay the high price and we will hammer the others in later." The history of legislation providing for the State registration of plumbers, barbers, horseshoers, etc., has been that, if a bill is passed, the promoters of the measure immediately consider how they can get another bill through forbidding any but registered persons to follow the calling at all for pay.

It was originally intended, as outlined by the English agitator, above referred to, to make "registration essential as a qualification to practice" and no one was to be permitted "under heavy penalties to taken any fee or reward as such unless she was duly registered." The few nurses who would be allowed to register could do only a minute fraction of the nursing, but it was determined that no one else should do it—at least not for pay. It was soon discovered that no legislator would approve this "dog-in-the-manger" policy. Accordingly these seekers after State favoritism have been compelled to insert the following clause into each and every bill: "Provided that nothing

in this act shall be construed as preventing any one from nursing gratuitously or for hire." This, so far as the letter of the law is concerned, destroys both the real and ostensible purpose of this legislation. The *real purpose* of the legislation, beyond attempting to secure dictatorial control over all nurses and training schools, is to stifle competition, but its apparent failure to prevent competition is made up for in that the State confers a title and a show of superiority as well as of apparent authority. The *ostensible purpose* of the legislation, as shown by the preamble in all the bills, is to "protect the public." The first line of the preamble usually reads: "Whereas, the safety of the public is endangered by insufficiently trained and incompetent nurses." If any one can "nurse gratuitously or for hire"—how about the "safety of the public," the "endangered public," the "dear public?" Such a mile-wide gap between common sense and reason appears not to be noticed by envious minds bent on cupidity and vanity. When self-seekers and grafters cannot get real authority, they will accept and use a show of authority. None of the Nurse Registration bills give real authority, but they allow a show of authority. That show of authority has been made the most of. It has been made to do duty for the real thing. By misrepresentation, duplicity and inuendo it has been used as a club to intimidate women whose character and nursing skill were of the highest order and whose value to the community was recognized and approved.

In almost every case, as soon as a Nurse Registration bill passes, the promoters of the measure prepare and send a notice to the public prints so worded as to give the impression that all nurses must now come under State regulation and control, and intimating that all nurses, not duly registered, will be prevented from following their vocation. Nurses of the highest ability and skill, but barred from registration by some trivial technicality, have been made the subjects of nagging persecution and the most shameless misrepresentation, in the hope that they would become discouraged and leave the nursing field, or that their patrons, accepting as true the baseless insinuations, would refuse to employ them.

A favorite method of intimidation has been to make it appear that every nurse is subject to the regulations of the Registration Board, and particularly liable to the full amount of the fine mentioned in the

bill if she does not immediately comply with "the law" or abandon the profession of nursing. Excerpts of the registration law have been made, which have reference to the appointment of the board, the examinations, and the fine that may be imposed for using the title "R. N."—great prominence being given to the amount of the fine—and omitting everything that would show the limited character and application of the law.

One day the victim of intimidation receives a large, official looking letter bearing the State Coat-of-Arms. Hurriedly opening it she reads a letter which runs about as follows: "Dear Madam: We understand you are nursing. Looking over the official records, we observe that your name is not among the list of registered nurses. We conclude you must be ignorant of the fact that a law has been passed by the Legislature, and duly signed by the Governor of this Commonwealth, creating a Board of Examiners for the examination and registration of nurses. We enclose excerpts of the law for your information and guidance. We would particularly direct your attention to Section — of this law, which imposes a fine of \$200 to \$500 for violating the provisions of the act," etc., etc.

This diabolical misrepresentation and fraud proves a staggering blow to the victim. Not knowing all the facts she is unable to see that a few grains of truth have been used to tell a stupendous lie. Nor does she suspect the personal jealousy, self-interest and sheer love of power that, independent of right or justice, would drive her from the nursing field. Naturally law-abiding, and having a profound respect for law in the abstract, she finds, to her dismay, that she is regarded as a violator of the law of her native State. The conscientious pursuit of her calling, and skillful ministrations in the sick-room have become crimes. She sees herself thrust out of her chosen vocation, and liable to a heavy fine—amounting to more money, perhaps, than she has ever had at one time in her whole life. The news of the receipt of the official documents spreads throughout the neighborhood. The size of the fine, and all the circumstances connected with the incident are duly discussed and enlarged upon. The nurse is discredited. Those who would employ her hesitate to do so because they do not wish to become parties to what they suppose would be a violation of the law. When, at last, the truth comes out, and it is found that the nurse can follow her calling, independent of State registration, provided

she avoids the mystic letters "R. N." there is still much of doubt, questioning and hesitation about employing her—slow-moving truth being a long time in overtaking the swift-moving lie. The malevolent persecutors succeed in part. Their victim is harassed, discredited for a time, and crippled financially.

One method of injuring the unregistered nurse financially, is to tell the family employing her that she is not "registered according to law" and consequently they are under no legal obligation to pay her for services rendered as a nurse. Some dishonest persons have used this statement as a pretext to escape the payment of just claims—thereby depriving the nurse of hard-earned compensation. One nurse of the writer's acquaintance was not only forced to relinquish a permanent position, caring for a wealthy chronic invalid in the State of Virginia, but was driven from the State by the nagging persecution to which she was subjected by so-called "R. N." nurses.

The insistent leaders and active promoters of State registration do not exceed 200 in the whole country. Any impartial student of the movement will soon discover that there is no demand for the State registration of nurses on the part of the great majority of the rank and file of the working nurses. To be sure the leaders gather together a few conscientious and faithful graduate nurses to shout for and for a time labor in the passage of such laws. These disinterested workers are reminded of the terrible hardships which they endured during their training, and are told that they are entitled to State registration as compensation for the rigors of their hospital servitude.

Conscious of the injustices they have endured and still smarting under the inhuman treatment to which they were subjected, they say to themselves, "This is a chance to get even. Think what I gave to great State-supported and endowed hospitals! Think of all the domineering impudence that I suffered at the hands of a narrow-gauge and heartless head nurse!" Having a keen sense of justice, she thinks there must be somewhere, some compensation for the inhuman outrages to which she has been subjected. Accordingly she says, "State registration? Why, of course I am entitled to State registration. Anything that the State can give will never compensate for what I gave and endured or for what I lost!" These nurses are slow to observe that they are being used as "cat's paws" or "pawns" by the

same old crafty leaders at whose hands they endured the injustices and hardships. But in time they discover the trick and it is now admitted by the leaders of the registration movement themselves, that not over ten per cent. of the nurses pay any attention to State registration after it is secured. But the law serves the purpose of its promoters; it is used as a club for selfish purposes and its unfortunate and disastrous effects are endured by the conscientious nurses whose calling is discredited by the selfish scheming of the few.

The system of training nurses in the great majority of the larger hospitals of the country, represents one of the most stupendous and damnable outrages that was ever perpetrated on human beings and when it is remembered that the victims are almost all women the fiendishness of the thing is intensified. Such a system could not be devised by a man nor by any set of men. It represents the petty, nagging, inhuman, fiendish grind of one set of women upon another.

Dr. Henry Beates, Jr., president of the Pennsylvania State Board of Medical Examiners, says: "The training is too largely a pretense for securing the free services of young women for work so hard, exacting and detrimental, as to constitute a crime against womanhood. The claim that an essential purpose of the hospital is to teach nursing beyond the actual needs of the institution is a palpable misrepresentation put forward to justify a heartless imposition. And the results of the system are seen in ruined constitutions, wrecked lives, blighted womanhood, and a remnant of survivors in rebellion against physicians, heartless in their demands, a nuisance to the family and a menace to the patient."

In many instances the inexorable State registration-hunting taskmasters require the pupils to work twelve hours a day. As to night duty, contemplate the inhuman regulation that requires a pupil to go on duty at seven o'clock at night and not be relieved until seven in the morning, and this to continue for periods of sixty to ninety nights at a stretch. No wonder that out of a class of twenty-six probationers in a certain hospital, as recorded in the *Housekeeper* for March, 1911, only five were graduated. The writer of that article gives the experiences of one of the five in her own words, as follows:

"A guard in uniform ushered me into the august presence of the superintendent of nurses. This formidable personage re-

ceived me with all the courtesy one would bestow upon a door-mat. She inspected me from head to foot with that steely glitter of the eye one sees among women at a marked-down shirt-waist sale. She would have none of my smiles or light conventional remarks. Later on in my training I knew this woman to prick her finger and nothing but water exuded. I have always believed it to be ice-water; and I have a theory that, if the cut had been deeper, saw-dust would have poured forth. A nerveless, emotionless, passionless machine was she.

"In the men's surgical ward, where I first went on duty, I learned to sweep and to dust; to scour everything in the ward with a solution of carbolic acid (except the floor and the head nurse). I remember little but the fatigue, the utter and cruel exhaustion at the end of each day; the aching, blistered feet; the nagging of those over me in authority; the unceasing rush of work that was never done. It seemed to me then in my ignorance that much of this was unnecessary, and the hours inhumanly long. Now, with my wider experience, I am sure of it. Too much attention is given to non-essentials; for, in my opinion and in the estimation of many wise physicians, a young woman will make an admirable nurse without having first perfected herself in the arts of the maid-of-all-work. The training is so severe that many a strong constitution is permanently undermined.

"For my part, I was so tired all of the three years of my training that the letters of introduction which I had brought to people in the city remained till my graduation day in the bottom of my trunk. Haunting my memory, during this weary time of imprisonment with hard labor, was that quaint negro chant, familiar to my childhood, an old negro hymn which the darkies used to sing in slavery days, its words poignant with suffering and weariness: 'I wish I wuz in Heben settin' down.' At the end of my second year of service I became a senior and put on the distinctive uniform of that revered body. With the donning of this uniform my responsibilities increased, with very little lessening of the daily drudgery."

So terrible is the training ordeal, that scores and hundreds of young women of the highest ability and character, and personal fitness for the calling, have said to themselves: "If the heights which we strive to attain must be reached through this horrible quagmire of servitude and personal abasement, we are obliged to abandon it." The diminution in the number of pupils is felt

first in the hospitals of the smaller towns and cities. The registration laws are made to operate against the interests of such hospitals.

In the report of the inspector of training schools of New York State for 1910, the inspector, of course an "R. N." nurse, said: "If we know of young women who are considering entering the profession, we should feel it incumbent upon us to guide them to those schools maintaining the highest standards."—*American Journal of Nursing*, January, 1911, page 307.

Of course, "highest standards" means schools in sympathy with State registration. Observe that this is a blow against all schools not in sympathy with registration and amounts practically to an official declaration that the smaller schools and hospitals, no matter how good, shall be discriminated against, unless they yield to dictatorial domination. This is a bid for favoritism for the big city hospital as against the needs of hospitals of small towns.

This "training school inspector" business is the next step in the dominating control of hospitals. In the *American Journal of Nursing*, Volume V., No. 2, the plan is discussed as follows: "Here is a suggestion for displaying our power of combining and working with concerted action—our State bills have room for more such. Upon the finding of the training school inspector, the Board of Nurse Examiners should have power to request the withdrawal of the certificate of any registered school.

"The inspector of training schools, besides having a very responsible office, has a most interesting field of labor. With the books of the training school superintendent and the hospital warden at her disposal, with the freedom of the class- and lecture-rooms, the bedside teaching, and the history- and chart-room open to her, the office is not likely to go begging. Surely it is an office worth working for, and one that means a great deal to the Examining Board. The strengthening of the Board of Nurse Examiners and its enlargement by the appointment of nurse inspectors seems to be the next task before us. We cannot allow the great body which we represent to be set aside in this matter."

That the State registration of nurses is favoring the dominating control of hospitals and the encroachment upon the field of the doctor is beyond question. Dr. John M. Wampler, of the Indiana University School of Medicine, says:

"The State registration of nurses involves

the attitude of the superintendents of hospitals controlled by laity boards of trustees, who are working hand in hand with these superintendents to eliminate the doctor from supervision and direction of the training schools. These superintendents cooperate with, or are the women managers of, the State Board of Registration of Nurses. Great scheme they have worked in Indiana! The doctors are still there and they propose to stay there. No provision has been made to recall the license of a nurse who wades into the field of the doctor or who disregards his orders. We have no recourse under the law. The supremacy and autocracy of the trained nurse in Indiana confronts us. We have them diagnosing, prescribing and carrying medical supplies and bags of instruments. This is appalling, but true. One 'R. N.' superintendent of nurses actually set aside my treatment of a patient in preparation for an operation and instituted treatment of her own. This same woman is now a factor in the State organization of nurses and its board."

Dr. Frank A. Morrison, a leading physician of Indianapolis, says: "The profession of nursing has reached that absurd state of refinement which consists in taking a young woman of good habits, manners and womanly instincts, and teaching her by a system of repression and artificial education to lose all these qualities and to assume in a half manner the functions of a physician. She is then pronounced able to nurse, and forthwith called before a board of nurse examiners who are past masters in the art of repressing all womanly instincts and emotions, and asked concerning the treatment of certain diseases, which, if answered to the satisfaction of the board entitles her to take her place among her fellow freaks."

Here are samples of questions asked by the examiners under the New York State registration law:

"State the probable cause of convulsions in the new-born, and give treatment.

"Describe cholera infantum and give treatment.

"Give the treatment of croup.

"Give the causes, symptoms and treatment of rickets.

"What does hemorrhage before labor usually indicate? Give treatment.

"Describe the process by which bacteria multiply.

"Name three diseases in which bacteria are thrown off by the skin."

Treatment! *Treatment* by nurses! Of

what use are our medical practice acts and State boards of medical examiners if a wholesale and nation-wide movement in quackery by nurses is to be tolerated and encouraged?

Changes or modifications of the nurse law proposed by physicians in New York State, have met with disfavor and rejection. Many physicians of that State have declared the conditions intolerable and that the tendency of the law is to encourage nurses to usurp the prerogatives of the doctor and to enable a few head nurses to control the hospitals in their own interests.

A conference of physicians with the Commissioners of Education of New York relative to these intolerable conditions, was held September 29, 1910. They were unable to reach any satisfactory conclusion except they declared that some relief should be secured, possibly by way of repeal of the law. The conference adjourned, however, without taking any action.

In the *Milwaukee News* of December 12, 1910, was an account of a State registered visiting nurse, giving instruction to one of the most prominent physicians of that city on the feeding of typhoid fever patients. When the gray-haired physician remarked that he was feeding typhoid fever patients before she was born, she set her lips resolutely, tilted her chin high and sauntered off. Later she was heard to say: "Really, you haven't any idea how little these physicians know."

Dr. Beverly D. Harison, secretary of the Michigan State Board of Medicine, says: "Either the doctor must regulate the nurse or the nurse the doctor—which?"

Almost all the laws provide that five nurses shall constitute the Board of Examiners. Three of the board will be a majority. Three shall be trained nurses from favored hospitals. Three shall constitute a quorum. Three shall dispense State favors as they may "deem it advisable." Three shall have control over all nurses and nursing in the Commonwealth. Three shall have power to act as prosecutor, judge and jury whenever they shall "deem it advisable" to humiliate a rival nurse or antagonize an institution not favored by this act.

Was there ever such an example of petrified nerve!

The future history of the entire State registration movement, at least in its present form, will be summed up in five short sentences: Conceived in vanity. Born in selfishness. Lived in duplicity and fraud. Died in envy. Buried in oblivion.

THE TREATMENT OF ACUTE PURULENT OTITIS MEDIA.*

BY LINN EMERSON, M. D.,
ORANGE, N. J.

About 25 per cent. of all adults have more or less impairment of hearing, and fully 75 per cent. of this deafness is preventable. While Bright's disease, diphtheria, rheumatism, tuberculosis, typhoid, pneumonia, influenza and the exanthemata are etiologic factors, the most important of all is the presence of adenoids, and enlarged tonsils. Many cases of otitis media complicating the exanthemata would not occur if the child were free from the nasopharyngeal inflammation and obstruction due to the presence of this redundant lymphoid tissue.

As in all other branches of medical practice prevention is of greater importance than cure, and the thorough removal of hypertrophied tonsils and adenoids whenever present will largely reduce the number of cases of otitis media.

The condition begins as an acute catarrhal otitis as a result of infection of the middle ear cavity, and inflammatory obstruction of the eustachian tube. The severity varies all the way from mild discomfort to agonizing pain, and in small children high fever and severe convulsions may ensue.

If the attack be of mild severity, rest in bed, a saline cathartic, external dry heat, and a few drops of 1 to 8,000 adrenalin solution in the nose every hour will bring relief in from one to five days. If the infection be more virulent or the eustachian obstruction more marked, the case progresses rapidly, and if spontaneous rupture of the membrana tympani does not occur in 24 or 48 hours it becomes necessary to incise it. Some of the more severe cases result in spontaneous rupture in 6 or 8 hours. In other cases of equal virulence the membrana tympani is unyielding, and mastoiditis or intra-cranial involvement occurs within 24 or 48 hours.

A properly performed paracentesis is a comparatively harmless procedure, and it is better to incise half a dozen unnecessarily than to permit one case to go on to mastoiditis, or some of its graver complications.

A red bulging drum accompanied by pro-

*Read before the Orange Practitioners' Society, April 28, 1911.

gressively increasing pain and fever is a sure indication for immediate incision. This should be performed with a narrow paracentesis knife under suitable illumination. My preference is for an electric forehead lamp, and a knife set at an angle of 135 degrees from its handle.

The canal should be cleansed by wiping with alcohol. Of the various anesthetic mixtures, equal parts of menthol, camphor and carbolic acid has served me best. A small pledget of cotton saturated with this syrupy mixture is crowded against the drum and left for about 20 minutes. In very small children the fright and pain engendered by this procedure is about as great as that caused by incision without attempts at local anesthetization. As severe momentary pain cannot be obviated, the administration of nitrous oxide gas is often urged by the family or the patient. As the operation consumes but a few seconds, it is an ideal anesthetic for this procedure.

The treatment of a case of suppurative otitis media, whether the perforation be spontaneous or induced is of greatest importance. The opinion prevails among the laity that a running ear is a matter of little gravity, and this fallacy is fostered by many medical practitioners who direct the mother to wash the ear with boric or other solution, assuring her that this will result in a cure in a very short time. As a result of this fallacious treatment, many cases go on to a chronic suppurative condition, with the attendant dangers of mastoiditis and intra-cranial complications. It also results in greater or less impairment of hearing in adult life.

As before stated, 75 per cent. of impaired hearing is preventable, and I can recall no case of acute suppurative otitis media in which mastoiditis occurred, where proper treatment was inaugurated from the start, and but few cases that were not well within four weeks of the onset of the discharge.

The treatment of these cases is no simple matter, and under no circumstances should be entrusted to the mother or the nurse. The patient should receive daily treatment at the hands of the physician himself.

The ideal plan of treatment is the dry mopping and insertion of the gauze wick, but as it is not always feasible, and is not satisfactory unless properly carried out, I would advise daily irrigation, drying and insufflation of some drying powder, preferably boric acid.

The carrying out of this plan of treat-

ment is not the simple matter that the bare statement may seem to indicate. If not thoroughly and properly carried out by the physician it may as well be left to the mother or the nurse.

First, and most important, is good illumination. Nothing short of a head mirror or an electric forehead lamp will suffice. The ear should be inspected to ascertain the amount and character of the discharge before irrigation. In the early stages the irrigation must be done gently to avoid forcing the infected discharge into the middle ear. Later on it may be necessary to use considerable force to dislodge the cheesy inspissated discharge. A large, three-ounce aural syringe with a metal plunger permitting the whole instrument to be boiled after each case should be used.

The thorough drying of the external auditory canal cannot be accomplished without proper illumination. After the canal is thoroughly dry additional discharge can be sucked out through the perforation with a Siegel's otoscope, and mopped out with cotton pledgets. This not only reduces the amount of the discharge for several hours after the treatment, but the artificial hyperemia induced in the middle ear seems to hasten the cure.

After the external canal is thoroughly dry, the powder should be insufflated. The objection of many aurists to the use of power is no doubt due to their observation of its improper use. Any method used, whereby a large quantity of powder may form a plug with the discharge, is faulty. The powder must be well rubbed in a mortar, and blown in, in a state of fine comminution. The Whitall-Tatum blower is the one I use.

If there seems to be a hypertrophic condition in the naso-pharynx, a 1 to 8,000 solution of adrenalin chlorid dropped in the nose several times daily may hasten the re-establishment of eustachian drainage.

If the plan of treatment here recommended were carried out in every case of acute suppurative otitis media, there would be few cases of *chronic* suppurative otitis to treat, and the cases of deafness in adults would be reduced by more than one-half.

It is not advisable to remove adenoids and tonsils during an attack of otitis media, but any child with adenoids and enlarged tonsils, who has suffered from an attack of acute otitis should have them removed as soon as it is feasible after recovery from the otitis.

Any general practitioner who has not

the skill, facilities or disposition to properly treat a case of acute suppurative otitis media should send the case to an ear clinic or a competent ear specialist for daily treatment.

Clinical Reports.

Intraligamentous Pregnancy at Term.

Dr. Ross MacPherson, at a meeting of the New York Academy of Medicine, reported this case because of its extreme rarity. In fact, this was one out of three cases taken from a series of 75,000 cases at the Lying-in-Hospital. The patient was twenty-one years old. She had had no miscarriages. On February 18, 1911, she apparently was at term. When seen she was believed to have a fibroid of the uterus. On palpation the parts were soft; there were no fetal heart sounds detected. There was a mass behind the uterus that did not contract. The fetus, however, was palpable and lying in the correct position. It was believed that this was a case of saculation of the uterus. Under anesthesia the fingers readily dilated the cervix and a portion of the uterine cavity. A diagnosis was then made of intraligamentous pregnancy. The abdomen was then opened and the diagnosis corroborated. A child weighing 3,800 grams was extracted. They thought they could remove the placenta without difficulty; in attempting to do so there occurred a tremendous hemorrhage which required packing to control. The patient, except for a phlebitis in the leg, made an uneventful recovery.

Clinical Manifestations of Hypertension.

Reported by Dr. J. W. Wood at a meeting of the Delaware County, Pa., Medical Society.

Case 1—Male, had influenza fifteen years ago; suffered from severe frontal headache the last five years; awakened at night by the pains in heart; felt drowsy and fatigued continually. Heart sounds were clear with no hypertrophy. Urinalysis revealed no albumin, sugar nor urates, few hyaline casts. Blood pressure was 145 mm. Diagnosis of chronic interstitial nephritis was made and patient given sodium nitrite, two grains, t. i. d., alternating with syrup of hydriodic acid. Subsequent readings of blood pressure were between 120 and 150 mm. with an alleviation of all symptoms.

Case 2. Suffered substernal pain, a pseudo-angina. Attempted relief by belching. Had doctored for some months for gastric distress. Various foods had no effect on the condition. Short walks caused shortness of breath. Urine showed no sugar nor albumin; a few hyaline casts were present. Pulse was 64 per minute. Aortic second sound was plus. Sphygmographic examination showed a broad sustained plateau. Some six weeks later, after a course of appropriate treatment, the reading was normal.

Case 3—Male, seventy-two. His business was a source of constant worry and strain. Was weak and nervous and fainted occasionally. He was subject to recurrent attacks of diarrhea. Pulse was 46; heart, normal in size and sounds. Urine showed specific gravity, 1.019; no sugar nor albumin; crystals of calcium oxalate; few hyaline casts. Examination of eye-grounds re-

vealed a sclerosed condition of the vessels. Blood pressure, previous to an attack of diarrhea was 180 or 190 mm. After a thorough course of treatment which included regulated exercises, potassium iodid and nitroglycerin, Vichy water, etc., the nervous attacks abated and there was no diarrhea. Here no doubt the diarrhea served as a safety valve to relieve the high pressure.

Effect of the Thyroid Substance on the Intestinal Flora.

Cases reported by Dr. F. B. Turck, in discussing a paper read before the Chicago Medical Society, March 22, 1911.

A young man had suffered for some time with violent attacks of migraine; sometimes he was even taken home unconscious. The attacks came on periodically and all forms of treatment had had no effect. He had had everything possible done for him, had been fitted with glasses, had traveled and had had sanatorium treatment. When the colon bacilli were isolated it was found that .5 c.c. injected into a rat killed it in a few hours. As you know, this is a very marked degree of virulence, for it is sometimes possible to inject as high as 10 c.c. without effect. I placed him under general treatment with vaccines and although it helped him and his attacks of headache were not so frequent, still there was a marked change. I noticed that his skin was very dry and he complained that his memory was not as good as formerly. I gave thyroid substance, beginning with one grain, increased to two three times a day. Within two weeks the symptoms all disappeared. At the end of two months I again injected the bacillus coli into a rat and it had lost its virulence. That was a year ago and he has had no recurrence. I had another case which presented this marked symptom of dry skin and headache. This patient also suffered from double vision. I examined the feces and found a very high virulence of the bacillus coli. Began treatment with the thyroid substance and the case showed that the bacilli were no longer virulent.

I have found two cases of myxedema within the past two years. One woman had the myxedema condition in the upper chest and forehead, slow pulse and all the usual symptoms. I thought it would be well to test the bacillus coli and I found a very high degree of virulence in her case. In taking the cultures of this test, as you know, we do not take them from the feces. The bowel is all thoroughly washed out and then the bacilli from the head of the bowel is used for the test. In another case the woman had had no thyroid treatment for some time and she complained of headache and general toxic symptoms. I found in her case a very high degree of virulence. I administered the thyroid substance and after thirty days found from another examination that the bacillus coli was not fatal to a rat when injected into the peritoneum. I found this in a number of cases where there was not even the dryness of the skin as a symptom, but I have administered the thyroid substance and found it had a marked effect upon the virulence of the bacillus coli; so I think it is possible for us to assume that one function of the thyroid substance may be its effect upon the intestinal flora. The bacillus coli being a habitat in the individual there are constantly antibodies forming and one of the factors

controlling the degree of virulence may be this thyroid gland. This is a suggestion for investigation which I should like to see taken up because I have noticed that it changes markedly the neuropathic conditions and combined with other treatment is of material aid in these cases.

Extirpation of a Large Angioma of the Brain.

Drs. Cassirer and Muhsam, in the *Berliner klinische Woch.*, April 24, 1911, report a successful case of this intervention. The former made the examination and diagnosis of a brain tumor and located its site. Patient, a man aged 22, gave history of Jacksonian epilepsy of the sensory type, the sense of touch being abolished. This exclusive type of paralysis has great significance in localization, pointing to an affection of the posterior central convolution. The slow, progressive type of evolution of the epileptic attacks pointed to a neoplasm, and naturally to a benign one. The general condition was good, and pressure symptoms were absent. The entire history deals almost solely with the abolition of tactile perception in the left hand. This was the sole sensory component. Slight motor components affected the face, arm and leg (twitchings, tonic spasm, etc.). The operation was performed by Professor Muhsam. After craniectomy over the diagnostic area the dura was punctured and the presence of a cyst excluded. All the evidence pointed to an angioma of the pia mater which had invaded the cortex. Eight days after this exploratory operation the mass was extirpated. Its area was that of an adult palm of the hand. After ligation of some vessels the wound surface became dry and the dural wound and cranial window were closed. The wounds all healed smoothly, but the operation was followed by paralysis of the left facial nerve, arm and leg, which soon disappeared. Epileptic attacks ceased. Patient able to resume his occupation. The particular type of tumor—angioma racemosum growing from the pia—is very rare, and not to be confounded with the cavernous and nevus types.

Monocular Optic Neuritis Following Fracture of the Orbit.

Reported by Dr. W. C. Posey at the meeting of the Wills Ophthalmic Society, Philadelphia. The young man was an iron moulder, who consulted him because of poor vision in the left eye. The loss in vision was ascribed to a blow upon the left side of the face which he had received from a beer bottle two years previously. The eye was apparently unaffected at the time of the injury and vision did not begin to fail until some weeks later. The patient stated that although the skin over his cheek bone had been considerably lacerated, the surgeon in attendance had been unable to find any fractures and the failure of sight was attributed to a mild external inflammation which appeared in the eye some days after the accident, in conjunction with considerable swelling and discoloration of the skin about the wounded area. At no time had the sight been greatly impaired, but the patient had been annoyed, as at the time of consultation, by a general appearance of haze. He could not remember that movement of the eye had ever been painful. The right eye had always appeared normal. Ophthalmoscopic examination showed a pronounced swelling of the

left disk, with enlarged and somewhat tortuous veins, but without hemorrhage or extravasations. The right fundus was normal, vision equaling 5/5; that of the left, 5/15. Both eyes were slightly hypermetropic. The field in the right eye was normal, but that in the left, though normal for form, showed a decided concentric limitation for colors. The patient was sent to the Polyclinic Hospital, where an X-ray study by Dr. Leonard showed a fracture through the malar bone, including the nasal process and the orbital plate. A rhinological examination by Dr. Gibbs was negative. A Wassermann reaction was positive. The patient confessed to an attack of gonorrhoea five years ago and repeated attacks since, but he had never suffered from rheumatism and had shown no evidence of systemic infection by the gonococcus.

Detachment of the Retina.

Reported by Dr. G. B. Jobson, in a paper read at the Penn. State Medical Society annual meeting, October, 1910.

Case—Miss Z. B., aged twenty-five, a stenographer, complained of pain in her left eye in January, 1910. Shortly afterward, her vision was greatly impaired and she went to an optician who did not help her by a change of glasses. The writer was consulted on March 15, 1910, when a diagnosis of retinal detachment in the inferior quadrant was made. This was later confirmed by Dr. E. B. Heckel, who saw the case on April 9, 1910. Dr. Heckel advised an operation, but the patient wanted other means tried first. She was put to bed for five weeks. A compression bandage was applied, and laxatives and iodids administered. Locally, dionin and atropin were used. There was no improvement at the end of five weeks, so that an operation was allowed. Posterior sclerotomy with puncture of the retina was done by inserting a Graefe cataract knife through the conjunctiva, sclera and retina at a point about seven millimetres from the limbus, midway between the external and inferior rectus muscles. The cutting edge of the knife was directed away from the ciliary body, and the incision made meridionally, corresponding to the scleral fibres and choroidal vessels, so as not to injure these structures. After the point of the knife entered the vitreous chamber, it was rotated equatorially and the subretinal fluid flowed out, followed by a drop of vitreous. Cocain-adrenalin solution was used as an anesthetic. The patient was put to bed, eye bandaged and cold compresses applied for several hours. But slight pain was complained of. From twenty to thirty minims of normal salt solution were injected beneath the conjunctiva on alternate days, and ten per cent. solution of dionin with atropin was used locally, three times daily, on the intervening days. This was kept up for three weeks, when dionin alone was used for two weeks. At the end of five weeks, the patient was allowed to get up and the eyes were examined. The retina was reattached and field of vision was normal.

Vision: O. D.—5 sph.—20/30. O. S.—3.50 sph. 2 cy. axis $155^{\circ}=20/60$. The left eye has, to date, increased to 20/50.

Peculiar Cause of Intestinal Obstruction.

Dr. Israel Brown, of Norfolk, Va., reports the following case in the *A. M. A. Journal*, May 13, 1911:

Patient.—E. Z., a white man, aged 29, family history negative, was seen first by family physician September 8, suffering with pain in the abdomen, was given purgatives without any relief. Next day purgatives and enemas were given without any relief. In the afternoon, when I saw the patient, he had pain of an intense griping character and vomiting; he retained nothing by stomach; had no fever. The diagnosis was intestinal obstruction.

Operation.—When the abdomen was opened in the median line, free fluid was found in the abdominal cavity. In the ileum, about two feet from the ileocecal valve, two hard lumps, 2 inches apart, were found obstructing the lumen of the intestine. The intestines were incised, the foreign bodies removed, the intestine, sutured, and the abdominal wound closed. The patient made an uneventful recovery.

The foreign bodies consisted of un-masticated dried apples. The patient had been eating, the morning of his illness, apples dried in portions of halves and quarters, swallowing them without much mastication. The portions after entering the intestines continued to swell, as dried apples do, and obstructed the lumen of the intestines.

Heart Breakdown, Secondary to Cholecystitis.

Reported in a paper by Dr. Bayard Holmes, of Chicago, published in the *Illinois Medical Journal*, June, 1911.

H. T., aged 54 years, was a well man until November, 1909. He weighed 180 pounds, was five feet six inches tall, and had led for many years an active life in the open, often on horse-back two to six hours a day. He was always a good feeder, rising before 6 every morning and eating a breakfast of coffee, eggs or bacon and taking a light lunch at noon and a big dinner at night. He was a man of large business, quick decision and even temper. In November, 1909, he had a shortness of breath and cough that led him to call a physician. Some cough medicine was given and the patient directed to remain at home. He went to business the next day but soon became worse and called another physician who at once had consultation. The patient was said to have cirrhosis of the liver and treated accordingly. During January and February he was in the South, but he was miserable, dyspneic, dyspeptic and lost weight. His abdomen now began to increase in size and on returning he had two prominent men in consultation who made the diagnosis of cirrhosis of the liver and he was tapped twice. His ascites was considerable and in June when he came under the care of a colleague he had an effusion in his right pleural cavity. He was put on laxatives and heart stimulants and the fluid withdrawn from the right chest. In July he was considerably better but obliged to sit up most of the time. The liver could now be palpated and the Riedel's lobe and underlying tenderness readily made out. The heart was enlarged, quite irregular and rapid. The dyspnea was moderate. Cholecystostomy was performed with gas ether anesthesia, all inside of five minutes, no ligatures, two stitches in gall bladder and abdominal wall and one in tube. The patient was immediately set up in bed. Inside of three weeks he left the hospital and two weeks later went to California. He is now back at work at his busi-

ness. The gall bladder contained no stones. The wall of the gall bladder was about as thick as the urinary bladder.

(We insert here the "Conclusions" of Dr. Holmes's paper.—Editor.)

1. There is a special form of toxemia due to disease of the gall-bladder which acts on the innervation and musculature of the heart and results in heart breakdown.

2. This condition is most often observed in the fifth and subsequent decades of life and is frequently mistaken for angina pectoris.

3. The objective findings are adequate for the diagnosis in the early stages of the disease but become clouded by overshadowing symptoms due to more complete heart failure as the disease progresses.

4. Rest and symptomatic treatment will sometimes bring the patient back to a condition in which the diagnosis can be made and curative treatment undertaken.

5. The cure consists in removing the sources of toxemia by draining the gall-bladder for several weeks.

6. When the symptoms recur drainage must be re-established.

7. In my experience no error has been made when the positive diagnosis had been followed by operation.

8. Even in the second and last stage of the disease several patients have been restored to relative and apparently perfect health for several years at least.

9. The operation must be performed rapidly and with the least possible traumatism.

Strangulated Umbilical Hernia.

Reported by Dr. W. H. Wathen, of Louisville, Ky., in the *State Medical Journal*, May 1, 1911.

Mrs. Z., aged 68 years, was referred to me December 6, 1910, by Dr. B. T. Black, of Campbellsville, Ky. She had for many years an umbilical hernia with an opening an inch in diameter, but any protrusion of the abdominal viscera could be easily returned into the cavity. Twenty-four hours before I saw her at St. Anthony's Hospital, the contents of the sac became strangulated, could not be returned into the abdominal cavity and caused intense pain, nausea and vomiting. Diagnosed umbilical hernia, containing a loop of the ilium, twice the size of a goose egg and as hard as a cancerous growth. Pulse 100, temperature 100 degrees Fahrenheit. An incision was made transversely across the hernia, and when the peritoneal layer was reached the intestine beneath was nearly black, indicating the probability of intestinal gangrene. When the peritoneal covering was opened and the constricting hand divided the long loop of the apparently gangrenous ilium very soon changed to a red color. Though the operation was performed twenty-four hours after strangulation, about a gallon of nearly clear colored serum had accumulated in the peritoneal cavity and flowed freely out of the incision. The skin and all the strictures down to the fascia covering the recti muscle, were divided far out on each side, and the fascia divided beyond the inner edge of the muscles, the peritoneum being cut only to the inner edge of the muscles. The peritoneum was dissected below and above from fascia and transversely sutured with number 1 chromic gut. All fat was dissected from

the fascial layers which were then doubly sutured transversely by chromic gut. She left the operating room without shock, and made an uninterrupted recovery, leaving the hospital in less than three weeks. Her pulse and temperature remained about normal.

Two Cases of Extra-Peritoneal Transplantation of Ureters into the Rectum for Extroversion of the Bladder.

Reported by Dr. J. V. Arumugum, Medical Officer in charge Victoria Hospital, Bangalore, Southern India, in the American Journal of Surgery, May, 1911.

On August 20, 1906, in the Victoria Hospital, at Bangalore, Mysore Province, Southern India, a boy, aged 18 years, was operated upon for extroversion of the bladder and the ureters were transplanted into the rectum, according to the method advised by Mr. Peters, of Jaranto. The patient was discharged from the hospital 58 days after the operation. At the time he left the hospital he was able to retain urine in his rectum for about four hours during the day and for nearly nine hours at night (i. e., during sleeping hours, from 9 P. M. to 6 A. M.).

On April 15, 1907, a boy, aged 13 years, had his ureters transplanted into the rectum for extroversion of the bladder, and was discharged from the hospital three months after the operation. This patient was able to retain urine in the rectum for about four hours during the day and for nearly five hours at night at the time of his discharge from the hospital.

I have seen both these patients several times. The second case was seen by me on February 16, 1911, when I found that he was able to retain urine in his rectum for nearly six hours during the day, and was at times disturbed at night only once between 9 P. M. and 6 A. M.

The first case of extroversion of bladder was last seen by me about three months ago, when the patient was able to retain urine in his rectum from five to six hours during the day and for nearly eight hours at night.

Vesical Calculus Following Pubiotomy.

Dr. Howard Canning Taylor presented this specimen at a recent meeting of the New York Academy of Medicine. It was 4 cm. in length, 2 cm. in width, and weighed 12 gms. The woman entered one of the maternity hospitals two years ago when she was forty years old for her first confinement. On account of the disproportion between the size of the child and the maternal parts a pubiotomy was done. In the delivery of the child, not by the pubiotomy itself, an opening was torn into the bladder. An attempt was made to close it at the time of delivery but without success. Subsequently four or five trials were necessary before the vesicovaginal fistula was closed. This was probably because of the proximity of the fistula to one of the ureteral orifices. She was well until about six months before entering Roosevelt Hospital with symptoms of cystitis. The urine contained considerable pus, mucus and a large number of colon bacilli. A cystoscopic examination revealed the calculus movable at the base of the bladder. This was removed. There were three possible origins of the calculus. A small piece of bone from the pubiotomy might have found its way into the bladder and acted as a nucleus.

A piece of ligature or suture from one of the operations for the fistula might have been the nucleus. Some of the urinary salts that were deposited about the edges of the fistula might have been the starting point of the calculus. Dr. Taylor thought this last possible source of origin to be the most probable one.

Abstracts from Medical Journals.

Spinal Anesthesia and Shock.

The principal agencies in the production of surgical shock and collapse are those which make a sudden and deep impression on the central nervous system or the large sympathetic ganglia through the medium of the sensory nerves. Experimental researches have shown that if we block the passage of such impulses by means of a local anesthetic drug injected into the large nerve trunks leading from the part, or into the dural sac, we safeguard the patient against shock. Spinal anesthesia, therefore, prevents shock by blocking off the centripetal impulses passing to the nervous centres. To obtain a perfect result by this method it is essential to produce a complete block, otherwise shock to a greater or lesser degree will result.—E. C. Ryall, in the Practitioner.

Bone Tuberculosis.

Involvement of large joints in the adult is comparatively rare, the smaller joints being more often affected. In children the reverse is the rule. The tubercle bacilli always invade the most vascular portions of the bone. The spinal column and the larger epiphyses naturally, in the child, attract the bacteria. In the adult where the growth has ceased these epiphyses are hardened and offer greater resistance to the bacilli who seek smaller and less resistance fields. These are found in the smaller joints, where they lodge and begin their destructive work. These smaller joints are more easily accessible and amenable to surgical treatment. If the focus appears in the joint radical treatment is indicated more urgently than if it is found near a joint. A focus, no matter how small, does not in the adult exhibit that tendency to spontaneous arrest it does in the child. In the child there is a general systemic resistance, in the adult merely a local walling off produced by a proliferation of endosteal cells around the periphery of the advancing focus which have become organized into a fibrinous envelope.—Alexander Earle Horwitz, in the St. Louis Medical Review.

Infant Mortality.

Dr. Joseph A. White, of Richmond, Va., in his address as president of the Tri-State Medical Association of Virginia and the Carolinas, in speaking of infant mortality, says:

The question of infant mortality is a burning issue at present. Because of the heavy mortality the past summer, it has engaged the attention of our municipal authorities in most of our large cities; and in some of its aspects should be investigated by the State with a view to the prevention of the causes of the deplorable loss of life among our infant population. The babies of this generation are the material out of which

the citizens of the next are made, and the State should give them proper protection. For instance, diphtheria still kills too many children, and physicians are partly responsible for it, inasmuch as they do not or will not use the means of prevention that science has given them, the proper employment of antitoxin. Twenty thousand children died in America of diphtheria in 1909—statistics for 1910 were not available—14,000 of these deaths were attributable to the doctors' ignorance or carelessness. The death rate ought to be only six in 100,000 of the population, as it is in Paris, the effect of their admirable laws; and appropriate legislation would give us the same results. France is far ahead of us in measures to care for its infants, especially through the education of the mother. With a comparatively small birth rate, it has no children to spare, and must guard well those it has.

Here it may be asked if antitoxin is dangerous. Possibly, in rare cases when anaphylaxis has been produced by its use in a previous attack, within three weeks. It should then be used with caution, or not at all, but these fatalities are so rare as hardly to be considered.

Cerebro-spinal Meningitis—One of the greatest triumphs of preventive medicine in reducing infant mortality is the control of that terrible malady of childhood—cerebro-spinal meningitis—by the isolation of the specific germ (the diplococcus intra-cellularis), and the later discovery of a serum by Dr. Flexner to neutralize or prevent the toxins.

Infant Mortality.

Shipley states that ignorance dispelled by knowledge gained and practically applied is, next to breast feeding, the most important factor in reducing the deaths among infants, and too much stress cannot be laid upon it. The eagerness of the Hebrew mothers to learn how to properly care for their children undoubtedly explains to a great degree the remarkably low death rates in the wards inhabited by them.—*New York State Journal of Medicine.*

Meningitis with Mumps.

Dr. C. Dopter says that meningitis accompanying mumps is not infrequent; it is generally slight and entirely recovered from, but in a few cases is rapidly fatal. It is found when spinal puncture is made that there is a lymphocytosis of the cerebrospinal fluid. Autopsy in fatal cases has shown that there is congestion, and exudation covering the convexity or the base of the brain and surrounding the cranial and spinal nerves. The condition comes on suddenly in the period of defervescence, with fever, headache, stiffness of the neck, and paralysis of the cranial nerves, or neuritic paralysis of the limbs. The prognosis is generally good, but a few cases are rapidly fatal.—*Paris Medical.*

Bacteriological and Clinical Studies of Puerperal Infections.

G. L. Basso has made a study of the bacteriology of the lochia from vagina and uterus in 100 normal pregnant women at different months of pregnancy, of 150 normal puerperal women, and of 82 cases of puerperal infection of varying degrees. From his studies he gives the fol-

lowing conclusions: In 25 per cent. of healthy pregnant women we find streptococci present in the lochia; even the hemolytic form may be present in 4 per cent. without any harm occurring from their presence. In women in labor, when febrile, the blood presents no germs. In normal puerperal women in the uterine lochia the streptococcus is present in 13 per cent.; in saprophytic conditions, in the vaginal lochia they are present in 38 per cent. In 64 per cent. of puerperal infections of varying degrees of severity streptococci were found in the lochia, and in 17 cases they were hemolytic. The presence of these germs is not an indication of virulence of the disease, nor a reason for giving a bad prognosis. Their presence is to be considered of serious import only when the clinical symptoms are at the same time severe and fever and pulse are unfavorable.—*Folia Gynecologica.*

X-Ray Demonstration of Anomalies of the Colon.

C. Eastmond summarizes the following anomalies of the colon that are revealed by the X-rays: General prolapse of the transverse colon producing the "U" or "V" type. Prolapse of the hepatic or splenic flexure with or without angulation. Angulation of any part, especially of the sigmoid. Prolapse of one-half of the entire colon. General prolapse of the entire colon into the pelvis. Spasm of one part or of the entire colon. Anomalous development of any part, such as a loop formation from the presence of an unduly long mesentery. Adhesions, either alone or associated with any of the above conditions.—*Long Island Medical Journal.*

The Bladder and the Prostate.

At the annual meeting of the Medical Society of the State of New York, April 19, 1911, Dr. John F. Whitbeck, of Rochester, read a paper on this subject, of which the following is a brief abstract:

It has been estimated that at least one-third of all men after the age of 40 or 50 have enlargement of the prostate, and it is just as certain that hypertrophy of this gland or increase in size from any cause, whether simple or complex, involves the bladder in difficulties. If a patient can be persuaded and taught to lengthen gradually the intervals of urination within the limit of reason, much better control will be obtained with or without the aid of the catheter and patients should be as careful and deliberate as possible while passing urine in order the more completely to expel some portion of the residual fluid. Prostatectomy is rational and offers a complete cure when the individual has no serious organic disease, but is sound or may be made so. Experience shows conclusively that a man in fair health may be cured surely without danger. Contrast for a moment the entire relief afforded by the removal of the prostate when it is enlarged enough to act as an obstruction and a state in which the gland is allowed to remain and the lateral lobes to grow larger, while a middle or third lobe is formed and acts as a ball valve to close the urethral canal, although it lets a catheter pass easily. It is not the frequent desire and necessity to urinate, or the mere use of the catheter from which one shrinks and seeks relief, but the risk

of infection, of cystitis, or calculus, or pyelitis, or bascess of the prostate, or traumatism from the use of various instruments and the progress from bad to worse.

Septic Abortion, Its Prognosis and Treatment.

Dr. G. Winter, Konigsberg, in *Zentralblatt für Gynakologie*, reports that he has studied the question by observing 100 consecutive cases with careful bacteriological examination. There were 13 deaths from infection; 4 pyemias (not fatal); 1 peritonitis (not fatal); 18 parametric exudates; 10 endometritides, and 54 normal. Forty-three cases showed streptococci (hemolytic in 20 cases). He noticed that in those cases in which active interference was used the mortality and severe complications were increased. This led him to study the effect of non-interference even in long protracted cases of incomplete septic abortion. It was found that except for mild symptoms of intoxication, no harm resulted, and that, especially in the presence of hemolytic streptococci, delay greatly benefited the patient. To obtain a culture it is merely necessary to use the ordinary Loeffler throat culture tubes, taking the secretion from the lower part of the vagina. The bacteriologist can report in 24 hours. He formulates his ideas as follows:

1. As soon as fever develops in a case of abortion take vaginal cultures. Then disinfect the vagina and remove all vaginal coagula, etc.

2. The culture should be examined particularly for hemolytic streptococci.

3. If the cultures show complete absence of (or very few) hemolytic streptococci in combination with many saprophytes, emptying of the uterus through a patulous cervix is not contraindicated. If the cervix is rigid, forcible dilatation is not necessary.

4. If the culture shows pure hemolytic streptococci, all intrauterine manipulation is strongly contraindicated. If severe hemorrhage absolutely necessitates interference first render the uterus as free from bacteria as possible by prolonged irrigation, then empty manually. The curette is strongly contraindicated. Periuterine inflammation contraindicates interference.

Retroversion Flexion in Mental Maladies.

Dr. R. Schockaert advocates a careful general examination in every case of mental alienation in women, whether in asylum or private practice. The diseases and displacements of the genital organs have a very marked influence on both the mental and physical condition of the organism. Symptoms on the part of the stomach, intestines, and rectum, as well as the mind are produced by lesions of the genital organs. Hysteria, melancholia and psychopathies may result from gynecological troubles. One of the lesions that oftenest has this result is retroversion flexion. The author relates the histories of three patients of his, each of whom was relieved of a condition of deep depression, with inability to do any work or be of use to their families, by the performance of an Alexander operation to replace and keep in place the uterus. They became, after the operation, happy and useful women, able to undertake the work of their households and care of their children. Whether the patient is a married woman or a virgin we

should not hesitate in case of mental alienation to make a careful gynecological examination.—*Bulletin de la Societe Belge de Gynecologie.*

Reports from County Societies.

BURLINGTON COUNTY.

The June meeting of the Burlington County Medical Society was held at Coles' Hotel, Moorestown, on Wednesday, June 7, at 12:30 P. M., the president, Dr. J. Boone Wintersteen, in the chair.

Dr. D. F. Remer was elected a member of the society. Dr. R. H. Parsons, chairman of Section on Surgery, arranged the following program:

"Hospitals, Their Uses and Abuses from the General Practitioner's Viewpoint," by Dr. Alex. Marcy, Jr.

"Cholelithiasis, Diagnosis and Treatment," by Dr. W. P. Melcher.

"Gastric Carcinoma, Its Surgical Treatment," by Dr. A. H. Small.

Drs. Joseph Stokes and E. D. Prickett opened the discussion; which was participated in by a number of the members.

Dr. A. H. Small presented a patient with purpura, which was the fifth attack in the last two months.

We had as guests Drs. Iszard, Strock and Rogers, of the Camden County Medical Society.

The amendments to the by-laws which were presented at the last meeting, namely, to have six meetings a year instead of four, and the annual meeting in April instead of January, were voted on and lost.

The next meeting will be held in Burlington the first Wednesday in October.

OCEAN COUNTY.

The regular spring meeting of the Ocean County Medical Society was held May 31, 1911, at the office of the president, Dr. G. W. Lawrence. The members present were Drs. Lawrence, Hance, Schaffler, Disbrow, Heron, Thompson, Dennison and Jones. The minutes of the fall meeting were approved.

Dr. Frank Dennison, of Point Pleasant, was elected a member.

Dr. Heron was made committee on entertainment for the next meeting. Dr. Jones was made committee on membership. Drs. Lawrence, Hance and Schaffler were appointed a committee to invite the New Jersey Pediatric Society to meet with us in Lakewood at their fall meeting.

Dr. Heron reported an interesting case of eclampsia. Discussion followed by Drs. Hance, Thompson, Disbrow and Lawrence.

Dr. Hance reported a case of double infection of measles and scarlet fever, the measles starting after patient commenced peeling, but was over with before peeling was complete. Scarlet fever developed three days and measles fourteen days after exposure.

Dr. Disbrow reported a case of superfetation.

Dr. Schaffler reported a case of empyemia of twelve years' standing. Discussion was participated in by Drs. Hance, Disbrow and Dennison, who had also seen same case at different times.

Dr. Dennison reported a case of flatfoot with backache as the only symptom.

Dr. Lawrence reported a fatal case of lock-jaw, which was discussed by Drs. Schaufliker, Heron, Hance and Jones.

Dr. Jones reported a case of uremia, with patient's urine normal in every respect except deficiency of urea; there was one convulsion, followed by gradual return to health. Day after convulsion total urea for 24 hours was 49 grains, in a week it was 230 grains in 24 hours, in 3 weeks it was 436 grains in 24 hours, and in two months it was 589 grains in 24 hours. The best diuretic to increase urea was liquor ferri et ammon. acetitis 5ij with strychnia nitrate $\frac{1}{30}$ grain every 4 hours, this old standby proving to be better than all the newer remedies tried.

The officers of the society as elected at the annual meeting held November 11, 1910, are:

President—Dr. George M. Lawrence, Lakewood.

Vice-President—Dr. Alex. M. Heron, Lakewood.

Secretary—Dr. William G. Schaufliker, Lakewood.

Treasurer—Dr. Irwin H. Hance, Lakewood.

Reporter—Dr. Ralph R. Jones, Toms River.
Annual Delegate—Dr. Eugene S. Corrigan, Lakewood.

Permanent Delegates—Drs. W. G. Schaufliker, Lakewood, and R. R. Jones, Toms River.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The regular monthly meeting of the Passaic County Medical Society was held in the Braun building, Paterson, N. J., on June 13, 1911. The president, Dr. William Flitcroft, presided. The attendance was fair.

The minutes of the previous meeting were read and approved.

The censors reported favorably on the application of Dr. L. H. Rogers and he was elected a member of this society.

Dr. Walter F. Keating, of Wyckoff, Bergen County, N. J., transferred his membership from the Bergen County Medical Society and was received as a member of the Passaic County Medical Society.

Five members who were dropped at the last meeting, for non-payment of dues, made application to be reinstated. The applications being accompanied with their dues, they were re-elected. Dr. J. F. Tattersall resigned from the society. His resignation was accepted.

Dr. Jacob Roemer read a paper on Renal Calculi. He reported a case in which the X-ray showed stone in the right kidney, none in left kidney; before operation patient's urine contained many blood cells and a small amount of albumin.

Dr. Magennis described the operation performed on the above case and showed a photograph of the kidney removed, also an X-ray plate of the kidney. This plate showed the stone very plainly. The kidney itself was a very large organ, cystic at one end and contained several sulci.

The specimen was then opened and contained six large stones, evidently of the uric acid variety, and in the cortex of the kidney were several small granular bodies. The patient was then shown to the society. The first 24 hours after operation he passed 32 ounces of urine.

This gradually increased to 38 ounces. At present he is passing two quarts daily. Examination of urine at present time showed negative result.

During the general discussion which followed, the proper way to take an X-ray of the kidney was described. First, patient should have bowels moved well before the picture is taken; second, patient should be placed on back; third, diaphragm should be used and enough pressure, so that the breathing of the patient does not interfere with the taking of the picture; fourth, to be a success the plate must show the transverse processes of vertebrae, psoas muscle and the last two ribs.

The question which class of stones takes the best picture, brought out the fact that it depends to a great extent upon the specific gravity of the stone. The stones show best in the following order: First, calcium oxalate; second, calcium phosphate; third, uric acid; fourth, biliary stones. In regard to diagnosis, there are only two positive signs of stone in the kidney: First, X-ray plate showing stone; second, tip of catheter in ureter or pelvis of kidney scratching stone.

Dr. Cogan reported a case of stone passed by the patient during the act of urination.

Dr. Marsh gave a talk on Strabismus. He described the screen test and showed the importance of having all cases of strabismus treated early so that the patient might not develop a condition of amblyopia exanopsia or loss of useful vision in the squint eye.

Dr. Atkinson discussed the talk on strabismus and spoke on the fusion theory of strabismus and said that ninety per cent. of the cases were due to errors of refraction. He also emphasized the importance of early treatment.

Under the head of new business, the question of prosecuting four doctors who have practised medicine illegally in this county was discussed. Three of these physicians are graduates of the Italian medical schools, but have no State Board license; the fourth, a man who calls himself Dr. Charles De Young, has not a medical diploma, but is practising medicine. His name appears in the telephone book as Dr. C. M. T. De Young, residence 610 Main street, telephone 565-R. He is practising all branches of medicine, including obstetrics and surgery.

A motion was made that the Committee on Public Health and Legislation be ordered to prosecute vigorously all illegal practitioners, employ counsel or other help, the expense to be borne by the society. The motion was carried unanimously. The society also passed a motion to request the county physician to order a coroner's inquest in the case of the death of Miss Christina Vreesuyk, she having been treated up to twenty-four hours before death by Dr. De Young, who could not grant a death certificate.

The question of the fees charged by the members of the Medical Society was suggested for discussion, but owing to the lateness of the hour a motion to adjourn was made and carried.

I enclose two newspaper articles about the De Young case and about the formation of the Newton Memorial Medical Library.

EVERY COUNTY MEDICAL SOCIETY MEETING SHOULD BE REPORTED FULLY IN THE JOURNAL.

Report of the Tuberculosis Committee to the Essex County Medical Society.

Herbert W. Long, M. D., Chairman.

Presented at the Annual Meeting, April 4, 1911.

During the year the society did not designate any particular work for this committee, nor was it appealed to by any individual member of the society. Nevertheless, the members of the committee have aided in various ways the fight which is being relentlessly carried on against the great white plague. At the last meeting of the committee it was decided that it would be appropriate to submit a brief synopsis of what has been and is being done in the county along that line.

The local work may readily be divided into three heads: curative, preventive and educational.

First—Besides the hospitals which have been receiving tubercular patients for treatment for many years, there is now the hospital at Verona, under the local Board of Health, which takes cases in their early stages. This institution was opened in January, 1908, treats an average of 150 patients a year, of an average stay in the institution of five months, and over fifty per cent. have shown more or less improvement therefrom. The State sanatorium at Glen Gardner, opened in 1907, with an examining clinic here once a week, receives a good many incipient cases from this county and it is doing effective work. A day camp, opened in 1908, has been receiving and caring for advanced cases of the disease, during the day time, from May to November, each year. They had 56 patients during the summer of 1910. Two clinics a week have been organized at the City Dispensary, exclusively for tubercular cases, where patients afflicted with the disease are treated and suspected cases are examined. Here approximately 700 examinations are made in a year. These clinics act as the portal of entrance to the Verona Sanatorium. As a result of prolonged efforts by the committee of 100, by representatives from the Oranges, and numerous signed petitions procured under the auspices of the Newark Medical League, the Board of Freeholders have been prevailed upon to build a hospital for advanced cases of the disease at Soho. The building is finished and is being fitted up for occupancy. It will accommodate 96 patients.

Second—Under the heading of prevention, the Newark Anti-Tuberculosis Association have three nurses constantly employed, two of whom render assistance to those ill with the disease and follow up patients returned from Glen Gardner for the purpose of instructing them how to prevent reinfection. The third nurse is kept busy hunting up tubercular cases where conditions favor suspicion of the disease, so that they may be treated early—with best chance of cure. The Board of Education has established, at the corner of Chancellor and Elizabeth avenues, an open-air school for pre-tubercular children who, by reason of their anæmic condition and home surroundings, require to be kept much in the open air, and by this means can receive such without being deprived of their schooling. The school accommodates 30 pupils.

Third—Along educational lines probably nothing is of more lasting value than the work

of the aforesaid nurses and of the Visiting Nurses' Association, by not only caring for the sick, but by teaching them and their families how to take care of themselves; to be able to better regain or retain their health. The educational work is going to be of permanent benefit, as each family privately instructed how to care for itself acts as a focus in disseminating such information among their relatives and friends, thereby unconsciously extending the scope of the work. From the time the Board of Trade succeeded in bringing the first tuberculosis exhibit here a few years ago, until the present time, the practical exhibition of some facts pertaining to the disease and its prevention has been before the public. Supplementary to the same numerous lectures have been given in public places, some of which have been illustrated by the stereopticon. Although of late there has not been as much pyrotechnic display as before, still the lectures may have done more practical good, as they have been given in the schools and factories. Literature on the subject has been scattered broadcast among all classes.

An anti-spitting ordinance has been passed by the Board of Health, and if thoroughly enforced will be of great benefit. Many anti-spitting signs have been placarded in public places of all kinds and in factories.

In the Oranges the anti-tuberculosis campaign is being vigorously pushed. At the head of the movement is the Anti-Tuberculosis League of the Oranges. This society maintains a visiting nurse, supports a day camp and an open-air school for tubercular sufferers. The Boards of Health in the four Oranges are giving their hearty support, supplying sputum cups for indigent patients, passing ordinances against spitting, requiring the reporting of cases, fumigating premises, etc. Reporting of cases there by physicians is an accomplished fact; as a result, the statistics of the disease are becoming more complete each year. The Orange Memorial Hospital maintains a tuberculosis ward accommodating 24 patients, most of whom are advanced cases. The Memorial Hospital Dispensary maintains a tuberculosis clinic held twice a week. In addition a campaign of education is being carried on. Members of the society are most active in the work, particularly in educating the public along these lines. A State law was passed a year ago requiring all physicians to report all cases of tuberculosis within twelve hours after obtaining knowledge of the same, and fixing a penalty of fifty dollars for failure to comply. This law has so far been universally ignored in this city, and we recommend that the members of this society take the initiative and comply with the law, first, because it is a law, and second, because it would be a public benefit to have a tabulated record of all possible sources of infection.

The William Pierson Medical Library Association has offered its usual plan of lectures at Orange for the whole profession. On January 17th Dr. Nellis Barnes Foster spoke on the "Physiology of Digestion in the Intestinal Canal;" on February 21st, Dr. Joseph A. Blake, on "Surgery of the Gall Bladder and Pancreas;" on March 21st, Dr. Theodore C. Janeway, on "Diseases of the Liver."

OTHER ORGANIZATIONS.

The Academy of Medicine of Northern New Jersey.

Reported by Frank W. Pinneo, M. D.

The Academy of Medicine of Northern New Jersey held a stated meeting at the Wiss Building, Newark, for the transaction of business, on May 17. The Section on Surgery met May 16, at the Pathological Society rooms, and discussed, after the order of business, "The Technique of Preparation of Patient and Surgeon for Laparotomies." The Section on Pediatrics met at the Pathological Society rooms, May 18, and discussed "The Treatment of Infantile Diarrhœa During the Summer." The Section on Ophthalmology met May 22, and the Section on Obstetrics and Gynecology on May 25. All practitioners are invited to join and may send application to Dr. V. Mravlag, chairman Committee on Admission, 1062 East Jersey street, Elizabeth.

New Jersey Pediatric Society.

The New Jersey State Pediatric Society held one of its regular scientific meetings, open to all interested, on May 12th, at Newark. Dr. H. L. Coit presiding. The success of this society since its organization was fully maintained in the high quality of the subject matters discussed, the excellence of the speakers, and the attendance and interest of the members and others. Dr. William P. Northrup (though regretting absence enforced by illness) sent a paper, with photographs from the Presbyterian Hospital, New York City, demonstrating fresh-air treatment. Dr. Henry D. Chapin spoke on "The Hygiene of Development," Dr. Charles G. Kerley on "The Delicate Child," Dr. Rowland G. Freeman and Mr. H. E. Jenkins, a successful principal of a large New York public school, on "School Hygiene." A full account of this meeting is sent separately.

New Jersey College of Pharmacy.

At the anniversary exercises of this organization held in Newark, May 9, 1911, Dr. Harvey W. Wiley, of Washington, D. C., delivered the address.

Dr. Wiley told of the advancement that has been made in the pharmaceutical profession and in the drug business in general, and he rapped the manufacturers of proprietary medicines. Without specifying any of these remedies in particular, the speaker declared that many were filled with injurious drugs. He told of the work of his department in analyzing these nostrums, and of the inspection that is made by the Government of patent medicines imported from abroad.

The excessive use of cocaine in medicines was criticized by Dr. Wiley. He declared that in time the narcotic would be abandoned as a medicinal remedy. He hoped to see the day, and he believed it would come when the public would lose its faith in "patent" medicines and persons who are suffering will be prescribed for by a physician. He also said that he hoped legislation would be passed that would eliminate the proprietary medicine evil entirely.

In the course of his talk, Dr. Wiley spoke in favor of vivisection. Although he is as humane as anybody, the speaker thought it was right for physicians to experiment upon live animals for the benefit of mankind. Dr. Wiley said that he was the first man to experiment upon men for the benefit of the public in general, giving them food products which he knew contained injurious ingredients for the purpose of studying their effect and proving his claims.

American Gynecological Society.

The annual meeting of this society, which was held in Atlantic City, May 23 to 25, in the Hotel Traymore, elected the following officers for the ensuing year: President, Dr. Howard A. Kelly, Baltimore; first vice-president, Dr. Richard R. Smith, Grand Rapids; second vice-president, Dr. John A. Sampson, Albany, N. Y.; secretary, Dr. Le Roy Brown, New York; treasurer, Dr. J. Wesley Bovee, Washington.

American Laryngological Association.

At the annual meeting of this association in Philadelphia, May 30, 1911, the delegates witnessed the removal of a brass paper clip that had been embedded in a young woman's lung for eight years, by Dr. Chevalier Jackson, of Pittsburgh, Pa.

The instrument used was a bronchoscope, to which was attached a tiny electric light, a reflector and minute forceps. The tube was lowered down the patient's throat and the clip was removed after about an hour's work.

A paper on the extraction of foreign bodies from the trachea and œsophagus was read by Dr. Thomas Hubbard, of Toledo, Ohio. Several very interesting papers were read by prominent laryngologists, including five papers composing a symposium on the tonsils, among them one by Dr. J. N. Mackenzie, of Baltimore, who said: "I am opposed to the indiscriminate massacre of the innocent tonsil by frenzied medical enthusiasts."

The following officers were elected for the ensuing year:

President, Dr. James E. Newcomb, of New York; vice-president, Dr. F. C. Cobb, Boston; Dr. B. R. Shurly, of Detroit; secretary and treasurer, Dr. H. Smith, New York; librarian, Dr. Joseph H. Bryan, of Washington. Dr. W. K. Simpson, New York, was elected delegate to triennial congress, to be held in Washington in 1913.

Miscellaneous Items.

The Venereal Peril.

The Surgeon-General of the United States Army, in his report for the year ending June 30, 1910, urges that a popular crusade against syphilis is long overdue. He writes: "The venereal peril has come to outweigh in importance any other sanitary question which now confronts the army, and neither our national optimism nor the Anglo-Saxon disposition to ignore a subject which is offensive to prudery can longer excuse a frank and honest confrontation of the problem. There is no reason to think that these diseases are beyond the reach of preventive med-

icine any more than other contagious diseases, and their immunity to restriction must be attributed to the disinclination to discuss them and legislate concerning them. It is now believed by most sociologists, as well as sanitarians, that the evil, being primarily a social one, can only be reached by a propaganda of public discussion and education, and that education in sexual matters and in the danger of venereal diseases should begin with the young and be carried on by means of all the agencies of popular enlightenment. A number of State and municipal health authorities, as well as private associations, are now publishing and distributing literature on this subject. It is believed that the War Department cannot do better than to adopt this general attitude and many of these methods, including a philosophical indifference to criticism on the part of self-constituted censors of the public morals, whose susceptibilities are offended by a public discussion of these questions."

Medical Practice Acts.

Dr. M. L. Harris, in the *A. M. A. Journal* of May 6, expresses his belief that the restrictive plan of regulating the practice of medicine is a failure. If it were possible to enact a law prohibiting any one from practising medicine who was not licensed to do so after examination proving his qualifications, the author thinks that it also would be a failure. He does not believe the State has a moral right to take away any one's right of choice in such a matter as the care of his health, or to dictate to the patient whom he shall employ for this purpose; the attempt to do so arouses public opposition to the extent of sometimes nullifying the law. The correct method would be that the State should guide the individual, not force him in these ways. It should license competent men and allow them alone to utilize the designation indicating their qualification, whether it be qualified physician, certified physician, or what not, and should make it a penal offence for any one else to use it. Furthermore, it should require that any other person professing to treat the sick, in any manner whatsoever, than those thus qualified should be compelled to announce in his card or advertisement that he is not a qualified physician. None but these latter should be eligible to any medical position under the State or municipalities, and, as contagious cases are a menace to the public and as most of them should be reported to the proper health officers, only the qualified person should be permitted to assume their medical care. None but a qualified physician should be allowed to make out a death certificate and no parent or guardian, or other having charge of minors or others for whom they are responsible, should be allowed to put them in the care of unqualified persons.

Optometry Bill Vetoed.

The optometry bill passed by the Alabama Legislature has been vetoed by Governor O'Neal. We give a few extracts from the Governor's excellent veto message:

An optometrist is in reality an optician, and an optician has always been considered a tradesman, and he is not required or expected to have a scientific medical knowledge required by law of the oculist—whose profession authorizes him to medically treat the eye.

To permit an optician to usurp the rights of an oculist, who is at the same time an educated physician, would be quite as irregular as to permit a druggist to usurp the rights of a physician in the treatment of diseases of patients.

It is easy to see that conferring a high-sounding title on men engaged in a trade would tend to exaggerate their importance and skill in the minds of the public.

If such a law is enacted it would, in my opinion, be an infringement on the already existing laws regulating the practice of medicine in this State. I, therefore, recommend that any applicant for the practice of optometry be required to undergo the same examination as that of any specialist who proposes to practice medicine in his selected specialty.

I am informed by physicians of the highest authority and by men who by life-long study have thoroughly acquainted themselves with the eye and its diseases, that the legislation sought in this bill is extreme, and I am also informed by the State Board of Health that only a thoroughly equipped and licensed physician should be permitted to enjoy the privileges intended to be conferred on optometrists by this bill.

The eye is too delicate and valuable an organ to be made the subject of any experiment whatsoever; and if there is to be such a science as that of optometry I fear that it is yet too near to its inception to be given the power contemplated in this bill, which is returned to you without my approval.

Emmet O'Neal, Governor.

To Stop Quackery.

Dispatches from Berlin state that a committee of the Reichstag, which has been preparing a bill to suppress quacks in medicine in Germany, has decided to recommend one forbidding the practice of faith healing or spiritualistic or other mystic treatment of the sick for pay, or where the efficacy depends upon a claim of the possession of miraculous powers, magnetism being exempt. It is said that discussion of the proposed measures brought out stories of most amazing credulity and superstition.

Forty Thousand Dollars for Surgical Research

At a meeting of the trustees of Columbia University, held on May 1, it was announced that a friend of science, who did not wish his name to be known, had given \$10,000 a year for four years to further surgical research in the university.

Notice to Delinquent Members.

This issue of the *Journal* is the last that some of our members will receive. They have neglected or forgotten to pay their annual dues in their county societies. Unless these dues are paid at once their names will be dropped from the membership lists of the Medical Society of New Jersey, and their *Journals* will be discontinued. When we recall the various advantages of county society membership, to which has recently been added a complete and uncompromising medical defence in malpractice suits, it seems strange that any eligible physician should fail to make sure of his good standing in the membership of his county society. A word to the wise &c.

THE JOURNAL

OF THE

Medical Society of New Jersey

 JULY, 1911

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

There has not been received by the Journal one notice of a medical meeting in the State that has not been published and yet when its columns are consulted it will be found that there are few notices there. There is a reason for this and that is many meetings are held which are not mentioned to the editor doubtless for fear he will publish them and thereby create additional interest in the society. Let's renew with vigor the discussions of medical subjects of the day to the end that our armamentarium will be greatly enhanced and the great good that is already being done will be increased ten fold.—Journal of the Kansas Medical Society.

The pressure of business compels us to defer insertion of Drs. Marcy's and Harding's papers till our next issue; also reference to the medical defense work of our society, the meeting of our Association of Medical Secretaries and Treasurers, and also to the meeting of the State Pediatric Society at Spring Lake on the evening preceding our annual meeting.

The Index for Volume VII. is sent out with this month's Journal. We have given much time and care to make it accurate, and we hope our members will find it helpful.

OUR ANNUAL MEETING.

As we anticipated and confidently predicted, the 145th annual meeting of the Medical Society of New Jersey was one of the best of the entire series. The decision as to place of meeting was fully justified. Spring Lake and the New Monmouth Hotel met all our expectations, and gave such perfect satisfaction that the society expressed its unanimous desire to return there for our annual meeting in 1912. The conditions certainly approached the ideal, as the members of the society and the ladies accompanying them had undisputed possession of the elegant hotel, received the most kindly and generous treatment from the manager, and the outside attractions were so well arranged that they did not prove distractions so as to unduly interfere with the business and scientific sessions of the society.

The attendance was remarkably good, a larger percentage than usual of officers and permanent and annual delegates were present, and there was also a large attendance of associate delegates and more of the wives and daughters than usual. The enjoyment of the social features was greatly enhanced by the fact that the society and its guests during its sessions had the exclusive use of the hotel, and, therefore, as a large professional family gathering, were able to enjoy the prevailing spirit of freedom and fraternalism. There were far more members present than usual on the evening preceding the regular sessions of the society. The Board of Trustees meeting occurred that evening. Its members keenly felt the absence of Dr. Kipp, who had so faithfully served as its chairman during the years since its organization. In fact his loss was the one sad feature of the society's meeting this year as indicated at the memorial service at Wednesday's session when several beautiful tributes were paid to his worth. Naturally the next oldest Fellow (ex-president), Dr. John W. Ward, was elected his successor—as chairman—an appointment that was eminently proper because of personal worth and service.

The work of the House of Delegates, embracing many excellent reports that had been carefully prepared and the transaction of a large amount of important business, was conducted with deliberation and wisdom, in a spirit of harmony that sought the highest interests of the society and of humanity. The scientific sessions were well attended, the addresses, orations and scientific papers were generally of a high order of excellence. We cannot now dwell upon the work done. A full outline of it will appear in the August and September issues of our Journal.

We can only add that the success of the annual meeting is due in no small degree to an excellent presiding officer, Dr. T. H. Mackenzie; to a faithful, painstaking secretary, Dr. Chandler; to the chairmen of committees for reports that showed careful preparation of business for the society's consideration, and to the Committee of Arrangements—especially Dr. W. G. Schaufler, its efficient chairman—for the comfort and enjoyment of both business arrangement and social functions of the annual meeting. For the scientific work we were indebted to the committee which had that in charge—Dr. J. M. Rector, chairman—and to the orators in medicine and surgery—Drs. G. W. Norris and J. A. Blake—and other physicians who gave us able, interesting and helpful scientific papers.

We begin the new year under the presidency of Dr. Daniel Strock, of Camden, who has served the society long and faithfully in other positions and will successfully lead us to further honorable achievements. Dr. Frank D. Gray won the honor in the well-fought contest by the Hudson County Society for the third vice-presidency, not only because of his eminent ability and qualifications for the presidency, in regular course, but also because Hudson County had received that honor only twice during the past half-century. The editor of the Journal, in closing this brief review, expresses his appreciation of and thanks for the generous words of commendation of the

Journal and for the society's vote of thanks to him personally. It will be his pleasure and earnest endeavor to manifest his appreciation by devoting more time and thought in order to make the Journal still better.

CONGRATULATIONS.

We take the liberty of speaking for the entire membership of the Medical Society of New Jersey in extending most hearty congratulations to Dr. William J. Chandler and Mrs. Chandler on their marriage, as announced in another column.

Dr. Chandler has been one of the most earnest and efficient officers our society has ever had and we know that we express not only our own personal feeling, but those of our members also in wishing him many years of happiness and prosperity in his family and professional life and many additional years of faithful and valuable service in our society.

Our readers will pardon us for adding a personal reference, to state that one of the pleasant and most satisfactory actions of the editor in serving our society was when he, as president of the society, on August 27, 1897, in filling the vacancy, appointed Dr. Chandler recording secretary of the Medical Society of New Jersey. During the fourteen years since we have had no occasion to regret *that* action. Dr. Chandler, with credit to himself and to the entire satisfaction of our members, has justified its wisdom.

Newton Memorial Medical Library.

The physicians connected with the Paterson General Hospital have just completed the purchase of the medical library left by the late Dr. William Kelly Newton. These valuable books have been placed in the General Hospital as the Newton memorial and are a fitting tribute to the memory of the man who gave his best learning and skill for so many years for the advancement of this worthy charity.

We received information of the death of Dr. Daniel M. Dill, of Newark, which occurred June 9, just before our Journal goes to press. He graduated from the medical department of the University of Michigan in 1867. He was for ten years superintendent of the Essex County Hospital for the Insane.

Fraternalism and Solidarity Our Need.

The following are the concluding remarks of Dr. J. Finley Bell, of Englewood, when acting as toastmaster at the complimentary dinner given to Dr. Harin— as recorded in the April issue of our Journal, page 580, and which we promised to insert in a subsequent issue.—Editor.

On every hand the medical profession has been and is being exploited by the legislative and legal machinery under which we move and have our being. If there existed among us a commensurate degree of fraternity and solidarity, our position in the legislative halls at Trenton, where we are laboring for the regulation of the laws of medical practice for the benefit of the people of the State, would not be one of humiliating defence. Do you suppose for one moment that if the four thousand or more physicians of the State of New Jersey were to give notice to and convince the candidates for the Assembly and Senate that we would stand as one man upon the passing of laws regulating the practice of medicine, hygiene, sanitation, food supply, dairy regulation, etc., that we would present the humiliating spectacle of keeping a representative of the State Society almost continuously in the halls of the State House as a watchdog, in order that pernicious legislation, unfair to the profession and subversive of the public health might not be enacted into law? Would a Governor of this great State dare to lose his temper in a conference where these matters are pending, insult the representative of four thousand professional men of this State with language and demeanor a gentleman would not be guilty of? I venture to say that such occurrences would be impossible under proper organization. Physicians are notoriously underpaid. Do you know of any law requiring lawyers to make records for the State without compensation? The making and filing of certificates of birth and death should be more comprehensive and uniform and a fee paid commensurate with their vast importance to the whole people of the State. During the past five years living expenses have advanced from forty to sixty per cent. and the purchasing power of our incomes cut in half, but there does not exist among us sufficiently strong bonds of fraternalism and professional trust to enable us to go before the public with advanced rates as others, even tradesmen, have been able to do. To my mind, stronger fraternalism and mutual fidelity are the great lessons to be learned from such functions as this we are so pleasantly engaged in this evening. If the medical profession of the State, considered as a whole, commanded the respect of all of the people of the State as our honored guest commands the respect of all the people of the section where he labored so many years, I am sure our exertions at Trenton would be doubly promising.

Rational Empiricism and Scientific Medicine.

Sir Dyce Duckworth, in the British Medical Journal, states that a large part of the best practice of medicine is still, and probably will be for a long period, an art, although founded on many branches of science. Much of the best medical practice is still empirical. In its essence, empiricism is the product of "experience founded on observation alone" (Sir William Hamilton). Empiricism has often anticipated

science in medicine. There has been some tendency to neglect the older means for affording relief to many symptoms during the progress of specific treatment in combating the original malady. Rational empiricism, together with slowly progressive scientific medicine, is now being carried on by the best practitioners.

Editorials from Medical Journals

The Reporting of Venereal Diseases.

Editorial from Critic and Guide, June, 1911.

Our readers think the time has come for us to express ourself on the subject of reporting venereal diseases to the Department of Health. Perhaps it has. We are not sure that our opinion will please all or even most of our readers. In fact, it may come even as a surprise to many. But no matter. Here it is.

We are emphatically, unalterably opposed to the compulsory registration and notification of venereal diseases, if the latter are to be put in the same category as other contagious communicable diseases: that is, if the patient's name is to be given with the report. It is hardly necessary to state, that we have considered this question from every point of view. Every proposed measure should be considered from the point of view of its possible effects, and there can be no question that the result of the passing of such a measure would be disastrous. The stigma applying to venereal disease is still unfortunately very great, and a man having gonorrhoea or syphilis, knowing that, if he went to a reputable physician, he would have his name reported to the Board of Health, that he would run the risk of being publicly exposed, would simply avoid the reputable physician. He would delay treatment, he would use nostrums, he would consult the neighboring druggist, or he would go to quacks like Dr. Gray, Dr. Grindle, Dr. Egan, Dr. Landes, etc. Yes, these rascals would reap a rich reward, for, for an extra fee, they would not report their cases. Of course, they would be breaking the law, but they would take their chances, the same as the abortionists do now. Where much money is at stake, the unscrupulous will always be willing to take their chances.

And suppose the Department of Health did know the name of the venereal patient—what good would it do? Would the patient infected with syphilis or gonorrhoea be quarantined, like a case of scarlet fever or smallpox? As to hygienic rules, how to prevent infection and auto-infection, there is not a physician worthy of the name who does not instruct his patients in this respect now.

There could be no valid objection to reporting cases to the Department of Health, without giving the patient's name, merely for statistical purposes. But the statistics would be apt to be erroneous, for a venereal patient might change his physician ten times, and one case would be reported as ten separate cases (no name or address being given, there would be no way to identify any case).

When it comes to voluntary, optional notification, the matter assumes an entirely different aspect. There are cases where it would be a blessing for the community, if the physician could send in a report to the public authorities. To give but one example from our per-

sonal experience. A patient came in a florid condition of syphilis. The palms of his hands were covered with scaly eruption—typical syphilitic psoriasis. He was a barber. We showed him that he was a danger to all his customers. He had one answer: he had to live. And he continued to work at his trade, working in with his fingers the lather into the faces of his customers. And we were helpless to do anything. Had this happened in Germany, we would have called up police headquarters, he would have been taken to a hospital and kept there until his condition was no longer infectious. Had we been able to threaten him with a report to the Department of Health, he would certainly have given up his position until fully improved. And a venereal hospital where all needy venereal patients can go for thorough humane treatment is a *sine qua non*.

After all, the principal thing is to prevent ignorant or unscrupulous men from infecting their unsuspecting wives. And this can be effectively prevented by demanding a certificate of health, signed by a reputable non-advertising physician, from every candidate for a marriage license. This would prevent or reduce to a negligible quantity cases of marital infection, and is a point after which we must strive with all our might. But a general reporting of venereal diseases is neither advisable nor desirable. It would do more harm than good. And such "reforms" we must oppose.

Some Men Are Hogs.

Editorial in Critic and Guide, May, 1911.

Men are hogs. Of course, not all men. Oh, no. But some men are. As this case will demonstrate: A. B. is 52 years old. And he looks it. Every bit of it. He came to be examined and treated. Not only does he give a history and show evidences of syphilis; not only has he had gonorrhoea at least a dozen times, giving evidences of it by the presence of gonococci, by numerous shreds in the urine and by two strictures, which will not admit a larger sound than No. 18 French; not only has he an enlarged liver, due probably both to his syphilis and to his alcoholic excesses; but he also has Bright's disease, also an enlarged heart, and also sclerotic arteries (arteriosclerosis). In short, speaking generally, unless the man changes his entire mode of life, and provided his organs are not yet beyond repair, he has only a very limited number of years to live, say three to five; and he may be carried off in a few days. Any extra strain put on his heart or arteries might carry him off—heart failure or apoplexy. In short, he is in a condition when he ought to think of the next world and try to make his peace with his Maker, as the theologians say. But, no.

You know, what he came to see me for? To treat his syphilis, his gonorrhoea, his kidney trouble? Oh, no. Those things don't bother him. Not much. At any rate, they are of minor consideration. What gives him really great anxiety and concern is this: For some time he has noticed that he has been losing his "manhood." He neither cares for women, nor does he enjoy coitus when he does indulge. It is this that is troubling him, it is this fact and this fact only, that makes him feel uncomfortable and unhappy.

There are thousands of men who are animals,

pure and simple. They have no ideas of any kind, they have no decent interests in life; all their pleasures are of a purely physical character. The enjoyment of food they lose early by excesses in eating and through gastric catarrh or dyspepsia, and when they are no longer able to enjoy sexual intercourse, life loses all interest for them. Associated with this is the false belief shared by the common and the ignorant, that with the decay of the sexual powers there goes inevitably the decay of all mental power. When I told my patient that he was much more likely to lose his mental faculties on account of his syphilis, if he left that untreated, he was very much surprised, and he was still more surprised when I told him that practically every case of locomotor ataxia and every case of softening of the brain or paresis was due to syphilis. I had to impress these things on his mind, for if there is a thing I cannot see with equanimity, it is a man ignorantly or stupidly neglecting his syphilis. And, then, I saw the man sanding with one foot in his grave—he didn't—and as he came to consult me, it was my duty to apprise, without unduly frightening him, of the true state of affairs. He was impressed and he promised to attend to his syphilis; but I could see, that what was uppermost in his mind and what touched him most deeply, was—his waning sexual power, which leads me to the remark I made at the beginning: Some men are hogs.

The Psychotherapeutics of Sunshine.

Editorial in The Medical Summary, April, 1911.

Cloudy, murky days exert a morbid, depressing influence upon the majority of individuals, while sunshine and fair weather are tonic and rejuvenating in their effects. Sick people are always worse on bad days, while neurotic and melancholic persons are always doubly introspective. Crime, suicide and depravity in general are more prevalent during inclement weather. Ill-temper and nerve storms are often a result of unsettled conditions of the elements. It is true that pathogenic organisms are more prevalent on damp, gloomy days, and the state of the mucous membranes make their lodgment an easier matter, although it is probable that the morbid mentality prevailing at such times makes infection all the more liable. The lowered resistance due to purely psychic causes is perhaps as strong a factor in inviting microbial action as any other. A great deal of the value of the much-exploited southwestern country in the treatment of tuberculosis is due to the sanitary influence of the long, sunshiny days and not altogether to the germ-free atmosphere. In other words, much of the benign influence upon the poor "lunger" who has about lost hope is mental rather than physical.

Cloudy, rainy days should not exert so much depressing and untoward influence upon the human family. With the elements in a disturbed state, with the clouds hanging low and an absence of dazzling sunshine, should, after all, simply be restful and soothing. There are no valid reasons why such days should make one feel despondent and self-centred. It is simply one of the manifestations of the protean and far-reaching influences of suggestion. One feels blue on a bad day because he thinks it is the natural thing to be blue and morose. Every-

body talks about the bad weather and spreads the mental infection to his neighbors; if one does not already feel despondent the suggestive influence of friends and associates does the work. Let us offset the morbid effects of weather and other out-of-the-ordinary environment by wholesome, healthy thoughts and especially by cheerful, optimistic conversation.

Editorials from the *Lay Press.*

The Physician.

From the Washington Herald.

Of all the servants of mankind, the physician is apt to be the most abused. We criticise him and pigeonhole his bills, but at the first twinge we are jangling his bell in alarm. Only a few days ago a special train was dashing across this continent because a rich man, dreading blood-poisoning, wanted his own doctor. This, in a superlative degree, is in the nature of the country boy riding the plow horse to town at a gallop to gasp at the doctor's door: "Pa's fell off the haystack and broke his leg." The physician is the man who must be ready always. Neither minute hand nor hour hand describes a time when he is not on duty. If he gets a whole night's rest, it is because the community happens to be free from aches and pains. He is the slave of telephone, night bell, door bell and office bell.

After a hard day's work, another man goes to bed with the sense of having earned his rest; but the probabilities are that the physician will be asked to respond to some one's beck and call. He is altogether a special kind of person. His illusions are few. His inside information is enormous. If now and then he wears a superior smile, forgive him. He has probably just heard some remark which he knows to be hypocritical. Again, his jokes are likely to be a bit technical, and his views of life materialistic. But if he has a brand of idealism, you can put your trust in it, for he has learned it in a hard school. He has faced the worst, and can still believe the best. If he has a religion, it will be worth while, for he has wrested it out of the actual battles of good and evil in a life seen at close range.

The lawyer we take into our confidence occasionally; the clergyman we admit to parlor and dining-room; but the doctor goes into bedrooms unannounced. If what he sees there surprises him, he does not let it be known. In the healing of bodies he has opportunities for healing souls which could never come to a priest. He is the lay father confessor, regardless of creed. He always fits in. He is a safe man on committees; he can turn his hand to any public business, and, if left alone, discharge it creditably. He knows more psychology in five minutes than the philosopher in a week, yet he is the least emotional of men.

When the lawyer is in tears before a jury, and the parson is pathetic from his pulpit, the doctor is keeping his nerve. The peculiar thing about him is that while fighting his grim and silent battle with death, without the applause of a crowd, often without pay, and sometimes without gratitude, he seems superior to all these

considerations. He is responding to a higher sort of noblesse oblige which is almost unintelligible to the average man. Somewhere, either in this world or the next, he will reap his deserved reward.

Taboo the Legalized Nostrums.

From the Philadelphia Record, June 23.

It was undoubtedly the purpose of the Food and Drugs act of 1906 to prevent adulterations, and the provisions of the law against misbranding were intended to reach false or deceptive statements of any kind on the labels or tags placed on articles of food or on the bottles and other packages containing drugs, foods or beverages offered for sale. So far as drugs and medicaments are concerned no greater deception could be practiced than a deliberate misrepresentation of their curative qualities; and the prevention and punishment of frauds of this kind were second to none of the objects sought to be attained by the legislation of Congress. Up to the time of the recent decision of the United States Supreme Court false and misleading representations of the curative values of nostrums were treated as misbrandings by the officers charged with the execution of the law, and the mischiefs resulting from the frauds of quackery had been abated to a large extent.

Unfortunately, the Supreme Court has found that the language of the act is not definite enough, or else that it is too precise, to include misrepresentations about proprietary cure-alls. The act of Congress, says the Court, forbids misleading statements as to the purity, quality and quantity of the ingredients, but is silent with regard to curative value. Hence many pretended cures which had been withdrawn from the market, or which had ceased to be offered for sale blazoned with extravagant claims of their medicinal effect, will most certainly make their reappearance, accompanied by all the former impudent assertions of their curative value. The emergency is great enough to justify the special message of the President recommending to Congress proper remedial legislation. That Congress is alive to the necessity of immediate action is evidenced by the introduction of a bill on the subject in the House even before the message had been received. The proposed measure would extend the definition of misbranded drugs to all medicinal preparations labeled with false and misleading statements of their curative virtues. The bill ought to be enacted without delay, as also the bill taxing white phosphorus matches out of existence. There can be no decent objection to either measure.

Harmful Dosage of Children.

Editorial in the Newark Evening News.

Again the doctors in this State are making a concerted and aggressive effort to save the lives of little children, by teaching parents the harmful effects of dosing their infants with drugs that put them to sleep. Many a mother is totally ignorant of the true nature of "soothing syrups;" does not know that they contain laudanum or morphia or some drug that is poisonous and ruinous to the child's constitution. The baby cries, the other children are clamoring for food or attention; the work has to be done and

the mother is distressed and tired. A teaspoonful of "soothing syrup" is given the little one and it soon falls asleep. The mother thinks the drug is a blessing, but it is a curse instead. The child is not soothed, it is narcotized. Its senses are deadened, its stomach and brain more or less paralyzed. Many a baby has been sent to the grave through the agency of these syrups and drugs. No parent will administer them, unless ignorant of their effects, or for criminal purposes. The doctors have long endeavored to teach parents to avoid these patent medicines for children, but their work must be done year after year, as long as children are born to those who have neither the sense nor the education to keep such drugs out of their houses.

The Baby in Hot Weather.

Grace Goodhouse in Camden Daily Courier.
A baby should sleep alone.
Give the baby two or three teaspoonfuls of cool, boiled water several times a day.
Bathe the baby every day.
Give the baby fresh air day and night.
Keep the windows open all day and all night.
Nurse your baby. Mother's milk is the best of all foods.
Do not nurse the baby every time it cries.
If you cannot nurse your baby consult the doctor before giving it a bottle.
Give the baby only good milk prepared under the doctor's directions.
Keep the milk always cold and covered.

The Needs of the Child.

From the Trenton True American, May 19.
"The child that is not in good physical condition takes advantage of less than 40 per cent. of its opportunities."
This is a statement made by the secretary of a Baltimore committee selected to consider means for improving the health of the children of the Maryland schools.
The statement was made in a communication in which the writer urged that school children should have the benefit of expert dentistry and instruction as to the care of the teeth.

It is pointed out that a year ago 800 children in a certain school in Cleveland were examined, and it was found that ninety per cent. of them were afflicted with diseased and imperfect teeth. Thirty-six of these children were formed into an experimental squad. Their mouths were made as nearly perfect as possible, and a record was thereafter carefully kept, showing their progress in studies. The test showed that the average proficiency of these children was increased sixty per cent., and since they were selected at random from among other children and were receiving the same courses of instruction, the improvement in their work could be attributed to nothing else than the removal of the baneful influence of imperfect teeth.

The Cleveland incident and the Baltimore argument serve to show how carefully and how wisely society and science are turning their attention to the needs of the child. The world is beginning to understand that the care of the children involves something more than a moral duty.

There is a broader incentive for attention to the needs of childhood than that contained in the natural affection of humanity for its child

life. It involves great economic problems, for it may be readily seen that if the proficiency of school children can be improved sixty per cent. by a little attention to their teeth the cost to the State of educating them may be very materially decreased.

It is a well-known fact that fewer criminals develop among healthful than among unhealthy children, that cleanly, hygienic surroundings produce fewer inmates for the asylums and the almshouses, and, moreover, that children with perfect bodies develop the greatest earning capacity when they reach maturity.

It, therefore, becomes apparent that attention to the needs of the child is more than a "labor of love." It is an economic necessity.

To Save Babies.

From the Trenton Times, June 14.

A movement to safeguard the lives of the little children living within the borders of New Jersey that is unprecedented in its scope and broadness, is to be undertaken by the State Medical Society.

As outlined by the scientific committee, which was composed of Drs. Joseph M. Rector, of Jersey City; Dr. Alexander McAlister, of Camden, and Dr. John C. McCoy, of Paterson, the principal work of the society during 1911-12 will be an exhaustive study of means to reduce the high infant mortality which prevails at the present time, especially during the summer months.

Special attention will be devoted to show the harmful results from dosing innocent babies and youngsters with "soothing syrups" that are doped with morphia, alcohol and habit-forming drugs. The question of proper clothing, wholesome foods for the children, as well as what constitutes an ideal school curriculum, will be looked into carefully. Suggestions as to radical changes in the public school work will be made and the doctors hope to enlist teachers, mothers, fathers and sociological workers in baby-saving crusade.

Physicians vs. Clergymen—Ball Game.

From the Newark Evening News, June 19.

As a consequence of the game between Plainfield physicians and clergymen on Crescent Oval, June 17, \$873 has been turned over to Muhlenberg Hospital's governors, with which to purchase surgical instruments. A large crowd gathered to witness the baseball contest, and when the "sky pilots" walloped the "amputators" by a score of 17 to 8, there was a big demonstration. All through the game "stunts," such as mobbing and kidnapping the umpire, former Judge William N. Runyon, who in turn "shot" a negro umpire supplanting him, kept the fans in laughter. Newspaper cartoon characters added to the by-play. From the first ball pitched by Mayor Moy until the wind-up the "dominies" had the "dope distributors" at their mercy. Rev. E. C. Conover, captain of Christy Matthewson's team at Bucknell University years ago, was on the mound, with Rev. Joseph O. McKelvey behind the bat for the clergy, and their performance was the star feature. Conover's two home runs and McKelvey's two-base hit caused deafening applause.

Nurses, doctors and clergymen peddled peanuts, candy, soft drinks and souvenir programs. The programs were the work of Judge Runyon and contained "skits" on doctors, ministers and politicians. Mayor Moy came in for many "roasts." The line-up:

Clergymen—Parker, left field; Cain, left field; Kemble, second base; Brown, second base; McKelvey, catcher; Allen, shortstop; Mallery, third base; Broek, centre field; Stevenson, first base; Hewitt, right field; Gardner, right field; Conover, pitcher.

Doctors—Anthony, pitcher; Longbotham, shortstop; Cregar, catcher; Harrison, catcher; R. Hedges, first base; Adams, third base and centre field; Luiburrow, left field and third base; E. Hedges, right field; Carman, right field; Zeglio, second base; Woolley, left field; Pittis, left field.

Runs by innings:
 Clergymen 1 0 4 1 2 3 2 1 3—17
 Doctors 2 0 0 0 2 0 0 0 4—8

Hospital, Training Schools, Etc.

Cooper Hospital, Camden—May Report.

The monthly report of the Cooper Hospital for May shows a larger total treated than during the preceding month. Ninety-two cases remained from the preceding month, while 200 new patients were cared for in the in-patient department. In the out-patient department 616 new cases were admitted. The report is as follows:

In-Patient Department—Remaining at last report, 92; admitted during month, 200; total, 292. Discharged as cured, 191; discharged as improved, 4; left without permission, 1; remaining under treatment, 77; transferred, etc., 19; total, 292.

Out-Patient Department—New visits and re-visits: Surgical cases, 1,276; medical cases, 399; women's diseases, 133; ear, nose and throat, 209; eye, 188; proctological, 62; total, 2,267.

Wells Memorial Hospital, New Brunswick.

The twenty-sixth annual report of the John Wells Memorial Hospital, for the year ending March 20, 1911, has recently been issued and from it we gather the following:

During the past year the accommodations have been increased by the erection of a large brick building in front of the main building. The addition contains fifteen rooms, which are used for private patients, the nurses, directors' room, reception and administration room. The entire cost of its erection was \$13,154.04.

The whole number of patients cared for during the year was 286, or 22 less than previous year. The new addition and improvements on the old building operated to lessen the number. Of these 263, or 92 per cent., were from Middlesex County, and 23 were from elsewhere. Treated free, 133; paid wholly or in part, 153. Males, 154; females, 132. Medical cases, 108; surgical, 178. Discharged: cured, 180; improved, 55; unimproved, 6; died, 32. In the hospital, March 20, 1911, 13. Free patients from the county, 124, with 2,070 days' stay; pay patients from the county, 139, with 2,137 days' stay. Free patients from elsewhere, 9, with 182 days' stay; pay patients from elsewhere, 14, with 120

was 16, and the average number of patients per day was 12. There were 19 outside patients with 50 visits.

The actual current expenses amounted to \$10,516.24. This includes all moneys expended in maintenance of the hospital, treatment of patients, nurses in the general wards and private nurses, house expenses, medical supplies, insurance, etc. The average cost per patient per day was \$2.33.

The Freeholders of Middlesex County voted \$5,000 for the current year. The churches of the city and individuals contribute toward the expenses.

From the medical reports the following items are taken: Appendicitis cases, 33, with 2 deaths; laparotomies, 23, with 1 death; hernia operations, 6, no deaths; carcinoma and sarcoma, 8 cases, 4 cures, 2 not improved, 2 died; typhoid fever, 15 cases, with 3 deaths; pneumonia, 8 cases, with 4 deaths. There were discharged during the year: Cured, 180; improved, 55; unimproved, 6; died, 32. A number of the latter were practically in a dying condition when received.

The following compose the medical staff of the hospital:

F. M. Donohue, M. D., president; Laurence P. Runyon, M. D., secretary; D. C. English, M. D., consulting physician; Drs. W. J. Condon, H. G. Cooke, Benjamin Gutmann, J. P. Schureman, A. L. Smith, H. C. Voorhees.

The matron is Miss Cecelia Jacobs; the housekeeper, Miss A. E. Atkinson.

State Hospital, Trenton.

On May 12 Miss Amelia Schwartz commemorated her forty-second anniversary of hospital life. Forty-two years ago Miss Schwartz was admitted to the State Hospital at Trenton, and upon the opening of the hospital at Morris Plains in 1876 she was transferred to that institution. She claims she was the first woman patient to cross the threshold of the Morris Plains Hospital.

Private Hospital in Jersey City.

Several physicians of Jersey City, who desire particularly good care for their patients, which cannot be had at home or in public hospitals, opened last month a private hospital at 336 Fairmount avenue.

There are twenty beds in the new institution. Graduate nurses will be in attendance. Mainly, the hospital will be for surgical cases.

The physicians who are behind the enterprise are Dr. O. R. Blanchard, Dr. W. F. Faison, Dr. Edward L. Bull, Dr. Wallace Pyle and Dr. Louis Franklin.

The Hospital in a Civilized Community.

Dr. L. E. Shaw, in the British Medical Journal, states that the hospital should undertake to see and treat those patients only who, having already sought the assistance of a medical man—be he private practitioner, club doctor, officer of the Poor Law, or of a provident medical institution—are found to require some additional special advice or treatment such as they are

unable to pay for and such as is within the capacity of the hospital to supply. In other words, the hospital should be a second line of defence or reserve—a purely consultative institution.

Camden City Dispensary.

The forty-fourth annual report of this dispensary, for the year ending January 19, 1911, has recently been issued, and from it we gather the following:

Since its organization 160,887 patients have been treated. Dr. H. Genet Taylor, secretary, reports that during the past year 1,889 cases were treated at the dispensary and 222 at residences; 2,911 visits were made to the dispensary and 884 to residences, making the total number treated 5,906. Dr. B. E. Fortiner reports 209 dental cases and 235 visits to his office.

The Camden City Medical Society at its annual meeting held January 31, 1911, elected the following members to serve as members of the Board of Managers for this year: Drs. H. Genet Taylor, Daniel Strock, William S. Davis, Joseph L. Nicholson, E. L. B. Godfrey, Paul M. McCray, Henry H. Sherk and William H. Iszard. The city of Camden appropriated \$3,000 toward the expenses of the dispensary; \$2,913.13 were paid for running expenses; \$1,480.70 were paid for bonds, and there was a balance in the treasury January 17, 1911, of \$424.90.

Dispensary Abuse.

The Philadelphia County Medical Society has addressed the following letter to the official heads of every dispensary in the city:

"1. Is there any effort in the department over which you have control to eliminate from the dispensary those patients who are in a position financially to be treated at the offices of private physicians? If so, what?

"2. Do you direct your assistants to ask each patient who presents himself or herself for treatment at the dispensary a part of the routine questioning for the history card, as to his or her ability to pay a physician? And, if answered in the affirmative,

"3. Do you then refer such patients back to their own physicians; or, if they have no physician, what is your procedure in disposing of such cases?

"4. Would it assist in reducing the dispensary abuses to require patients applying for treatment to establish their inability to pay for services, in a medical registrar's office, as a preliminary?"

Cooper Hospital Training School.

At the commencement exercises held at the Cooper Hospital, Camden, recently, seven nurses received diplomas from the hands of Augustus Reeves, president of the Board of Managers.

The services were opened by the Rev. George H. Flemingway, pastor of the First Presbyterian Church, who offered prayer. Addresses were made by Dr. H. Genet Taylor and Edward L. Farr. The latter presented the school pin.

The graduates were accompanied by Mrs. Frances E. Worrall, superintendent of the training school. This was Mrs. Worrall's last class, as she has tendered her resignation to accept a

position with a larger school in Massachusetts.

The graduates were: Grace Bradford Carter, New Jersey; Florence Louise Dodd, Canada; Anna Elizabeth Fithian, Pennsylvania; Sarah Ann Lakin, Canada; Anna Matilda Middlemiss, New Jersey; Harriet Blanche Scott, New Jersey, and Ethel Josephine Shaughnessy, Canada.

Essex County Hospital Training School.

Nine young women and three young men received diplomas as nurses from the training school at the Essex County Hospital at Overbrook, June 7.

Dr. Guy Payne, medical superintendent of the institution, presided at the exercises, which were held in the amusement hall, and Rev. Horace Quillan, of Caldwell, addressed the graduates. The prizes and diplomas were awarded by Dr. Edward W. Peck, chairman of the Hospital Committee of the Board of Freeholders.

The prize essay, on "Modern Hospitals for the Insane," was read by Miss Mary Murrian. She told of the advancement that had been made within recent years in the method of caring for the feeble-minded and insane, declaring that people no longer have a dread of sending their afflicted relatives to the public institutions for treatment.

Rev. Robert Thompson offered prayer at the opening of the exercises. Selections were rendered by Suenderhaft's orchestra, and Miss Lillian V. Lowe sang a solo. Dancing followed the exercises.

Those who received diplomas were Miss Murrian, Miss Mary Tooev, Miss Alice German, Miss Catherine Brady, Mary Betzer, Edith M. Hutchins, Miss Emma Welch, R. W. Morrison, Miss Priscilla Turner, Miss Julia Hennessy, Harry Hutchins and Gustave Vieser.

Hackensack Hospital Training School.

The commencement exercises of the class of 1911 of this school were held in Oritani Hall, Hackensack, June 12, 1911. Rev. Dr. W. W. Holley presided and the address was delivered by Henry D. Chapin, M. D., of New York City. The vocal and instrumental music was of a high order of excellence, Mrs. Arthur Johnson and Mrs. J. C. Lincoln rendering the vocal, and Miss Charlotte Moore and Mrs. R. K. Storm the instrumental parts.

Mr. A. V. Moore, president of the Board of Governors, presented the diplomas to the following graduates: Margaret Ramsay, Irene M. Brewster, Florence M. Sutton, Pearl Dreury, Jennie Schmidt and Anna L. Meyers.

McKinley Hospital Training School.

Commencement exercises of the Training School for Nurses of William McKinley Hospital were conducted June 8th, in State Street Methodist Episcopal Church, the address of the evening being delivered by Dr. John E. Wilson, professor of nervous diseases at the New York Homeopathic Medical College. The attendance was large.

Dr. Wilson, in his address, spoke of the work of the nurse in administering to the sick, and what a great help the nurse is to the physician. He stated that people do not appreciate the

work being done by nurses. He gave the graduating class some sound, sensible advice.

The graduates are Miss Nellie Eldridge, Miss Helen DeCou, Trenton; Misses Pearl and Elizabeth Carver, Newtown, Pa.; Miss Ella Turner, Petersburg, Va., and Miss Phoebe Bainbridge, South Orange. The diplomas were presented by Dr. A. W. Atkinson, president of the board of trustees of the training school

Mountainside Hospital Training School.

Graduation exercises for the class of 1911 of the Nurses' Training School of Mountainside Hospital, Montclair, were held at Unity Church, that town, May 23. Robert M. Boyd, Jr., of the advisory board of the institution, presided.

The largest class to complete the three years' course of training in the history of the hospital received diplomas. The members were:

Miss Jean Kincaid Munnungham, of Ticonderoga; Miss Anna F. Speicher, of Newton; Miss Ethel McKim, of Toronto, Canada; Miss Lelia Gilman Folsom, of Montclair; Miss Florence Adelle Vernet, of Montville; Miss Florence A. Palmer, of Perth Amboy; Miss Clara Elizabeth Ellor and Miss Beatrice Brown, both of Newark.

Besides the diplomas, which were presented by Dr. Richard P. Francis, president of the hospital staff, each graduate received a gold pin upon which was inscribed her name and class numerals and the words "Mountainside Hospital." These were presented by Mrs. Henry A. Stromcyer, president of the board of governors. Before giving the diplomas, Dr. Francis said:

"You are now entering a different kind of work from what you have been accustomed to. In the past you have spent your time almost wholly in hospitalis, where you could always appeal to some one for advice when you were in doubt.

"From now on you must rely upon your own resources. Things will be very different with the private cases; you may not always have the same facilities that you have been accustomed to at the hospital."

State Hospital Training School, Trenton

The 1911 graduating class of the State Hospital Training School for Nurses, whose commencement exercises took place yesterday afternoon at the institution, was marked by the fact that it was the first time in the history of the institution that a man nurse carried the presidential honors. He is Peter Joseph Galbraith, a brother of the late Dr. Edward E. Galbraith, of Plainfield.

There was a delightful program arranged for the exercises, which was carried out, with the exception of the presentation of the diplomas, which was to have been done by Judge G. D. W. Vroom, but a slight illness prevented his being present. This task was performed by Dr. L. M. Halsey, of the board of managers.

There was an invocation and the benediction by the Rev. Robert W. Trenbath, and the principal address, by Dr. Charles S. Turnbull, of the German Hospital, Philadelphia. He dwelt on the great work of the nurses in this line of care for the afflicted and the high esteem in which they are held by the public at large. Dr. Turnbull went back to 1880, when the first class

of this sort was graduated, and he spoke of the work and accomplishments of the graduates and of their assistance to the medical profession.

After the exercises the visitors made a tour of the institution, and in the evening there was a dance of the nurses and attendants. The hospital orchestra, which is composed of attendants, furnished the music for both occasions.

The class was composed of Mary Duvall, Peter Joseph Galbraith, Thomas Patrick Gilligan, Sarah Killough, Margaret Elizabeth Lantz, Clara Cramond Lyah, Agnes Newkirk Priestly, Mary Agnes Rafferty, Anna Marie Rogers, Anna Estelle Schiminkey, Edyth Adelia Taylor.

St. Peter Hospital Training School.

The anniversary exercises of this training school were held a month ago in Columbia Hall, New Brunswick, N. J., with a large audience. Dr. J. W. Rice said that the large attendance showed that the work of St. Peter's Hospital is appreciated. A glowing address was delivered to the graduates by Dr. Frank M. Donohue, president of the hospital's Medical Staff. He said he had never met better trained young women than the three who received their diplomas at that time. He knew, because he has met them in the lecture room, in the ward of the hospital and in the operating rooms, assisting the physicians.

The school pins were presented in a neat manner by Dr. F. E. Riva, secretary of the Medical Staff.

After a musical program, the graduates were presented by Dr. Rice to Rt. Rev. Monsignor John A. O'Grady, the man to whom New Brunswick is largely indebted for the establishment of this hospital. In presenting the diplomas, the Monsignor made an inspiring address to the graduates, outlined the work before them, and advised them like a father. He held that their vocation and profession was a noble one, and he was sure that the three were more than entitled to their diplomas. He pointed out that trained nurses must possess good common sense. That is the foundation upon which they will work. They must be kind, be patient and willing to sacrifice themselves at times. They must be polite to every one, but not over familiar. They must guard the secrets of the home with the fidelity of the physicians.

Home for Blind Babies.

The Arthur Home for Blind Babies, at Summit, N. J., recently observed its first anniversary and its report shows that it is a most worthy institution, doing an excellent work.

An arrangement has recently been made with the State authorities whereby blind babies of the State can be committed to the Home as wards of the State. Governor Wilson has already signed six commitment papers. Hereafter the State will pay \$300 per year to the Home for each child committed to it and an additional \$30 for clothes. The cost of a crib for a year is only \$365. Five thousand dollars will endow a crib in perpetuity. Dr. David E. English, Summit, the attending physician, presents the following report for the year ending April 1, 1911:

"During the past year there has been but one case of acute disease among the children at the

Home. This was a case of grippe-pneumonia, which made a good recovery. Many of the children and infants have come to us in bad shape, but all have improved. We have now only one patient not in good condition. This patient came to us in an apparently hopeless state of malnutrition, due to prolonged improper care and feeding. She has improved some, but is still in a precarious state of health.

"Our main reliances in these cases are sunshine, clean air, cleanliness and certified milk. The nurses deserve credit for their faithful and untiring care of these unfortunate babies. We are proud of the way our little charges improve, both mentally and physically."

The medical staff is composed of Dr. D. E. English, attending physician; Dr. H. Vaughan, Morristown, visiting oculist and aurist; Dr. W. H. Lawrence, Jr., Summit, consulting surgeon; Dr. T. P. Prout, Summit, consulting neurologist; Dr. H. J. F. Wallhauser, Newark, consulting dermatologist, and Dr. W. P. Eagleton, Newark, consulting oculist and aurist.

Miss Florence E. Haight, Summit, is the head nurse.

Tuberculosis Day Camp, Newark.

The Day Camp of the Newark Anti-Tuberculosis Association at 425 South Orange avenue was opened June 5, as an institution for children. It began with an attendance of twenty-one. Inclement weather had little effect on the youngsters, who arrived early and seemed eager for camp life.

No school instruction was attempted for the first day, but the children were housed in one of the large tents and made acquainted with their surroundings. They remained in the camp until from 3:30 to 4:30 o'clock.

It was planned to begin regular instruction at once under a teacher assigned by the Board of Education, which will have control of the school. The schedule begins with study at 8:30 o'clock, followed by a morning recess about 10 o'clock and the continuing of school until 12 or 12:30 o'clock, when a hearty dinner will be served.

The pupils will then be required to take the rest cure for an hour or so, and an afternoon lunch will be served at 3:30 o'clock or thereabouts. After temperatures are taken the children return to their homes about 5 o'clock.

Dr. Theodore W. Corwin is the medical director and Drs. I. E. Gluckman, George B. Witte and George F. Holmes are the visiting physicians. They are planning to be at the camp daily and will examine all children, making tests and prescribing necessary treatment. Mrs. Eleanor A. Fornachon is the nurse in charge.

Some time during the day an opportunity will be found for giving the children light work of some sort. Gardening will be allotted to them in individual plots of ground.

Marriages.

CHANDLER—TALLEY.—At Atlanta, Ga., June 29, 1911, Dr. William Jessup Chandler, of South Orange, to Miss Caro Talley, of Atlanta, Ga.

BARNES—PAYN.—At Albany, N. Y., June 17 1911, Dr. William M. Barnes, of Millburn,

N. J., to Miss Florence A. Payn, of Albany, N. Y.

Death.

BAILEY.—In Elizabeth, N. J., June 21, 1911, Dr. George W. Bailey, from heart disease, in the 71st year of his age.

Dr. Bailey was born at Chippewa Bay, N. Y., September 5, 1840. His parents were George Bailey and Eliza Denner. He studied medicine at the Hahnemann Medical College, Philadelphia, from which institution he was graduated in 1862, and began the practise of his profession at Waterville, N. Y., where he remained three years. He settled in Elizabeth in 1865. Dr. Bailey for four years was a member of Elizabeth's Board of Education and for three years its president.

For many years he was president of the New Jersey Society for the Prevention of Cruelty to Animals. He was also a member and president of the New Jersey Homeopathic Medical Club and for many years president of the board of trustees of the Second Presbyterian Church.

He was a member of Washington Lodge No. 33. F. and A. M., of Elizabeth. In politics Dr. Bailey was a Republican. At Waterville, October 6, 1863, he married Miss Emma M. Blackman, of that place. She survives him with two sons, Dr. Frederick Randolph Bailey and Ralph Waldo Bailey, a Manhattan chemist. There is also one daughter, Mrs. Howard Hoyt Maxfield, of Trenton.

Personal Notes.

Dr. John H. Carman, Plainfield, was recently elected second vice-president of the Tri-State Chapter of the Graduates of the College of Physicians and Surgeons of Baltimore, Md. Dr. Otto C. Thompson, of Cassville, was elected a member of the executive committee.

Dr. Samuel Freeman, Trenton, was very ill last month and was taken to St. Francis's Hospital for treatment.

Dr. George H. Balleray, Paterson, discussed the paper on "Incontinence of Urine in Women," at the meeting of the New York Academy of Medicine held March 23, 1911.

Dr. Anna M. Cross, Newark, is spending several weeks at Crawford, Nebraska.

Dr. Joseph Fewsmith, Newark, and wife spent a few days in June at New Haven, Conn. The doctor attended the fortieth reunion of his class at Yale College.

Dr. John T. Gillson, Paterson, and Dr. L. K. Henschel, of the State Hospital, Morris Plains, attended the annual meeting of the American Medico-Psychological Association at Denver, Col., in June.

Dr. James T. Hanan, Montclair, and wife are spending several weeks in Maine. They expect to return about August 1.

Dr. James H. Rosenkranz, Hoboken, and wife are spending a few weeks in California and Colorado. The doctor attended the A. M. A. annual meeting at Los Angeles.

Dr. Robert R. Sinclair, Westfield, spent a few days at Culver's Lake in June.

Dr. George N. J. Sommer, Trenton, and wife are enjoying a tour of the West, including attendance on the A. M. A. annual meeting at Los Angeles.

Dr. B. W. Hoagland, Woodbridge, last month celebrated the twenty-fifth anniversary of his graduation from the University of Pennsylvania, at the commencement exercises in Philadelphia.

Dr. William A. Davis, Camden, and family are occupying their cottage at Ocean City for the summer months.

Dr. Grafton E. Day, Collingswood, recently returned from a week's sojourn in Maryland, where he attended a class reunion of the Western Maryland College, from which he graduated.

Dr. Gordon K. Dickinson, Jersey City, and family expect to sail for a few weeks' sojourn in Europe this month.

Dr. Wallace Pyle, Jersey City, and wife will go abroad this month for a few weeks.

Dr. W. S. DeVausney, Newark, has received appointment as interne at the Skin and Cancer Hospital, New York. The doctor intends to abandon his present general practice, and after about eighteen months' hospital experience return to Newark and confine his practice to the above specialty.

Dr. Thomas N. Gray, East Orange, delivered the final lecture of the course under the Public Health Education Committee of the Essex County Society on May 1st, at Newark, on "The Social Evil and Its Effects on Public Health."

Dr. Jacob C. Price, Branchville, Senator Sussex County, enjoyed a trip down the Atlantic coast last month.

Dr. Irving M. Vanderhoff, Newark, has been appointed by the council the statistical secretary of the Academy of Medicine of Northern New Jersey.

Dr. Otto J. Seibert, South Orange, recently sailed for a trip to South America. His destination is Buenos Ayres, where he will stay two weeks. Other stops on the way home will be Bahia, Brazil; Santos, Rio Janeiro, Montevideo, Barbadoes and the West Indies. Dr. Seibert expects to return about August 15.

Book Reviews.

PRACTICAL CYSTOSCOPY AND THE DIAGNOSIS OF Surgical Diseases of the Kidneys and Urinary Bladder. By Paul M. Pilcher, M. D., Consulting Surgeon to the Eastern Long Island Hospital. Octavo of 398 pages, with 233 illustrations, 29 in colors. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50 net.

After a careful examination of this volume we do not hesitate to characterize it as the most practical and one of the best works on cystoscopy that has been published. The indications for the use of the cystoscope, the methods of using it and its great value in the diagnosis and treatment of the diseases of the bladder, prostate, ureters and kidneys are clearly set forth.

The book is divided into eight parts, viz.: the technic of cystoscopy; the diseased bladder; diseases of the prostate; diseases of the ureter; the functional activity of the kidneys; diseases of the kidneys; therapeutic uses of the cystoscope. Its illustrations, especially the 29 in colors, are excellent and the clear type and calendered paper add much to the appearance of the volume.

A MANUAL OF DISEASES OF INFANTS AND CHILDREN. By John Ruhrah, M. D., Clinical Professor of Diseases of Children, College of

Physicians and Surgeons, Baltimore. Third Revised Edition; 12 mo. volume of 534 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Flexible leather, \$2.50 net.

While prepared especially for the medical student, this volume will be found of decided value alike to the student and the busy practitioner as a helpful reference book for clinical use. This third edition shows extensive revision of and many valuable additions to the previous editions. It is concisely written and, though a comparatively small book, it practically covers the field of pediatrics.

A MANUAL OF HYGIENE AND SANITATION. By Seneca Egbert, M. D., Professor of Hygiene and Dean of the Medico-Chirurgical College of Philadelphia, etc. Fifth edition enlarged and thoroughly revised. Illustrated with 97 engravings. Lea & Febiger, Philadelphia and New York.

This work has been heretofore warmly commended by the profession. It has in this fifth edition received that careful revision which brings it up to date and makes it a trustworthy manual of the essentials of the science. It contains a chapter on each of the following subjects: Bacteriology; the atmosphere-air; ventilation and heating; water; food; stimulants and beverages; personal hygiene; school hygiene; disinfection; quarantine; removal and disposal of sewage; military hygiene; vital statistics and the examination of air, water and food. These subjects are carefully and thoroughly considered and yet so concisely that it is brought within convenient size—508 pages. At the present time sanitation and public health measures are receiving the thought of the profession which their importance demand, and this volume is to be commended as furnishing them with valuable and authoritative information.

GNORRHOEA IN THE MALE, BY ABR. L. WOLBARST, M. D., New York City. Published by the International Journal of Surgery Co., New York, 1911.

This little book ably fulfills its mission as a guide to the diagnosis and treatment of gonorrhoea in the male.

The author's plea for more gentleness in the treatment of the male urethra cannot be too strongly emphasized, and if the general practitioner will read and carefully follow the instructions set forth under the treatment of these cases he will greatly benefit himself and his patients.

BOOKS AND PHAMPHLETS RECEIVED.

What to Eat and Why. By G. Carroll Smith, M. D., of Boston, Mass. Octavo of 310 pages. W. B. Saunders Company, 1911.

Medical Diagnosis. By Professor James M. Anders, M. D., Philadelphia, and Professor L. Napoleon Boston, M. D., of Philadelphia. Octavo of 1,195 pages. W. B. Saunders Company, Philadelphia, 1911.

The Study of Human Heredity, by Dr. David F. Weeks, of the New Jersey Village for Epileptics, Skillman.

The Present Status of Inoculation Therapy; The Application of Oposonius and Vaccines in the Treatment of Bacterial Infections, etc., by Dr. Martin J. Synnott, of Montclair.

OTHER BOOK NOTICES.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart A. Hare, M. D. June, 1911. Lea & Febiger, Philadelphia and New York; \$6 per annum.

Merck's Manual of the Materia Medica, fourth edition. A ready reference pocket book for the physician and surgeon. Merck & Co., 45 Park place, New York. 1911. 493 pages. Price to physicians or to medical students, 10 cents.

Tuberculosis as a Disease of the Masses and How to Combat It. International prize essay. By S. Adolphus Knopf. New York, 1911. Seventh edition.

1,000 Surgical Suggestions. Practical Brevities in Diagnosis and Treatment. By Walter M. Brickner, B. S., M. D., Adjunct Surg., Mt. Sinai Hosp., New York. Surgery Publishing Co., 1911.

The Practical Medicine Series. Vol. III. The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, C. M., M. D., D. C. L., Albert H. Andrews, M. D., Augustus P. Head, M. D. Series 1911. The Year Book Publishers, Chicago.

REPORT OF STATE EXAMINING BOARDS.

Examined. Passed. Failed.

Arizona, January.....	9	5	4
Connecticut, March	24	17	7
Colorado, January.....	9	3	6
Colorado, April.....	10	7	3
Dist. Columbia, January	7	6	1
Idaho, April	34	25	9
Maine, March	19	15	4
New Mexico, January..	2	0	2
Rhode Island, April....	4	2	2
South Dakota, January.	32	29	3
Utah, January	8	7	1
Utah, April	5	3	2
Washington, January... 75	51	24	
West Virginia, April.... 24	17	7	
Wisconsin, January 21	18	3	
Wyoming, March	2	2	0

Single Examining Board for Pennsylvania.

Governor Tener has signed the one-board medical bill passed at the session of the Pennsylvania Legislature just closed. The new law provides for the establishment of a Bureau of Medical Education and Licensure, consisting of seven members, the superintendent of Public Instruction and the Commission of Health being members ex officio and the remaining five to be appointed by the Governor and to be selected from the three present legally incorporated medical societies of the State—one from the Medical Society of the State of Pennsylvania, one from the Homeopathic, and one from the Eclectic Society—who shall be licensed and qualified to practice under existing laws and shall have practised not less than ten years in the State; the two remaining members shall not both be of the same school or system of practice. No member of the bureau shall be a member of the faculty of any school, college or university teaching medicine or surgery. In addition to medical licensure the board shall

have the duty of ascertaining and reporting annually the character of the instruction given by each medical institution chartered in the State and its facilities for teaching the various departments of medicine in accordance with the standard required by the act. This comprises a general preliminary education of not less than a standard four years' high school course or its equivalent and a graded medical and surgical course of four years, each of which shall be not less than 35 hours each week of active work in didactic, laboratory, and clinical study in different calendar years. Any medical institution chartered by the State and empowered to grant the degree in medicine that shall be unanimously adjudged by the bureau as failing to maintain the required standard shall be duly notified, and failure to conform after notification shall render graduates of that institution ineligible for license. The bureau is further empowered to examine any persons pretending to a knowledge of minor subject or subjects pertaining to medicine and surgery or semimedical and surgical subjects who have schools and colleges teaching such subjects, for the purpose of establishing regulation and State licensure. The bureau is to have the same kind of oversight over such schools as over medical schools, and it is to conduct such limited examinations as may be necessary to determine whether candidates have the requisite degree of knowledge of their subject and are otherwise worthy of State licensure. After a system of special licensure shall have been established it will be unlawful to practice in any of these special pursuits without a license, and the general provisions of the act become applicable to the special practitioner. The new act does not affect the practice of dentistry, pharmacy and osteopathy, for each of which provision is made by existing laws.

Public Health Items.

Hoboken Health Board Appoints Nurses.

Two nurses were appointed by the Hoboken Board of Health at yesterday's meeting to visit the poor families of the city and instruct the mothers as to the care of their babies. The nurses will only pay attention to the babies and work in conjunction with the milk depot operated by Richard Stevens.

Both are graduates from the Jersey City Public Hospital and hold diplomas as trained nurses. They are Miss Mabel M. Gesner and Miss Grace Edwards. They began their duties on June 15, and will be kept employed until September 15. Each of the nurses will receive a salary of \$75 per month, but it is expected they will more than pay for their expenses by the good they will do for the little ones.

Non-Pollution of Waterway.

Dr. Harvey W. Wiley, chief of the pure food service of the Federal Government, assured the Oyster Growers' and Dealers' Association of North America, in annual session at Atlantic City last month, that the success of the bivalve industry is dependent upon recognition of demands of the Government for non-pollution of waterways. He said:

"Every gallon of sewage dumped in our streams is a threat against public health. A city that tolerates this, unless by purifying methods, stands in its own light. Civic pride and regard for public health is fast accomplishing what the Government has been trying to accomplish in this direction. The Government's chief weapon up to this time has been moral suasion, but now the States are taking up the fight. Your greatest avenue of success is to conserve the waters from pollution, and I stand ready to assist you in your fight."

Remarkable Saving of Child Life in Pennsylvania.

Commissioner of Health Dixon decided a year ago to distribute and urge the use of 3,000-unit initial doses of antitoxin. The death rate at that time among the little children of the poor stricken with diphtheria, who were being treated with 3,000-unit doses, was about eight per cent., while the rate in diphtheria without the use of antitoxin is forty-two per cent. Now, out of 1225 cases of diphtheria treated with the 3,000-unit doses distributed by the Department of Health, there have been only eighty-one deaths, or 6.61 per cent. Moreover, there is a saving in money, for one 5,000-unit dose administered within the first twenty-four hours of onset is found to accomplish the same good results as two, three or more of the 3,000-unit doses.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, May, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending May 10, 1911, is 3,441. By age periods there were 540 deaths among infants under one year, 295 deaths of children over one year and under five years, and 1,033 deaths of persons aged sixty years and over.

Deaths from measles show a decided increase and are higher than any period during the past five years. Typhoid fever and diphtheria are below the average.

Tuberculosis of the lungs and diseases of the nervous system both show a decrease from the previous month.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending May 10, 1911, compared with the average for the previous twelve months, are averages being enclosed in parentheses:

Typhoid fever, 18 (36); measles, 54 (19); scarlet fever, 29 (19); whooping cough, 45 (35); diphtheria, 51 (59); malarial fever, 0 (2); tuberculosis of lungs, 418 (333); tuberculosis of other organs, 76 (49); cancer, 133 (158); diseases of nervous system, 394 (368); diseases of circulatory system, 388 (371); diseases of respiratory system (diphtheria and tuberculosis excepted), 317 (238); pneumonia, 372 (274); infantile diarrhoea, 61 (245); diseases of digestive system (infantile diarrhoea excepted), 172 (186); Bright's disease, 211 (229); suicide, 55 (34); all other diseases or causes of death, 647 (639); total, 3,441 (3,294).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 281; tuberculosis, 509; typhoid fever, 220; malaria, 35; miscellaneous specimens, 59; total, 1,104.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending May 31, 1911, 527 samples of food and drugs were examined in the State Laboratory of Hygiene, as follows:

The following samples were found to be above the standard: All the 100 samples of spices; the 11 of coffee; the 34 of molasses; the 3 of olive oil; the 11 of cream tartar; the one each of cheese and honey.

The following were found to be below the standard: 65 of the 313 of milk; 2 of the 9 of butter; 2 of the 20 of cream; 1 of the 2 of maple syrup; 1 one of white vinegar; 3 of the 4 of essence of peppermint; 3 of the 5 of syrup; iodide of iron, and 5 of the 12 of tincture of icline.

Thirty-nine suits had been instituted for adulterated foods and drugs, 35 of which were in milk cases.

Division of Creameries and Dairies.

DAIRIES.

During the month 95 dairy inspections were made. We give the number inspected and the number found to be 60 per cent. above and 60 per cent. below the perfect mark, as follows:

County.	Number inspected.	Above 60 %	Below 60 %
Bergen	1	0	1
Burlington	13	4	9
Camden	5	3	2
Essex	9	7	2
Gloucester	7	2	5
Hunterdon	1	1	0
Mercer	1	1	0
Middlesex	6	1	5
Monmouth	1	0	1
Morris	8	6	2
Passaic	9	4	5
Salem	4	3	1
Somerset	24	11	13
Union	5	5	0
Warren	1	1	0
Totals	95	49	46

Number of dairies, first inspection, 81; reinspection, 14; milk depots inspected, 6; water samples collected from dairy premises, 12; letters sent to dairymen, 121.

Inspections were made at the request of the following local boards of health: Collingswood, Madison, Millburn, New Brunswick, Paterson, Princeton, Riverton, South Orange and Verona.

CREAMERIES INSPECTED.

Augusta, Baleville, Baptistown, Barbertown, Barley Sheaf, Bridgeton 2, Broadway, Camden 3, Cherryville, Chester, Columbus, Daretown, Davis, Elmer 2, Franklin Park, Hamburg, Hope, Irvington, McAfee, Middlebush, Newark 6, North Haledon, Paterson 4, Princeton, Richfield, Roys Crossing, Sharptown, Sparta, Stillwater, Sunnyside, Sussex 2, Vails, Wayne Township and Wodstown. Total, 47.

ICE CREAM FACTORIES INSPECTED.

Asbury Park, Belmar, Collingswood, Dover 2, Freehold 4, Irvington, Lambertville 2, Lodi, Madison, Montclair 7, Newark 4, New Brunswick 7, Paterson 12, Trenton 3. Total, 47.

Number of creamery licenses recommended, 4; number of ice cream factory licenses recommended, 3; number of letters sent to creamery and ice cream factory operators, 68.

During the month ending May 31, 1911, 70 inspections were made in 31 cities and towns.

The following articles were inspected during the month, but no samples were taken:

Milk, 444; butter, 345; foods, 556; drugs, 145.

Other inspections were made as follows:

Milk wagons, 259; milk depots, 69; grocery stores, 310; meat markets, 18; confectionery stores, 4; slaughter-houses, 9; miscellaneous inspections, 6.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 172; Public water supplies, 94; dairy supplies, 8; sewage samples, 8; private supplies, 38, spring waters, 15; miscellaneous, 9.

INSPECTIONS.

Public water supplies inspected at Madison, Chatham, Morristown, Mendham, Bartley, Essex Fells, Dover, Wharton, Hibernia, Netcong, Hackettstown, Washington, Phillipsburg, German Valley, Spring Lake, Belmar, Ocean Grove, Asbury Park, Deal, Long Branch, Red Bank, Rumson, Matawan, Keyport, Highlands, Atlantic Highlands, Perth Amboy, Laurel Springs, Blackwood, Grenloch, Gibbsboro, Mullica Hill, Williamstown, Woodbine, Sea Isle City, Avalon, Stone Harbor, Anglesea, Wildwood, Cape May, Camden, Haddonfield, Pensauken, Merchantville, Cape May Point, Columbus, Cranbury, Hightstown, Helmetta, Princeton, Trenton, New Brunswick, Rahway, Metuchen and Millville.

Sewage disposal plants and systems inspected at Flemington, Washington, Morristown, Chatham, Vineland, Millville, Freehold, Cape May Court House, Lawrenceville, Trenton (I. O. O. F. Home), Woodstown, Stone Harbor and Avalon.

Spring water plants inspected at Morrisville, Pa.; Plainfield, Mount Tabor, Denville, Boonton, Asbury Park 2, Oakland and Swedesboro.

Special inspections at Boonton, Camden, Mahwah, Roebling, North Paterson, Cape May Point, Lawrenceville, Millington, Verona, Haddonfield, Lambertville, Montgomery and Cliffside.

Stream inspection on Raritan, Whippany, Prickman and Delaware Rivers.

Number of pollutions reported.....	6
Pollutions abated	56
Ten-day notices to cease pollution issued..	158
Cases referred to the Attorney-General....	6
Plans for sewerage systems, disposal plants and extensions approved.....	6
Plans for public water supply plants approved	1

A further hearing in the case against the town of Phillipsburg was given on May 8 and 22, at which time testimony for the defence was taken. The case is scheduled for argument on September 15, 1911.

Facetious Items.

Farewell, Large Intestine.

(Professor Metchnikoff recommends the removal of the large intestine as a means of prolonging life.)

Fare thee well! and if forever,
Large intestine, fare thee well!
Metchnikoff declares that I can
Do without thee just as well,
Furthermore, he says, without thee
I shall live a longer life—
Hurry with the anæsthetic,
Hasten with the carving knife.
Soon, O useless large intestine,
Where the germ of age doth grow,
You will meet with the appendix
That I lost some time ago.
In the wondrous realm of science
Such astounding things befall—
Soon it may become the fashion
To have no insides at all.

—Western Medical Review.

Toothache Doing Its Derndest.

Dr. Vosburgh was busy in the reception room at Bellevue Hospital recently when a man rushed up to him and said:

"Doc, I'm crazy, plum crazy. I got a toothache that's been doing its derndest for two weeks.. I tried all the doctors in Jersey City and Hoboken, and they can't help me. Now I have crossed over here, and if you can't help me give me a ticket to the morgue."

Vosburgh looked the man over. One side of his face was swelled out like a balloon.

"Want it pulled?" asked the doctor.

"I want you to pull that tooth or knock me in the head. Either will do," said the visitor.

Dr. Vosburgh got his instruments, got a firm grip on the tooth and yanked it out. The man didn't flinch. When the operation was ended he got to his feet and waved his arms in an ecstasy of pleasure. Then he began to dance for sheer joy.

"Doc," he remarked, finally, "this Bellevue Hospital has got all Jersey beaten to a frazzle. You have saved me from committing suicide."

A Correct Diagnosis.

An uncommonly dirty baby was carried to the out-patient department of a New York Hospital by a mother whose appearance showed the same disregard for cleanliness, relates the New York Times. The physician on duty closely scrutinized the babe in her arms.

"It seems to be suffering from hydropathic hydrophobia," he said, dryly.

"O doctor," said the mother, "is it as bad as that? Isn't that a dreadful thing for such a mite? What shall I do?"

"Wash its face," recommended the doctor: "the disease will come off with the dirt."

"Wash its face!" repeated the indignant mother. "Wash its face, indeed! What next, I'd like to know?"

"Wash your own," returned the physician, imperturbably.

Obeying Instructions.

Judge (to burglar on trial)—"Have you anything to say, prisoner?"

Burglar—"Yes, your honor, I was only actin' on me doctor's advice ter take something afore goin' to bed."—Exchange.



Daniel Strook, M.D.,
Camden, N.J.

President of the Medical Society of New Jersey.

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THE THIRD VICE-PRESIDENT'S ADDRESS.

Delivered at the 145th Annual Meeting of
the Medical Society of New Jersey,
at Spring Lake, June 14, 1911.

OUR PROFESSION: THE PROGRES- SIVE CHANGES OF FORTY YEARS.

ENOCH HOLLINGSHEAD, M. D.,
PEMBERTON, N. J.

"We are a part of all that we have met,
yet all experience is an arch wherethrough
gleams the traveled past, whose margins
fade forever and forever as we move."

Looking through the experience of our
State Society in the traveled past there
gleams the fading margins of our members,
for the three hundred and eighty-one mem-
bers enrolled forty years ago, the names of
but forty-one remain upon its rolls to-day.

The other names are written where forty
years ago Dr. John Blane wrote of the pre-
ceding members, on the stones—

"Over which creeps the hiding moss, blot-
ting the graven words with fingers slow
but sure.

Pardon me if for one moment I look
backward through memory's realm, and
touch lightly upon the appearance of some
of the assembled members at that time. Less
cosmopolitan than at present, but with the
dignified deportment of the physician of
the olden time. Standing out as one of the
highest types, one who was at that time a
member of Congress, a trustee of Princeton
College—the distinguished Dr. Samuel H.
Pennington, of Newark, a Fellow of this
society, still lingers in my mental vision,
with form of Nature's finest moulding,

commanding, dignified and always a force
in shaping and deciding the issues of the
day.

The elegant Dr. Stephen Wickes, of
Orange, also a Fellow of this society, per-
fect Chesterfield in manner and dress, a
splendid writer, and one whose voice was
ever ready to uphold all that was just and
noble for the advancement of our profes-
sion.

The two Piersons, father and son, who
for so many years acceptably filled the posi-
tion of secretary to this society; Dr. Wil-
liam A. Newell, a member of Congress,
Governor of this State, a provisional Gov-
ernor of the State of Washington, the
greatest political force this society has ever
enrolled upon its membership. He, almost
unaided, succeeded in securing the passage
of a national law establishing and govern-
ing the life-saving stations along our coasts.
That act alone, developed by him as a medi-
cal man, should keep his memory green and
place his name high upon humanity's scroll
of fame.

The elder Dr. Hunt, another Fellow at
that time, pleading with all the earnestness
of his impassioned nature for vital statis-
tics, for organized boards of health, for
sanitary laws, triumphed over indifference
and opposition, and to him is largely due
the credit for the present efficient laws upon
these subjects in our State.

Another Fellow, Dr. Joseph Parrish, of
Burlington, according to his own biography,
while walking through the asylums and hos-
pitals of Rome, observed a painful careles-
ness and inhumanity toward the inmates of
those institutions. Expostulating with the
authorities, he was referred to the Prefect,
and by him to the Pope himself, who looked
into the matter and replied that he was
graciously indebted to the American for his
kindly and judicious interest, and it was

Dr. Parrish's pleasure to see these abuses entirely corrected. He, with Bishop Potter, of Philadelphia, were the progenitors of the schools for the development of the feeble-minded of our land. And these grand institutions which now dot our country are monuments as they should be to his memory.

These are a few of the names in our society who have made progressive changes within the last forty years in our profession.

Turning to the advancing changes in this and other lands, many of which were builded upon the experience of the traveled past, our profession has changed from one of individual empiricism of our fathers to a standard seen through the microscopic lens, the researches of the laboratory and animal experimentation. Those researches have placed our profession upon a scientific basis and established upon our banner the declaration that "Prevention is better than cure." Forty years ago pathology and histology were almost untaught in our medical curriculum; to-day they open up a vista for our profession in every land where palludal diseases, which have been the terrors of the past, are now vanishing as mist before the midday sun, when the pathological and histological causes are examined through the microscopic lens.

The observations of Jenner one hundred and sixteen years ago, who but recorded and established a fact, the talk of the common people centuries before—that kine-pox prevented smallpox—Jenner did not know, when he took the matter from the dairy maid and inoculated John Phipps, May 14, 1796, and on July 1 following, took matter from a smallpox pustule and inserted it into the same boy with no result, he established the principle of prevention. That principle in the last thirty years is being established by our profession in almost all the specific infectious diseases.

All hail to Jenner's name! He builded better than he knew; he little realized that he was constructing in the human citadel a fortress which protected its rivers of blood against an unseen but insidious foe.

That principle is now applied to the anti-toxin of diphtheria and is now firmly established by our profession not only as a preventive but also as a cure. The production of toxines by the artificial culture of bacilli in various menstrua and injected into the system under antiseptic precautions as in Koch's tuberculin in tuberculosis, has not fulfilled as yet all the expectations of our profession, but with further care and

adaptation of dosage in early cases it will not only prevent but cure, and thus drive the great white plague from all the world.

The address of President Taft before the Medical Club of Philadelphia, in which he stated—quoting from the army records—that there had not been a case of typhoid fever among the twenty thousand soldiers encamped along the Mexican borders, all of whom had been vaccinated against that disease, will send a thrill of pleasure through the breast of every man in our profession.

A letter from one of the attaches of the American Legation at Peking tells of his vaccination against the plague so prevalent in that country now, and states that it is being successfully done.

The recently announced treatment of Professor Ehrlich, of Germany, of the fearful social disease by introducing into the blood a poison of sufficient strength to destroy the germ of that disease, without perceptibly affecting the individual, seems a rational method of treating that disease, and if successful will prove a blessing to humanity, not only by eliminating that disease but a host of others which follow in its train.

Forty years ago the teaching of surgery was to avoid all membranes which secreted a serum. This was particularly so of the peritoneum, and all surgical teachers at that time held it strongly before the student that it must remain inviolate. How changed! The observations of Pasteur, followed by the practical application of Lister, has made all things possible, and now almost every young man fresh from the medical halls tries his prentice hand upon appendiceal walls, in a disease for which Dr. Thomas G. Morton, of Philadelphia, first operated in 1885, twenty-six years ago, knowing at the time what he intended to remove. The operations upon the pelvis and upper abdomen, with all their brilliant results; on the brain, heart and lungs, the very seat of life itself, have all been successfully operated upon by the skillful surgeon's hand and all within the aforesaid time by aseptic methods.

Nowhere has our profession produced greater results than by the establishment and enforcement of sanitary laws, unknown and untaught forty years ago. Sanitation and isolation with dietary rules has checked more diseases in the last few years than all the drugs have cured. By the enforcement of those laws the plague spots of the universe have been cleansed. No longer do we hear, as of old, of pilgrims

journeying to the shrine of Mecca to worship at the altar of the god they love, or leave their diseased bodies upon the shores where the Ganges flows, spreading infection and disaster in their train.

Under sanitary laws enforced we no longer hear of infected ports. The white-winged sails of commerce fly from port to port, from shore to shore, from torrid zones to wintery seas, without a thought, without a care, claiming all seasons as their own.

The busy hum of industry in the factories of the land formerly the hotbeds of infectious diseases, now show but little difference in healthfulness in urban or sylvan localities if sanitary laws are well enforced. The connecting of two oceans by the enforcement of sanitary laws by medical men, where others failed, the greatest achievement of the age and the highest compliment to our profession, save one—the placing of a man educated in medical and not in martial halls as the head of the military forces of the nation, a fitting tribute to the advancement of our profession. Now, what will the future be? Look well about you—

“Sow your seed, and lay your plans with careful thought. In God's own time if not in man's the miracles of growth are wrought. Your eyes may close before the day which crowns the work so well begun. He sows, the grateful reapers say, that we may reap as time goes on.”

CHRONIC GASTRITIS OF SECONDARY ORIGIN PRESENTING THE PHENOMENON OF ACHLORHYDRIA HEMORRHAGICA GASTRICA.*

BY JAMES TAFT PILCHER, M. D.,
BROOKLYN-NEW YORK.

Chronic gastritis has for years been accepted almost universally as a substantive disease dependent upon a primary derangement of the gastric functions. This impression is, however, in many cases an erroneous one, as a disturbance of digestion in the stomach itself, and particularly those of long standing, we now realize is not due in all instances to a primary disorder of the viscus, but may frequently be traced to reflexes emanating from irritation of distant organs. Without mention of statistical references, we have but to note the introduc-

tion into current literature of such terms as “Appendix Dyspepsia,” “Appendicular Gastralgia” or “Gall Bladder Dyspepsia” to realize that the profession is beginning to appreciate the primary etiologic conditions in a large percentage of the cases, and to treat the cause rather than, as has been done heretofore, the result.

These statements are the results of those more correct views as to the pathology which have received such marked extension and amplification through the efforts of the surgeon, and which have greatly modified those derived solely from the post-mortem examination on which so much of our former statistical views of diseases have been based. In no field of medicine or surgery has this been more evident than in that dealing with diseased conditions of the alimentary tract, particularly of the stomach, gall bladder and appendix.

It is not difficult to appreciate from a study of the anatomical, physiological, and, above all, the embryological relations of the organs named that we have to deal not with isolated and independent entities, but with a system all of whose parts are correlated.

The purpose of this paper is to briefly indicate the deductions which may be drawn as to a pathologic process from the presence of a single symptom. The symptom in question is that after administration of an Ewald test meal a stomach extract is obtained which contains no free hydrochloric acid, and which, on being tested with a modified guaiac reaction gives evidence of the presence of hemochromogen or hematin.

The observations here appended are those obtained from the examinations of a series of 4,000 patients referred to me for analysis at the Mayo Brothers' Clinic at Rochester, Minn., and constitute a preliminary report only on this condition.

Of the 4,000 cases 271 presented the symptom of lack of free hydrochloric acid and the presence of occult blood, approximately one in every fifteen patients examined. Of these 271 it developed that the onset of gastric symptoms seemed to be directly dependent upon various diseases and conditions in 156 patients, among which are certain infectious diseases, circulatory disturbances, derangement of the ductless glands, and a number which developed after some form of abdominal operation.

In contra-distinction to these etiologic factors determined clinically, it is very significant that in 100 other cases symptoms referable to some extragastric pathologic condition were so evident that operative explor-

*Read before the Medical Society of New Jersey, Spring Lake N. J., June 1911.

ation was done by Drs. William J. and Charles H. Mayo. The gross pathologic findings in cases so treated showed a definite involvement of the appendix in 36 instances, the majority of them, 24, being of the obliterative type, while 7 of the remaining 12 contained fecal concretions—the so-called appendical stones. There were 32 cases of involvement of the gall bladder alone; in 16 others the gall bladder and pancreas were both the seat of pathologic change, and in 12 the gall bladder and appendix were diseased concomitantly.

As was demonstrated last year, and confirmed by Graham, Fenwick, Patterson, Deaver and MacCarthy, it seems to have been established beyond a mere presumption that the stomach receives reflex stimuli from irritation in distant organs. This may be evidenced in several ways, possibly the most common being that of hypersecretion, or in the phenomena of pyloro-spasm which we have so lately learned to appreciate and to interpret as premonitory evidence of extra-gastric irritation.

That this phase of the morbid anatomy of cases presenting the symptom of *achlorhydria hemorrhagica gastrica* is german to the subject is shown by the fact that in 24 of the 100 cases operated upon a distinct spasm of the pylorus was demonstrated during the course of the operation, accompanying appendicitis 18 times, and gall bladder involvement 6 times.

Appreciating these facts, it seems a fair inference, of which we also have some experimental proof in confirmation, that reflex nervous phenomena are primarily responsible for the inhibition of the hydrochloric acid in these cases. That no organic gastric lesion was the causative factor is indicated by the fact that in 88 of the 100 abdominal explorations, by direct inspection and palpation, no morbid gross change in the stomach walls could be demonstrated.

As the second factor in the production of this symptom the bacterial flora present in the stomach extracts should be considered. In the examination of many hundred smears from these patients the fact was established beyond question that in them, and in them alone, were present very large numbers of bacteria. Varieties ordinarily pathogenic are almost universally found, either alone or in combination. The streptococci are probably the most important factors, as they are found in larger numbers in those cases where the greater amount of pus was noted. Large numbers of colon and diplococci are to be found in almost every field. The

growth in the stomach of these bacteria is dependent solely upon the lack of the inhibiting action of the hydrochloric acid.

The third factor is the pathology of the gastric mucosa in these cases. Heretofore it has been generally accepted that patients that were not secreting any acid were suffering from an atrophy of the glandular elements, and terms such as "*anadenia ventriculi*" and "*phthisis ventriculi*" have been introduced to denote this condition: upon investigation, however, we find them to be synonyms, based on pathologic-anatomic considerations, and demonstrate that our earlier conceptions of pathologic processes deduced from *post-mortem* findings are in no way comparable, nor do they indicate the usual appearances which can only be demonstrated by the living pathology in the operating room.

Certain it is that in carcinoma of the stomach, in which the majority of the patients present an absence of hydrochloric acid, we find no atrophy of the mucosa, but rather a proliferation, especially of the margins of the ulcerated area. What is most significant, however, is the usual accompanying round-cell infiltration of a greater or less degree of the submucosa.

In considering the similar derangement of the gastric secretion in cases in which no carcinoma is present, I have obtained specimens from three stomachs exhibiting this phenomenon. The most notable findings in these were the occurrence of non-contiguous erosions of the mucosa in places down to the muscularis, and a very evident submucosal infiltration of round cells.

Three factors have then been established, and they seem to be correlated, namely: First, a primary or secondary inhibition of the hydrochloric acid (reflexly produced); second, an invasion of the stomach by pathogenic organisms, especially streptococci, causing irritation of the mucosa; and third, a superficial erosion of the mucosa.

Diagnosis—This can, of course, only be determined by an analysis of the stomach contents, and this is quite characteristic, either when considered grossly, chemically or microscopically. The amount recovered is usually less than that ingested. The bread is in a very coarse state of division and practically as it has been swallowed. There is a uniform absence of viscosity.

The color varies from a yellow tinge, just off the white, to a light orange. The filtrate is invariably crystal clear, and may have a slight yellowish tinge. The total acidity varies between 6 and 8, and is due to

the acidity of the ingested bread. Free hydrochloric acid is never present.

The blood reaction is always present, the following modified guaiac reaction being employed: A fresh tincture is used each day, prepared by taking a large pinch of powdered guaiac, adding an appropriate amount of 95 per cent. alcohol, shaking until quite yellow; to this is added an equal amount of hydrogen peroxide (3 per cent. solution). One to two c.c. of this mixture is squirted on to the *solid residu* from the extracted material which is to be tested. If a positive reaction is obtained the familiar Prussian blue appears at the expiration of one or two minutes. In the class of cases considered it is always intense and unmistakable.

145 Gates avenue.

DISCUSSION.

DR. THOMAS W. HARVEY, of Orange. This very interesting and instructive paper brings before us a very important subject and one that must be carefully considered when making a diagnosis in a large proportion of the cases of disease occurring below the diaphragm. It seems that there is no organ which, being out of sorts, may not send a reflex influence back to the stomach, causing to appear in that organ symptoms often so severe as to cause us to overlook the original disease and to treat our patient for some disease of the stomach, evidence which we have read into the symptom complex. It has often seemed to me that we are frequently misled by a long name, and when our patient comes back to us from his visit to the eminent specialist labeled Achylia Gastrica, Hyperchlorhydria or Achlorhydria Hemorrhagica Gastrica, we are so pleased to classify him, that we forget that as commonly used, these titles are only names of symptoms or possibly neuroses, or aberrations of function and convey no pathological meaning. So, often, we find it satisfying to our patient who complains of suffering from "gastric trouble," when she is lamenting her peristaltic woes, to believe that she is really describing in modern scientific terminology her particular variety of borborvgmi. I recall very vividly a patient to whom I was called in his first acute attack of appendicitis when the diagnosis had ceased to be difficult, and whose progressive ill health for six months, with loss of twenty-five pounds of weight, with increasing debility and with symptoms of distress, nausea and anorexia, had sent him to several stomach specialists, to whom his stomach symptoms meant stomach disease, and who labeled him accordingly as they interpreted his test breakfast findings, usually achylia gastrica. We found an appendix that was simply a bag of pus hanging down in the pelvis so far away from the abdominal wall that it gave no local symptoms except to the finger in the rectum. After operation his health improved at once, his weight came back and he had no more symptoms of failure of the function of the stomach.

C. R. Martin in Osler's System says "that

chronic gastritis in its primary pure form is a condition clinically quite uncommon, being frequently mistaken for a purely functional disease in which similar signs and symptoms exist without any pathological changes in the gastric mucosa." However, it is highly probable that such functional disturbances lead to pathological changes. I think that usually too little attention is given in studying etiology to the effect of continuous disturbances of function as a cause of pathological changes in tissue or in organ. It is reasonable to consider that continuous irritation from such disturbances of function may be as influential in determining changes in structure as the continuous or repeated presence of a foreign body. We have only to recall the effect of any sudden nervous inhibition, as in fear, anger or even surprise, upon the digestive function of the stomach to realize the fact that changes in the nervous or circulatory supply of a distant organ will have an important reflex influence upon the stomach and its secretions and that operating continuously, such influence might easily induce a train of symptoms simulating or even inducing serious pathological conditions.

It seems, therefore, reasonable to agree with Dr. Pilcher that the presence of marked evidence of disease of the stomach should blind our eyes to the necessity of looking for possible distant causes and to so direct our treatment, not only to relieve the immediate and pressing stomach condition, but to also remove the distant cause.

DR. FRANK D. GRAY, of Jersey City, said that few have had the experience of examining four thousand, or three thousand, or two thousand, or one thousand, or even five hundred stomach cases; consequently, most physicians are led to conclusions that they cannot personally draw. He thought it might be important to try to get the practical lesson that ought to come to each member of the society after listening to a paper giving the results of this large number of cases, so carefully followed. All realize the frequency of presumed or actual stomach conditions due to reflex conditions. This occurs in many cases of diseased and disabled appendix or gall-bladder of pancreas lesions, or abdominal adhesions, and so on; all down the line, stomach cases being frequently due to a distant pathology. Therefore, it is difficult to avoid overlooking cases of gastric hemorrhagica achylia. A few days before, in reading a paper by Bartlett on "The Mistakes that are Liable to Occur in Abdominal Conditions," Dr. Gray had been struck by two remarks: "In every symptom presented, a diagnosis by exclusion should be imperative, however trivial the symptom may be or however unrelated to any gross lesion;" and "Such a diagnosis should not be regarded as accomplished until all the etiological factors have been revealed by careful inquiry and their bearing on the case determined by the various specialties which, in the judgment of the man in charge of the case, may be demanded." Dr. Gray thought that this diagnosis by exclusion was too frequently forgotten, a snap diagnosis being so easy. To unravel all the etiological factors in the case would require considerable time, and bringing to bear on the subject all the information that the various specialties that the man in charge of the case may think demanded could not be done during a fifteen minutes call at the

physician's office. In order to discover the absence of free hydrochloric acid and the presence of occult blood, one must make a careful analysis of the stomach contents. Dr. Gray made a plea that no one should pass over a case without knowing what a test for free hydrochloric acid and for occult blood would show. He did not consider these tests beyond the capacity of the general practitioner; but if he is too busy or is unable to make them, he should send the specimens to a pathological laboratory.

Dr. Gray then asked Dr. Pilcher how the pathology of the stomach came about. He himself thought that the mucosa in these cases, in addition to the submucosa, being infiltrated with round cells, had more or less erosions. Hyperchlorhydria frequently produced ulcerations, and evidently hypochlorhydria causes, a condition approaching congestion, irritation, and erosion. Dr. Gray wished to know whether this condition was due to nervous influences or to the presence of bacteria, creating mild inflammatory changes in the mucosa.

DR. PILCHER, in closing the discussion, referred to the remarks made by Dr. Harvey relative to the infrequency with which complaints of stomach distress indicate that the patient is suffering from disease of the stomach, and said that it had been his good fortune lately to have the opportunity to examine eight or nine thousand cases of patients who had complained of nothing else than stomach distress. Of this number, there were probably not ten per cent. (at the greatest, not more than fifteen per cent.) who had any organic change in the stomach itself. Their trouble was in most instances a reflex one, which was evidencing itself through disturbance in the stomach. This organ merely acted as the central would in a telephone exchange, the calls coming in from the outlying districts. Dr. Pilcher said that it was for the practitioner to translate the message, and see whether it could not be relegated to its proper position.

In regard to Dr. Harvey's criticism of the fancy names applied to various stomach conditions, Dr. Pilcher said that he had originated this name chiefly because it would be too long to say it in English conveniently. He wished to impress upon the members the fact that this is not a disease, but merely a symptom; just as headache is not a disease, though the brain tumor causing it may be. He stated that there are no such disease as hypersecretion, hyperacidity, or hyperchlorhydria; though all textbooks, even one published by a gastro-enterologist within the last year, designate these symptoms as diseases.

Regarding what Dr. Gray had said, Dr. Pilcher stated that patients complaining of stomach distress should not be treated for the symptoms of which they complain; but that the history is the important factor in the diagnosis, and the very first symptomatology should be inquired into. From the symptomatology ten to twenty-five years before, one may get an inkling as to what the primary etiologic cause is. The existing stomach trouble may be treated incidentally, but the main factor should be controlled. Of the one hundred cases in which this factor was determined and operation performed, there was no subsequent complaint of

epigastric distress for which they applied for treatment in eighty-five.

Dr. Pilcher thought the importance of the analysis of the stomach contents greatly overrated, when considered in the light of making an absolute diagnosis. Only one absolute diagnosis, he said, can be made from it, and that is stenosis. The others are merely inferences.

As to the cause of the pathological changes in these stomachs, producing this condition of the gastric mucosa, Dr. Pilcher stated that in one patient who had shown this lack of free hydrochloric acid and presence of occult blood before operation, the condition was diagnosed as gall-stones accompanied with pancreatitis. About fifteen days after the operation, this man died; and the stomach showed extreme erosions, the destruction in the mucosa going down to the muscularis, together with round-cell infiltrations. It seemed to Dr. Pilcher most reasonable to suppose that this condition had been caused by the action of bacteria subsequent to the diminution in the amount of hydrochloric acid.

FIRST PRIZE ESSAY.

Presented at the 145th Annual Meeting of
the Medical Society of New Jersey,
Spring Lake, June 14, 1911.

POLIOMYELITIS ANTERIOR.

BY GRAFTON E. DAY, A. M., M. D.,
COLLINGSWOOD, N. J.

The wide-spread epidemic prevalence of poliomyelitis anterior—a better name is epidemic poliomyelitis or epidemic paralysis—compels the thoughtful physician to investigate the subject most carefully, and his investigation leads him to realize that his text books are out of date and practically worthless as to etiology, symptomatology and pathology and that he faces the compulsion of constructing a new literature on this subject.

As he reads of the investigation of the Massachusetts epidemic of poliomyelitis anterior in 1909, of the work of the Rockefeller Institute for Medical Research, of Wickman's work in classifying the types of the disease with his new symptomatology, and of the work of Harbitz and Scheele of Norway in giving us an intelligible pathology, he realizes that we have made giant strides toward the solution of this tremendous problem and eagerly scans the pages of his medical journals and reprints to get the latest authentic information.

HISTORY.

Attention was first called to this disease by an English physician, Michael Under-

wood, in 1774. Heine of Stuttgart, however, published the first monograph on the subject and was the first to give an accurate description of the disease and to establish it as a disease in 1840. Fifteen years after, 1855, Duchenne confirmed Heine's views and discovered the electrical "reaction of degeneration." The epidemic nature of the disease has been known for about thirty years, Medin being among the first to note this, and later one of his pupils—Wickman—has given us a classification that is most valuable in recognizing the disease. The preceding work, followed as it has been, by the researches of Flexner and Lewis, of the Rockefeller Institute, showing the infectious nature of the disease, has developed truly a new literature on the subject and rare discretion is needed to select the really best things that are offered.

ETIOLOGY.

The summer season predisposes to an attack of the disease and in Pennsylvania it was found that localities with bad subsoil drainage had many cases of the disease, while those localities with gravel under-drainage had very few cases. The exciting cause, however, is now recognized as due to a specific micro-organism, or germ that attacks the spinal cord, and, to a less extent, the brain, and the resultant temporary or permanent paralysis depends upon whether the cells in the spinal cord are merely injured or entirely destroyed. The germ is very minute, passing through the densest porcelain filters, and the department of health of Pennsylvania announces that they have found an organism, different in morphologic characteristics from any hitherto described which they believe is the etiological factor in the causation of the disease, but they have not succeeded in isolating the organism.

The germ has its habitat only so far as has been proven, in human beings who have had the disease or been in contact with the disease. Infection is spread by persons sick with the disease or by some persons who have been in contact with the disease, and perhaps in some other manner. The investigation of Flexner seems to show the nasal mucosa as the site of infection or port of entry of the germ, as well as the prime source of disseminating the disease.

The disease is recognized as a disease of childhood, the greatest number of cases occurring in children under three years of age, though three students—age about twenty—at Princeton University died from the dis-

ease last year, and cases are recorded as occurring in persons past sixty.

PATHOLOGY.

The central arteries entering the anterior median fissure and supplying the anterior gray matter of the cord invariably become affected, through which preponderance of lesion of the anterior horns are accounted for. The lesion in the posterior horns are less severe since the arteries supplying them are less important. The degree, therefore, of affection is determined by the richness of arterial blood supply, which explains why the lumbar and cervical enlargements of the cord are the sites of severe lesions. There seems every reason to believe that temporary vascular impediments are chiefly responsible for temporary paralysis. The impedimenta are all outside the lumen of the vessels which are reduced in calibre through pressure. Some of the functional disturbances are possibly thus anemic in origin; others probably caused by slight degenerations and still others are caused by focal hemorrhages and edema. All these effects may possibly be recovered from.

The blood and naso-pharyngeal mucosa contain the virus which is highly resistant to external agencies and conditions. It withstands glycerinization for months; withstands drying over caustic potash for weeks without losing potency; retains potency for weeks when constantly frozen at minus 2 to 4 C. However, it readily succumbs to heat, 45 to 50 C. maintained for half an hour renders it inert. One per cent. solution of hydrogen dioxide readily destroys the virus.

SYMPTOMS.

The best classification of symptoms is given by Wickman, as follows:

1. Spinal poliomyelitic form. Sudden onset, followed by paralysis.
2. The ascending form (Landry's paralysis). Involvement of respiratory centres. Most fatal cases belong to this type.
3. The bulbar or pontine form. Nerves most often involved; facial, ocular, hypoglossal. May exist alone or with paralysis of extremities.
4. Encephalitic or cerebral form. May exist alone or with spinal involvement.
5. The ataxic form. Much like Friedreich's ataxia.
6. Polyneuritic form.
7. Meningitic form.
8. Abortive form: (1) General infection. (2) Symptoms of meningeal irritation. (3) Cases of much pain like influenza. (4) Cases with marked digestive disturbances.

The disease ordinarily begins after an indefinite incubation period of twenty-four hours to thirty days, averaging about ten days, with moderate febrile onset, headache, coughing, severe pain and tenderness in the back and marked restlessness and excitability quite out of proportion to the amount of fever present, with decided disinclination to move the neck and back. Digestive disorders are present in about ninety per cent. of the cases and constipation is the rule. Early and pronounced prostration is very suspicious and pain and cramps in the extremities give additional suspicious symptoms, as does tenderness along the spine. The knee reflexes are generally exaggerated and unequal. The paralysis usually occurs in the first week, though I saw a case in November, 1910, in which the paralysis was not observed until the fourteenth day. Some cases go to bed well and are found bright and cheerful and with good appetite in the morning, and yet with paralysis. Such a case I saw in consultation in November, 1910. The paralysis is always of the flaccid type, and develops the "reaction of degeneration" in a short time.

The abortive form is of great importance as mayhap supplying the link in the chain of transmission, otherwise not understood as yet. It seems probable that the abortive type is as surely a distributor of the germ as the other types.

In perhaps a majority of cases the paralysis affects all of the extremities to some extent, caused probably by pressure upon the cord, but in a week or two the general paralysis disappears, leaving a residual paralysis limited usually to one or more extremities or even to one group of muscles, the legs being more often affected than the arms. Usually within two weeks, sometimes earlier, the paralyzed muscles begin to atrophy, and, without treatment, progresses rather rapidly. The limb looks wasted, is blue, and feels cold to the touch. Within a few months various deformities from contraction or unopposed muscular action may develop. There are no sensory disturbances, no involvement of the bladder and rectum and no tendency to bed sores.

DIAGNOSIS.

The importance of an early diagnosis, before the appearance of paralysis, cannot be over estimated. With the probability that the mild or abortive cases are chiefly responsible for the endemic appearance of the disease and the promise of a much better control of the disease through therapeutic

measures, early diagnosis is imperative, because, if proper measures to relieve the congestion and to equalize the circulation could be instituted before paralysis had actually occurred, the most dangerous period of the disease would be passed in at least comparative safety. Flexner has shown experimentally that drug control of the virus within the body is a possibility, but his experiments show also that the successful results have been secured in inhibiting infection and not in restraining an already established infection with the virus.

This early diagnosis is not easy for several reasons. First, the possibility of the presence of the disease is not often remembered and consequently not looked for. Second, the initial symptoms vary but little from those incident to any febrile invasion, more particularly simulating gastritis, typhoid fever, influenza or intestinal toxemia. Respiratory symptoms are often present and digestive symptoms are found as stated above. Third, not every physician is so situated, nor are the families willing to secure experienced operators or the laboratory knowledge and equipment necessary to assure the diagnosis possible in the early course of the disease by lumbar puncture, and this procedure requires these two essentials.

Lumbar puncture may be practised in all cases of doubtful poliomyelitis in order to arrive at a correct diagnosis at the earliest possible moment, and when a serum shall have been developed, it should be so practiced. The possibility, however, of doing the puncture too late to anticipate the paralysis should cause us to pause, as well as the further fact that, having thus made your diagnosis, you are no better off so far as caring for that patient is concerned, as there exists no contra-indication for the early use of known therapeutic helps in any acute illness simulating poliomyelitis anterior. There remains, however, one very good reason for the lumbar puncture. In certain conditions where the danger from infection is particularly feared, or must positively be avoided, then such measures must be taken. I am now speaking of lumbar puncture as a diagnostic measure and not as a therapeutic measure. The cerebrospinal fluid shows an increase in cells and protein which reaches their height prior to the onset of paralysis, after which occurs a rapid diminution in protein and slow reduction in cell numbers within the fluid. At the height of the lesion the cerebrospinal fluid exhibits a very slight turbidity

or opalescence, best seen on gently agitating the fluid, and due to a large increase in white corpuscles. It contains an excess of protein matter. The white corpuscles consist partly of polymorphonuclear and partly of mononuclear (lymphatic) cells. The excess of protein is readily detected by applying Noguchi's butyric acid test. Very rarely, the fluid is distinctly turbid and polymorphonuclear cells predominate. Bacteria are absent. In rare instances, it becomes necessary to exclude tubercular meningitis, which can be done by an examination for tubercle bacilli. Flexner has determined that the above facts hold good also for human beings, the victims of poliomyelitis anterior. An early and certain diagnosis of the disease in a suspicious instance has been made by examining the cerebro-spinal fluid in the manner indicated.

It is possible by means of neutralization tests, says this same authority, to determine in a given instance whether an attack of poliomyelitis was or was not suffered, and this is independent of the circumstance whether or not paralysis was present. The test is made by mixing the blood serum with the filtered virus, incubating the mixture at 37 C for a few hours and injecting it into a monkey. Normal human serum has no power to neutralize the virus, while the serum from a recovered case of poliomyelitis possesses this power. This method does not provide a means of diagnosis, but it is of value in establishing the occurrence of abortive cases of poliomyelitis anterior.

DIFFERENTIAL DIAGNOSIS.

The abrupt onset will distinguish the disease from both idiopathic muscular atrophy and progressive muscular atrophy. The absence of sensory disturbances, bedsores, etc., will distinguish it from myelitis. The early wasting and "reaction of degeneration" will distinguish it from cerebral palsies of childhood. The seasonal prevalence of poliomyelitis in midsummer differentiates it from cerebro-spinal meningitis, which is a late winter or early spring disease.

PROGNOSIS.

Poliomyelitis anterior is a very serious disease, causing death in from five to twenty per cent. of cases and crippling seventy-five per cent. more or less permanently, while about sixteen per cent. make perfect recovery. The prognosis of paralyzed muscles, I am convinced, depends largely upon the ability to carry out faithful, persistent treatment.

TREATMENT.

Before calling attention to treatment, I

desire to cite further interesting facts about the disease. In the five years preceding 1904 three hundred cases occurred. In the next five years eight thousand cases were reported, five-sevenths of these in the United States. The epidemic seems to come in two-year periods, though the history of 1910 epidemics throws doubt on this point. Fifty epidemics have been described. Breast-fed babies are not immune. Doctor Dixon, Pennsylvania, says that one-third of cases are not recognized and death is ascribed to other acute illnesses when really poliomyelitis is the cause of death. Of nine hundred and thirty-five cases reported in Pennsylvania, in but two houses were two patients in the same house affected. The disease occurs in tropical, temperate and cold climates. The virulence of the infection varies greatly as shown by the fact that but one case occurs in most families notwithstanding most intimate contact with other members of the family.

Quarantine, isolation, disinfection of secretions and excretions for several weeks is imperative, until we know more of the disease, with fumigation upon lifting the quarantine.

The consensus of opinion is that prompt and thorough elimination—calomel, castor oil, enema, if needed—meet most favor, with ice cap to head when indicated and absolute rest with non-stimulating, easily digested diet is best. Diuretics, intestinal and urinary antiseptics, with ingestion of liberal amounts of fluid, are also indicated, to assist in eliminating toxins. A hot pack to increase diaphoresis should be a part of routine treatment. Flexner has shown in his experiments with monkeys that urotropin administered by mouth can be demonstrated by chemical tests in cerebro-spinal fluid soon afterward, and that by its presence the onset of paralysis is entirely prevented, showing that drug control of the virus within the body is possible. The drug should be given in doses of two grains every two hours in suspected cases and should be continued during the course of the fever. Whether it is useful after that is a question.

The affected limb should be wrapped in cotton wool to maintain the circulation and nourishment of muscles suffering from diminished trophic influence. Lumbar puncture relieves intense pain and difficult breathing and should be practised for relief of these symptoms and may do good in all cases. Sedatives may be required where other measures fail to relieve suffering and

here codeine is recommended if gelsemium fails to relieve. When respiratory muscles are involved, atropine is indicated as well as oxygen and artificial respiration may be demanded where the lesion is cervical. Threatened deformity must be promptly met and prevented by the use of properly fitting braces. Prevention here is the keynote.

Massage and active and passive movements are most valuable. Massage should be instituted at onset of paralysis. Mild at first, with increasing depth, remembering not to bear down too hard on nerves in exposed areas. Massage persisted in for ten minutes, half a dozen times daily, for months and in some cases for years, helps to prevent wasting and impairment of peripheral circulation.

Passive movements, given at first in the tub, when the patient is taking a hot bath, with the addition of active exercise as soon as paralysis has begun to subside, will help to regain power and develop the size of the muscles. Active exercise can be carried out in bed, or on the couch, though in the tub, while taking the daily bath, is best.

Passive movements to maintain normal range of motion of the joints help to prevent contraction of unopposed or weakly opposed muscles and to stretch already contracted muscles as well as to correct recent or mild deformities.

Active movements performed by the patient himself or with slight assistance, has probably most value and when resisted at times by nurse or physician develops the full strength of the patient.

For prophylaxis and disinfection, use nasal douches of hydrogen dioxide, though we do not know how to prevent the disease nor how to check its spread. The fact that the disease is not very "contagious" is shown by the Massachusetts report of sixty-seven cases. There were one hundred and sixty-six other children in the families of those affected and eighty-six others known to be in intimate contact with the sixty-seven. Of the two hundred fifty-two thus exposed, but four later developed the disease.

Galvanic and Faradic electricity are recommended by most observers, but few seem to grasp the basic principles underlying intelligent selection of the current to be used. Hear Tom A. Williams and note the scientific precision with which he indicates the current to be used:

"The main advantage of galvanic stimulation of the muscles after poliomyelitis is the excitation of their physiologic contractility,

a function otherwise unprovokable in muscles of which the nerve supply is destroyed. It should be obvious enough that the excitation of this function is possible only before the structures on which it depends have disappeared. These are the muscle elements. As degeneration of these is well under way in three weeks, it should be equally obvious that the use of galvanic stimulation should not be delayed beyond that period. To postpone it for four months, as some advocate, is to dispense with it at the very time that it is most urgently required. It is to this unscientific delay that must be attributed the difficulties due to the need of such powerful currents as are required in order to produce a visible contraction when only a few fibres remain in the muscle stimulated.

"Again, when the therapist omits the elementary precaution of gradually accustoming the child to an electrical application, he may thus so alarm the child that treatment cannot be given. It is unfortunate that the exaggerated claims of electricians as to some of their powers should prejudice one of the few clearly established medical uses of an electrical current, viz., the keeping alive, by maintaining its contractile function, a muscle which can no longer be stimulated either reflexly or by the will. The Faradic current is entirely inefficacious, acting as it does only mediately through nerve.

"The galvanic current itself should not be applied where the nerve enters its muscle, but near the insertion of the muscle; for at the motor point it acts only by stimulating only that portion of nerve that is not destroyed. The stimulation of this is the very thing we wish to avoid, for galvanism's only use is in supplying an impulse to those muscle fibres which are no longer connected with a functioning peripheral motor-neuron. On reintegration of the neuron, after subsidence of myelitis—a matter of some months—the need for electrical stimulation ceases as regards that particular muscle fibre; for then contractility is once more obtainable by means of the will."

Practically all writers agree that massage and electricity are valuable, but little or nothing is said about radiant light and heat by which one patient that I saw was saved in an acute pulmonary edema following general paralysis (respiratory muscles, too) of a severe infection of the disease. This little girl is steadily improving under radiant light and heat, vibration, massage and the static wave current, and there is no

atrophy and she walks with braces unaided, going up and downstairs alone.

The administration of radiant light and heat during the active or fever stage of poliomyelitis anterior is remarkably efficacious in inducing a general diaphoresis, and coincidentally by the induction of intense superficial hyperemia, the blood channels are turned to the skin, thereby decreasing the possibility of the presence of a high degree of hyperemia in the cord, at least it lessens the possibility of extreme hyperemia as the degree of relief and prompt improvement demonstrates.

The success obtained in chronic cases of poliomyelitis anterior and of all acute cases after the first stage—two or three days after the onset of the disease—from the application of the static wave current over the spine is remarkable, the action of the current being efficacious in dissipating the infiltration and pressure. The application of radiant light and heat, exposure indeed to direct sunlight of the naked skin, and mechanical vibration or massage from the outset will limit the amount of atrophy. In parts which have not rapidly recovered from the paralysis, the atrophy is not marked after two or three months, indicating the possibility of maintaining nutrition, pending the release of the pressure or activity of the pathological process or infiltration upon the central neurons.

When we remember that the numerous cells in the spinal cord are the sources from which the various groups of muscles are innervated, and that probably no patient lives when beyond a certain number of cells are destroyed, it is but reasonable to believe that the treatment of poliomyelitis anterior should begin with these.

As there is more or less anastomosis among the spinal nerves it is always possible by proper treatment to get better and better action from these with electrical stimulation, and the static wave current is the most effective means of treatment as applied over the spine for twenty minutes daily or every other day. There is abundant indication that the static wave current applied with a narrow metal electrode over the cord does relieve local infiltration and congestion in the cord and meninges. Even in cases in which the central neurons might have been destroyed, there may be recovery in some cases long after the lesion, either from taking up of the function of those centres by other centres or by the development of new centres.

Snow, of New York, says "with between

sixty and seventy cases that we have treated, there was no case, except those of over a year's standing, in which there was not very marked improvement, and in the early cases I have yet to see one that did not make a complete recovery. The treatment should not be delayed, for I have seen results which led me to think that there is much we can do by inducing a general hyperemia early and thereby improve metabolism with radiant light and heat, and by applying the treatment early to the central lesion, establish an early cure in these cases by promptly relieving local pressure."

In one of my cases, Robert, age nine, a paralysis developed involving both arms, both legs and the respiratory muscles so that he could not cough, and swallowing was very difficult. Treatment by radiant light and heat and the static wave current has produced most excellent results. He has recovered the complete use of both arms, the muscles of respiration, one leg, and with the other walks upstairs, gets into carriages, plays ball and continues to improve.

For threatened spinal curvature I ordered, two months after the attack, a Morton's spinal corset with crutches and he has been wearing this for three months. He takes daily muscle exercises and is given the static wave current three times weekly.

Orthopedic treatment of poliomyelitis anterior is based upon the following principle: Unimportant functions must be sacrificed and attempts should be made to re-establish the most important movements. Careful supplementary treatment with right splints and supports must follow any operation.

CONCLUSION.

The past score of years has added practically nothing to the treatment of poliomyelitis anterior (Hexamethylenamine-Urotropin excepted), save what may be done by radiant light and heat and the static wave current, and these agents are certainly entitled to a full and impartial investigation and trial.

The Mortality of Delay—Next to malignancy, probably the darkest chapter in surgery is that of intestinal obstruction, the mortality being variously estimated at from 65 to 85 per cent. A small part of this exceedingly high rate is legitimate; the greater part of it, however, represents the mortality of delay. The relief of pain with morphia, and the ineffectual administration of purgatives, does not constitute conservative, but, on the contrary, reckless treatment.—Irvin Abell, in the Kentucky Medical Journal.

HOSPITALS, THEIR USE AND
ABUSE FROM THE GEN-
ERAL PRACTITIONER'S
VIEWPOINT.*

BY ALEXANDER MARCY, JR., M. D.,
RIVERTON, N. J.

The subject of my paper is not entirely a surgical one, and yet there is so much of interest in it that has to do with the surgeon that I offer no apology for presenting it before this section.

Among my friends it is known that I hold advanced and perhaps somewhat radical views as to the proper scope and function of hospitals, and it may be for this reason more than for any other that your worthy chairman asked me to appear before you.

Hospitals as eleemosynary or charitable institutions have been known since the beginning of the Christian era, and we find Valen organizing one as early as A. D. 370, at Cæsarea. During the crusades various orders of knighthood were founded which were in reality hospitals or organizations for the care of the sick and injured, *e. g.*, the Knights of St. John, which subsequently became the Knights of Malta. These orders continued their existence through the century, ministering to the sick and helpless poor. In the fifteenth century hospitals became more numerous and many that are still in existence were founded at this time, *e. g.*, The Hotel Dieu in Paris, and St. Thomas's, St. Bartholomew's and Bethlehem, in London. Primarily these institutions were intended for the poor, and until very recent years their benefactions were confined largely, if not entirely, to persons of this class. In course of time, however, as such institutions multiplied, the necessities of the public were more than satisfied; then began an abuse which has gone on from bad to worse, until it has become a very serious problem.

The legitimate purpose of a hospital is to provide for the care and maintenance of the sick and helpless poor. Such institutions are a necessity and should be under the care of the municipality. They should be maintained by the public as other institutions are. The county hospital should be the unit, and as many branches as are necessary should be located at different points to meet the needs of the people. The staff

should be paid for services rendered, and they should give their entire time to the institution. A county physician and a county surgeon should be in charge of each county hospital, and they should have as many assistants as is needed to properly manage the institutions under their care. No person should be admitted to these institutions unless they be able to prove their inability to pay for what they receive in the way of treatment and maintenance. It should be necessary for any one applying for admission to present a certificate signed by a competent medical man and countersigned by the proper municipal officer, showing that the applicant is unable to pay for his or her treatment and, therefore, is entitled to be admitted. Cases of recent accident necessitating immediate attention should be admitted and investigated afterward, when, if it were found that the person was able to pay, a charge should be made for such time and attention as were absolutely necessary to be given them while they were in the institution, and as soon as it was considered safe to remove them they should be sent to their homes. Each county hospital should provide for the custodial care of the incurable insane, the advanced cases of tuberculosis, and have provision made for cases of contagious diseases including syphilis and gonorrhœa. Every young man or woman, before being licensed to practice, should be compelled to serve a year in a public or private hospital and such institutions as these could be utilized for this purpose.

Private or co-operative medical or surgical institutions could be established where the well-to-do or the idle rich could go and have institutional care and treatment if they so desired, paying such charges as the particular institution saw fit to exact. The private hospital would be controlled by one or more individuals, while the co-operative one could be under the care of a number of physicians or a medical society, to which any competent and licensed physician could send his patient and care for and treat them while they were in the institution.

Under present conditions hospitals are close corporations. The staff is appointed or elected by a board of managers or trustees and the choice is generally made by influence or favoritism rather than merit. In many instances the individuals serving on the staff use the position to advance their own interests, and the general public often imagine because Dr. So-and-So is connected with such and such a hospital, there-

*Read at the meeting of the Burlington County Medical Society, held June 7, 1911.

fore he must be better qualified to treat their ills and ailments. All of this is to the serious advantage of the rank and file of the profession and many times causes discord and jealousies that are most unfortunate to say the least.

Most hospitals under our present system are pauperizing institutions because vast numbers of people are permitted to receive treatment, both in the institution as well as at the dispensary, who can well afford to pay. Many of these institutions boast of the number of cases treated each month and publish it in the daily press. The dispensary service is often so overcrowded that it is impossible for the force to handle the cases during the time allotted and many are turned away and told to come again the next day or at some other time. Under such conditions the work is often hurriedly or carelessly done, and the results are not what they ought to be. If the staffs of hospitals were paid for their services and devoted their entire time to the institutions much better results would be gotten, and most, if not all, of the abuses that we have at present would be done away with. In addition each hospital would become a centre of research work under carefully trained observers, the impetus given to scientific medicine and surgery would be incalculable and results such as we have never seen in the past would be achieved.

The general practitioner is responsible for some conditions which seem to me to be entirely unnecessary, and the tendency is to send his surgical cases to a hospital for operation. Since the introduction of asepsis in surgery there has been developed by the individual surgeon a sort of fetish called technique, and he would have you believe that this technique can only be properly carried out in a well-regulated institution, that has provided an operating room magnificent, even luxurious, in its appointments, with a retinue of trained assistants and nurses that is overwhelming in numbers and activity. This is all very good and, to a certain extent, true from the surgeon's viewpoint, but it is possible to do just as good surgery and get as good, if not better, results without all this modern so-called up-to-date paraphernalia.

There are three things to be considered in surgical cases: First, and most important, the patient; second, the general practitioner, and, third, the surgeon.

Is the patient better cared for and are his chances of recovery from operation greater in a hospital than they are in the

home? This question will be answered differently by different people, and it will be difficult to get a reliable answer because there are no statistics available and the question has never been considered seriously. The surgeon will tell you that the hospital is by far the best place for operations and that his results are much better there than they could possibly be in a private home, but his opinion is biased and unreliable. It is so much easier for him to walk into the hospital, hang up his hat, take off his coat and begin work, with plenty of assistance, under ideal conditions and oftentimes with a number of his friends to admire and encourage him in his work. You can easily see why he prefers this method. Then again he can do from one to a dozen operations in one day, thus accomplishing much greater results as well as making considerably more money. Here he is the autocrat, and what he says and does goes, with no one to question so long as he does his duty. He has trained assistants, nurses, anesthetizer, etc., everything at hand, technique perfected, results must be good; from his viewpoint surely everything is complete, but what about the patient? Here is a personal equation that must be reckoned with in the final analysis. A timid, nervous woman perhaps who has, after a long struggle with herself, finally yielded to the importunities of her physician, husband and friends, and consents to go to the hospital for operation. She is taken from home to a strange city and into an institution where she knows no one, where everything is new and unusual and there left for she knows not what, excepting that she is to undergo an operation on the next day, the day after, or at some time in the near future. She finds others like herself, banished from their homes and among a strange people, each wondering what is to be done and what is to be the outcome. She hears of others operated on, some of whom have recovered and some have died; she is homesick, oppressed with fear and a dread that is awful, and if she could possibly get away no one could persuade her to return; in her mind, at least, the Spanish Inquisition was a Saturday half-holiday as compared with this.

Preparations are now begun for the operation. She is examined and re-examined by the surgeon, his assistants, the internes, and, if it happens to be anything out of the ordinary, by every doctor who happens to come around. Her urine, blood, feces, excretions and secretions all are carefully

looked into, her temperature and pulse recorded every few hours, her history carefully noted, secrets wrung from her, till by the time the preliminary work is over she is quite ready, even anxious, to die if only to get rid of this never-ending, nerve-racking, inquisitorial examination. At last, however, everything is complete, and the edict has gone forth and to-morrow at 12 o'clock she goes under the knife. Active preparations are now begun for the final act in the tragedy; strange women come and go, nurses and attendants galore, some scrubbing, some shaving, all talking and laughing as though preparing for a fete day, while the poor patient is oppressed, frightened, worried by it all. She spends a sleepless night, and her heart sinks with the approaching dawn. She goes to her doom. Oh, if she only had not come, or if she could be in her own room at home and have her dear good doctor whom she loves as she loves her life, her husband and her family, how much easier it would be, and how much more courageously she could face this thing. But it is too late now; she abandons herself to her fate, but with many misgivings and a fainting heart. The time has arrived; she says good-bye to her friends and family, if perchance any of them have come to the hospital. She is placed on a wheeled stretcher, out into the corridor, onto the elevator, down to the operating room. There is lots doing today; a number of cases are on the list. Nurses are flitting here and there, internes and assistants are everywhere, the air is redolent with ether, some patients are struggling against it, others just emerging from it. Instruments are clinking against basins, noises of all kinds, stir and bustle, oppressive heat, everything calculated to distress and disturb our patient: in fact, she is nearly frightened to death. Is this a good preliminary preparation for a struggle with death, maybe?

Does not the mental and emotional condition of the patient oftentimes count for more than the physical in recovering from operations, and do we pay sufficient regard to this side of the problem. There are some patients, it is true, that are not affected in the least by such things; there are others so sensitive and highly organized that conditions such as we find even in the best institutions are enough to turn the tide against them and they succumb when, under different surroundings, they would have recovered. Again we find the convalescence is much more rapid out of than in institu-

tions; there is a hospital atmosphere that is depressing, and after the first few days patients become aware of this and long to get away from it. Here again the individual equation comes in and there are some people who enjoy the institutional life, and are willing to stay indefinitely, but the majority find it irksome and fret under it.

But where does the general practitioner come in, and how are his interests safeguarded? As a rule he does not come in, or rather, he is a negligible quantity in the process. After careful and painstaking investigation and study he makes up his mind that his patient is needing a surgical operation; perchance it is one of the acute inflammatory conditions which make operation necessary. He is not qualified to operate himself. Here let me repeat what I have so often said before, that I do not believe it right for any one who wishes to do surgery to do anything else. The man who thinks he can do the best surgical work and at the same time attend obstetrical cases and engage in general practice is, in my opinion, very much mistaken and his results are not, and cannot be, what they should be. The surgeon must have special and peculiar training as well as skill and should do nothing but surgical work. So the general practitioner sends for, or takes his patient to see, a surgeon. The latter agrees that an operation is necessary and he recommends that it be done at the hospital: in fact, he tells the patient or her friends that the hospital is the only place where it can be done, and from this time on the family doctor is eliminated and only comes in contact with his patient again after the surgeon is through with her. He may perchance be invited down to the hospital to see his patient cut, and if he is able to be present it is the only comfort vouchsafed to her, who, knowing that he is there, feels a confidence and pleasure that often proves a powerful factor in the recovery. Have you not felt a thrill of satisfaction when some patient eagerly grasped your hand as you stood beside her when she was taking ether, and begged you not to leave her? After the operation in a hospital the patient is usually turned over to the interne and the nurse, and the family physician has no further contact with her until she returns home, by which time, if she has recovered, she needs no further treatment or advice, or, if she does, she seeks it from the surgeon.

The family physician gets no credit or reputation or emolument, and oftentimes

loses his patient and perhaps the family beside. Suppose the doctor decides that his patient needs operating on and elects to have it done at home. He tells his patient this and arranges with some one to do it. In my judgment it is perfectly feasible to do most, if not all, operations as well in the home as it is in an institution, and it is perfectly possible to improvise an operating room in the average house that will compare favorably with any found in institutions, and in many cases infinitely better; you can also provide good light and have plenty of heat. After arranging with a capable surgeon, securing a good nurse, and personally overseeing the preparatory measures necessary both to the patient and the room, you are ready to go ahead. In this case the patient is in her own home, surrounded by her family and friends and under the immediate and constant care of the family physician, and if he means anything to her at all, he is a great factor in keeping up her courage. The surgeon feels a greater responsibility under these circumstances, as he realizes that he individually is responsible for the success or failure of this particular operation, and not the institution with which he may be connected; he also appreciates that the friends and relatives of the patient are watching things closely, and if anything goes wrong he is held to more personal responsibility; therefore, he leaves nothing undone that might possibly influence a favorable result. The family physician is also deeply concerned and he looks after all the little details of the preparation for the operation both as regards the proper condition of the patient and the getting ready of the room, etc. He feels he has a part in it, and therefore he, in a measure, shares the responsibility and gets some of the praise or blame, as the case may be. He gives the patient the most intelligent and constant after-treatment, and this is of more importance than most of you think. In institutions this is usually left to the interne, and in many cases is not all that it might be. In most cases after the first few days the patient is quite comfortable and her convalescence is well under way; now the institution becomes monotonous and tiresome, and, as time goes on, irksome; in the home, on the other hand, the stronger and better the patient gets the more enjoyable the convalescence, the family are constantly with her, friends and neighbors run in, and the good old family doctor is always at hand, all of which counts for much in hastening

the recovery. In conclusion, gentlemen, I will say that it is my conviction that most, if not all, operations can be done as well, if not better, in the *average* home than they can in the *average* hospital. That the results will be much better, the recovery more certain and rapid. The patient can be made more comfortable and there is less dread of the knife. It is a lamentable fact that many surgical cases become hopeless on account of delay in operating, and one reason for this is because so many people have such a dread of a hospital and the surgeon that they will conceal their trouble as long as they possibly can. Right here I might say, however, that the average physician is not always blameless in these cases, as in many instances he fails to appreciate the seriousness of early symptoms and permits the golden opportunity to go by before advising or urging operation.

The interests of patient, physician and surgeon can best be served under conditions such as I have described. There is a division of responsibility, as well as a sharing of glory. The surgeon is paid his fee for operating, the physician is paid for his work, and besides keeps in touch with, and generally retains the affection and gratitude of, his patient; the community better appreciates his worth, and every one is satisfied.

My own experience has been large and varied during the thirty years that I have been in active practice. I have had all sorts and kinds of operations done, and am a firm believer in and a great admirer of present-day, aggressive, aseptic surgery, and a good friend and advocate of the surgeon. My most satisfactory work has been done and the best results have been obtained in operations that were performed in the patient's home. I have never had a patient die after being operated on at home with but two exceptions, one, an exploratory operation, which was found to be a case of malignant disease of the kidney. This operation was undertaken at the urgent request of the patient after a long illness under homeopathic treatment, and the other a case of intestinal obstruction due to adhesions caused by septic peritonitis. This was a most interesting case and occurred in the early days of appendicitis operations and before very much was known about it. On opening the belly it was found to be full of pus, and adhesions were universal; a hurried search disclosed a perforated and gangrenous appendix. It had been a fulminating case and should have

been operated on at once, but neither Dr. Stokes, Sr., the surgeon nor myself had the slightest idea as to the nature of the trouble until after the abdomen was opened. I have had a number of patients die in hospitals after operation, some of whom, I think, should not have died, *e. g.*, an internal case of appendicitis, the removal of a fibroid from a clean abdomen, etc. Therefore, I say, judging from my own experience, operations should be done at home, where it is possible to secure *reasonable comforts* and have the *necessary care and attention*. As to the expense, which is always an important and necessary question to be decided, I find it very little, if any, greater when the operation is done at home.

When I have an operation done at home it is my custom to tell the surgeon what the patient can afford to pay for his services, and ask him to charge accordingly. Sometimes it is a less sum than the particular surgeon wishes to do such an operation for, and in such case I ask some other reliable one to undertake it. I usually charge one-half the fee that is paid the operator, my associate and myself assisting in the operation. This does not include the attendance before the operation, nor the care after. This, it seems to me, is fair to the patient, the surgeon and to yourself and, in my experience, works out very well.

CERTAIN MEDICINAL AGENTS;
THEIR VALUE, POTENCY
AND DANGER.*

BY JOHN J. HERING, M. D.,
TENAFLY, N. J.

OPIUM IN ITS VARIOUS FORMS.

This agent has through many past decades occupied a high rank at least in the line of ameliorating human suffering by its anodyne properties. In countless cases bodily pain has been assuaged and in extreme cases beyond the reach of curative measures human existence has been made comparatively tolerable.

Its value in certain conditions and lesions of the "prima via" has been long recognized and acted upon. Its good effects upon certain affections of the respiratory organs are well known. Its antispasmodic and various other properties entitle it to the high place to which it has attained and will give permanence to its claims.

Such being the general facts in its favor. Still the call for special care in its use should never be underrated nor overlooked. Administered with judgment and care, it is a most valuable weapon in the attack upon pain and disease, but the danger line by reason of its potency and toxic properties can be easily reached and passed.

The danger zone can be easily reached.

A.—In infants, special care should be used in their anodyne medication. Even the mild compounds such as Godfrey's cordial, soothing syrup and paregoric should be given, if at all, with judgment and discretion.

B.—Advanced age with accompanying feebleness responds easily to anodyne dosage with results good or otherwise.

C.—In advanced stages of illness presaging fatal termination caution is advised. In the opinion of the writer it is better to clarify the closing hours than to benumb body, becloud the spirit and probably shorten the waning life.

D.—Their use should be conservative in a general way when secretions need to be favored rather than lessened.

E.—When physical ailments come to exist justifying anodyne relief, so making existence tolerable, even then is there call for discretion in dosage.

F.—Patience should be exercised as to repetition and size of doses, subsequent to their former administerings, bearing in mind their cumulative effect. Sympathy for suffering and desire to abate it quickly should never over-ride good judgment as to dosage. Directions to patient or attendant should always be explicit in order that undue repetition of dose may not go beyond the point of safety into the danger zone.

G.—Careful resort to hypodermic introduction of opiates and avoidance of it except in rare instances with dose of the same by the mouth.

Finally, the writer urges that every precaution be thrown around opiate prescriptions to avoid, by their continued and indiscriminate use unknown to himself, the demoralizing and often fatal thralldom of the opium devotee.

DIGITALIS.

This potent agent, available in powder, pill or liquid form, is of value chiefly as a modifier of pectoral action, thus regulating arterial and venous circulation. While the dosage should always be a matter of careful thought and study there is no danger attendant upon its use for a limited time.

There is, however, no drug the cumula-

*Read before the Bergen County Medical Society, April 11, 1911.

tive effect of which should be more carefully watched and guarded against than that of digitalis. That cumulative, depressing and possibly fatal action of digitalis is in such contrast with its first steadying and ameliorating action that no physician ever having witnessed it will fail in carefully safeguarding the dosage of the drug, and the object of this paper is to so impress every member of this society that he will never be a witness of digitalis poisoning or be in any way responsible for the same.

STRYCHNINE.

This extremely active and potent drug has won favor with the profession of late years by reason chiefly of its supposed tonic action. After long and careful observation the writer has become somewhat skeptical as to its value and has largely discarded its use.

Its extreme potency and power for evil has perhaps favored this conclusion. Having witnessed most alarming conditions clearly due to the administration of one-tenth of a grain daily in divided doses, he proposes to be very chary of resorting to it, and only when clearly indicated.

ARSENIC.

Adapted to certain physical defects and valuable in combination especially with chalybeates, needing also a prudent dispenser. Fortunately the gastric sensitiveness to it will not tolerate its presence in undue measure.

There are other drugs of less potency that might be added to the foregoing list also calling for care in administration, the necessity for which is less apparent. If my short and, as I hope, practical paper shall be the means of emphasizing the foregoing facts and considerations to the possible advantage of suffering patients and the satisfaction and peace of mind of any one practising the healing art, I shall feel satisfied. The writer's aim has been to make this short paper as plain and practical as possible and if the beacon light displayed shall be only measurably heeded he will feel abundantly repaid for its presentation.

Dr. R. M. Downes regards it as advisable to bear well in mind, in regard to the question of treatment and prognosis, the frequency with which marked murmurs are present in children even with some signs of enlargement of the heart suggestive of congenital heart disease, these signs rapidly vanishing on change of posture, or on improvement of the general health. In addition, he says, the fact of the normal greater intensity of the pulmonary second sound in children has to be remembered in making a diagnosis of organic disease of the heart.—*Australian Medical Journal*, April, 1911.

Clinical Reports.

HISTORY OF CASE AT THE ENGLEWOOD HOSPITAL.

Reported by Dr. Frederick C. Bradner,
Englewood, N. J.

Name, Mrs. May P.; age, 23 years; nationality, United States; married; occupation, housewife. Admitted February 20, 1911. Family history has no bearing on case.

Previous History—Had measles, scarlet fever and diphtheria as a child. No history of any previous injury. Venereal history denied. Has had three children, full term, normal deliveries; last delivery three months ago.

Present History—Began February 18, 1911, with pain in the left breast, severe frontal headache, anorexia. Complained of feeling feverish; had no chill. Bowels closed. The left breast was tender to touch and inflamed.

Physical Examination—Patient is a female, poorly nourished and developed; anæmic. Eyes: Pupils react equally to light and accommodation; palpabral conjunctivæ anæmic. Ears, nose and mouth normal; skin is warm and dry, subcutaneous tissue slight.

Heart: Apex beat in the fifth interspace, three and one-half inches to the left of the median line; heard best over the same area; no murmurs heard. Lungs: Expansion equal on both sides; on palpation, vocal fremitus is slightly increased on the right side. On percussion, you get good pulmonary resonance on both sides; on auscultation, no adventitious sounds are heard.

Breasts: Right breast normal; left breast inflamed, enlarged, tender; fluctuates on pressure.

Abdomen: Liver flatness begins in the fourth and dullness in the sixth space; edge of the liver not palpable; no tumor masses seen or palpable, no tenderness or rigidity. Kidneys and spleen not palpable.

On admission: Temperature, 100.4 F.; pulse, 90; respirations, 24; white cell count, 8,200 per c.m.; polymorphonuclear count, 74 per cent.; lymphocytes, 18 per cent.; mononuclear and transitional, 7 per cent.; eosinophile, 1 per cent.

Red cell count, 3,840,000 per c.m. Hb., 70 per cent.

Urine examination: Light amber, acid; specific gravity, 1.014; albumin and sugar negative; epithelium moderate amount; no casts. Specimen sputum not procured.

Patient operated on by Dr. Bradner on February 20, 1911. Four incisions made in the left breast; a large amount of pus was evacuated and two through-and-through rubber tube drains were inserted.

History of case following operation: The temperature on the four days following the operation was normal; pulse and respirations also remained normal. The breast continued to discharge pus freely during this period. On the fifth day after the operation the temperature went up to 104.4 F. at 4 P. M., pulse 122, respirations 24. The temperature fell to normal the following morning and went up again to 105 F. that afternoon. The breast was still tender and fluctuated on pressure; another incision was made in the breast and a large amount of pus evacuated. The temperature for the following seventeen days rose to 105-105.6 F. in the afternoon and fell to normal in the morning; the pulse during this period varied from 110 to 130, the respirations from 18-26. The breast at this time was draining well and healthy granulations were seen around the edges of the wound. The patient complained at no time of feeling unwell; daily physical examinations of the patient were negative. The daily differential and numerical white cell count was normal. The urine now showed the presence of moderate amount of albumin, few granular casts, and numerous pus cells. After the patient had been running this high temperature for 13 days, 10 c.c. of the polyvalent anti-streptococcus serum were injected subcutaneously. After this first injection, the patient showed a leukocytosis; total whites, 17,400; polymorphonuclears, 82 per cent.; lymphocytes, 18 per cent. Ten c.c. of the serum were injected on each of the two succeeding days. After the third injection, the temperature came down to sub-normal and remained there for 15 days at the end of which time the patient was discharged cured. Repeated examination for plasmodium was negative.

SURGERY OUTSIDE THE HOSPITAL.

The three following cases were cited in a paper on the above subject by Dr. J. W. Alsbrook, of Plant City, Florida, read before the Southern Medical Association and published in the American Journal of Surgery:

Cesarean Operation 27 Miles in the Country.

L. D., colored, age thirty-four, dwarf and "hunch-back," only three feet high. Labor came on October 30, 1907, at full term, pains very severe from the start. On November 2d, at 2 P. M., I was called in consultation with instructions to bring the necessary instruments

for Cesarean operation. The patient lived at a turpentine still twenty-seven miles in the country. At 2:30 P. M. I was on my way, accompanied by Dr. Young, who was to be my only assistant. We arrived some six hours later after having been lost for two hours on the way. After an examination we readily agreed with Dr. McMurray that an operation was necessary. The antero-posterior diameter would not admit the index finger in the centre. The child was already dead and the mother had a temperature of 102.5 degrees F., having been attended for the first two days by the dirtiest of midwives.

We prepared for an operation as rapidly as circumstances would permit, having only one small lamp and several torches to work by. We began the operation at 11 o'clock P. M., under chloroform. A median incision was made which came near going through the uterine wall, the perimetrium being very thin, and this being my first operation of the kind, but the necessities were great, and I had learned my lesson from one among you who has taught many "to fear nothing surgical," when faced by similar circumstances. Believing the child to be dead, and knowing something of the amount of infection present, and wishing to make the woman forever sterile, we decided to do a supra-vaginal hysterectomy in connection with the Cesarean operation; we first ligated the uterine and ovarian arteries, and then incised and emptied the uterus, all of which required only about five minutes. The child was a well-formed female, but had been dead for several days. We rapidly finished our supra-vaginal hysterectomy, losing not more than a tablespoonful of blood during the whole operation, which was completed in forty minutes. The patient was put to bed in better condition than when the operation was begun and left in the care of Dr. McMurray, who agreed to stay until noon the following day, at which time he left her in splendid condition. About 1:30 P. M. her pastor called, strictly against orders, "to pray over her." The patient, being an ultra-religious person, was wrought upon as only a negro can be, and she immediately shouted herself into glory. She evidently died from hemorrhage, one of the ligatures having slipped. I have always doubted the advisability of the hysterectomy in this case.

Cesarean Operation in a Negro House.

K. S., negress, age 38, mother of thirteen children. The last seven had been born dead after days of labor, and version or forceps were in four. I delivered her of a dead child by version one year preceding the present confinement. The cause of her difficult labors, was an extremely pendulous abdomen, which greatly increased in flesh since the birth of her sixth child. Weight 350 pounds at time of operation. I was called at the beginning of labor, February 15, 1909, and at once advised an operation, knowing of her previous trouble. She readily agreed after I had promised her a living child. She was operated on two hours later in her home, the operation requiring about thirty minutes.

The child was delivered in two minutes and breathed without any trouble; weight, eleven pounds. The uterus was closed with two tiers of catgut. The child was strong and normal

from beginning and did well. The mother was up in two weeks. One of her daughters did the nursing of both mother and child.

Gunshot Wound of the Liver.

T. B., colored, male, age 40. I was called to see him at 8 P. M., October 24, 1909. On examination I found he had been shot with a 38 Colt revolver, the bullet entering the abdomen just to the right of the ensiform cartilage, and slightly below, coming out just below the twelfth rib behind. He had a good pulse and showed very little shock, but he had the general appearance of a very badly injured man. We decided to operate at once and while he was being hauled to my office, which was only a mile, we made the usual preparations and opened the abdomen through the wound of entrance and found it entirely filled with blood, which came from a large ragged wound in the right lobe of the liver. We placed, by feeling, two deep sutures of chromic catgut as quickly and tied as lightly as possible to control the hemorrhage, after which we made a counter-opening through the wound of exit and packed with gauze both anteriorly and posteriorly, closing the wounds partially with through-and-through silkworm-gut sutures. He was carried back to his home in the wagon the following morning, making a good recovery in two weeks. His wife was his nurse.

An Orbital Tumor of Ten Years' Standing; Endothelioma.

This case and the four that follow were presented at the February 11, 1911, meeting of the Chicago Ophthalmological Society, as given in the Illinois Medical Journal:

Dr. C. A. Leenheer presented a woman of 34 whom he had exhibited at a meeting of the society five years ago. The patient had an endothelioma of the orbit which had been growing for about ten years. Examination at the present time, nearly six years after the Kroenlein operation had been performed, shows that the eye protrudes above as much as before the operation. The lids cover the cornea, conjunctiva injected; pupil does not react to light; there is secondary optic atrophy; general health is good. Since the operation she has had three children. There has been no evidence of metastasis. Pathologic examination by Dr. Zeit showed a hemangio-endothelioma perivasculare.

Unusual Case of Buphthalmus.

Dr. Major H. Worthington showed a girl of 18 who entered the service of Dr. Willis O. Nance at the Illinois Eye and Ear Infirmary several weeks ago, with a large buphthalmus of the left eye. The eye is about two and one-half times larger than normal. The thinned sclera presents a decided bluish tint throughout the entire anterior ocular segment. Tension is normal and vision equals shadows. The patient was seen nine years ago by Dr. E. K. Findlay, who diagnosed the case as one of tubercular keratitis. An iridectomy had been done in 1905 by Dr. T. A. Woodruff, which brought about a reduction in the ocular tension, and improved the then existing vision. The increase in the size of the eye, as noticed by members of the patient's family, has rapidly increased for six years, the right eye has a decided thinning of the

anterior structures with bulging and appears to be taking the same course as the left. Vision in this eye is reduced to the perception of shadows. Von Pirquet tubercular test was positive. Therapeutic doses of tuberculin are being administered. Dr. Worthington believed the prognosis to be exceedingly grave.

Case of Antepartum Purulent Ophthalmia.

Dr. Willis O. Nance reported the case of an infant who entered his service at the Eye and Ear Infirmary one and one-half days after birth, with the following history: Three hours after birth, as seen by Dr. Hugh Blake Williams, the eyelids were swollen and red, the bulbar conjunctiva was deeply injected and a thin pus was exuding from both eyes. This condition was observed by the attending obstetrician at birth. The mother had had a profuse leukorrhoea for several months. One week before labor, there had been rupture of the amnion with discharge of waters. The baby weighed four pounds. After admission to the hospital, the ocular symptoms increased in severity and both cornea became involved, one of which perforated with evacuation of the lens. At no time was it possible to demonstrate the gonococcus. The patient was discharged from the hospital three weeks after admission. The cornea of one eye is clear except for a small scar. The other is leukomatous. The case is the second one of antepartum ophthalmia that Dr. Nance has observed.

Cyst of the Orbit With Some Interesting Features.

Dr. Richard J. Tivnen reported a case of tumor of the orbit. Patient had observed about a year and a half ago a localized swelling to the nasal side in the tissue of the upper eyelid of the right eye. It was the size of a small pea, was never reddened, inflamed, painful nor tender to the touch. It has noticeably increased in size since last August. Since the age of 18, patient has had several growths removed from the scalp at different times which were hard "like a stone."

Examination discloses a soft freely movable mass slightly larger than a pea, located rather deeply in the soft tissues behind the upper lid just beneath the inner supraorbital arch. The mass does not pulsate, is freely movable, is not attached to the globe or lid structures and is not tender on pressure. No exophthalmos or malposition of globe. Palpebral aperture of right eye is noticeably smaller than that of the left, measuring about 6 cm. in the former and 8 cm. in the later. Vision O. U., 20/50th.

Bilateral Marginal Thinning and Ectasia of Cornea.

Dr. Milton H. Schultz presented a man aged 18 years, who came to the Eye and Ear Infirmary with a perforation of the cornea of the left eye with prolapse of the iris along the upper inner margin. He gave a history of attacks of inflammation of the eyes occurring off and on for two years. The morning of the entry to the hospital, he was awakened by pain in the left eye. Examination revealed a perforation with prolapse of the iris along the upper inner margin of the left cornea. Eserin ½ per cent. and pressure bandage were ordered. Two days later, the patient complained of a sharp pain in the right

eye and examination showed a crescent-shaped peripheral ectasia and thinning of the upper inner quadrant of the cornea which seemed in imminent danger of perforation. It was bordered centrally by a saturated gray line of opacity. The bulged portion was translucent and covered with fine superficial branching vessels and distinctly anesthetic.

The left eye then presented an exact analogous area of peripheral thinning with less bulging. The perforation measures 2x1 mm. at axis 135 degrees and involves the body of the iris from its root to its pupil border. The pupil was pear-shaped. Vision in each eye is practically normal (10/10—3). The ophthalmometer shows an astigmatism of approximately 1 D. *Morax-Axenfeld* diplobacillus and *staphylococcus albus* were grown from the conjunctival sacs. Under pressure bandage and eserin, the marginal ectasis of the right cornea remained unchanged for ten days, then suddenly and entirely disappeared leaving only a flattened area of very thin cornea. The hernia of the left iris was flattened down to its former height, so that it barely projects over the level of the rest of the thinned area. The tension is a little below normal (9 mm. Schiotz tonometer).

The case is unusual in (1) the early age of the patient (18 years); (2) the entire absence of an *arcus senilis*, and (3) the disappearance of the ectasia while under observation.

Unusual Fields of Vision.

Dr. Thomas Faith reported recently in the *Illinois Medical Journal*, the case of a woman of 23 with irregular constriction of the form fields. The field of red was constricted in the upper portion and those for red and green could be seen only in an area of 20 degrees in the inner, lower and outer fields. There was an absolute central scotoma for green and blue. There were no evidences of fundus lesions, nor were there any manifestations of hysteria or insular sclerosis. Vision equalled 20-50. The fields taken repeatedly showed the same result.

Congenital Torticollis.

From a paper read by Dr. C. M. Jacobs, Chicago, before the Chicago Medical Society and printed in the *Illinois Medical Journal*, June, 1911.

Case 1—Norman F., aged 8 years. Normal birth, though six weeks ahead of time. On the third day it was noted that the head was drawn to the right side. No swelling on the neck observed. Examination shows the head is drawn to the right side; the sterno-mastoid muscle shortened, the sternal end more prominent than the clavicular. The face is smaller on the right side than on the left. There seems to be no deformity of the spine.

September 4, 1908: Ether given. Both the sternal and clavicular ends of the sterno-mastoid muscle divided through a vertical incision, one-half inch above the clavicle. Incision closed with fine catgut, without drainage, and a plaster cast applied from the head to the waist, with the head maintained in the over-corrected position. November 6, 1908: Cast removed. Head is held in the over-corrected position.

Case 2—Pearl S., aged 13 years. Forceps delivery. A swelling on the right side of the neck was noticed four weeks after birth. Some weeks later this swelling "took the shape of a

tight cord." The head is drawn to the right side and the chin points to the left; the sterno-mastoid muscle is contracted, especially the sternal end, which stands out as a tense band; there is secondary distortion of the right side of the face and a slight deviation of the spine.

March 26, 1909: Both ends of the sterno-mastoid muscle were divided, and a plaster cast applied, as in Case 1. June 29, 1909: Cast removed. Head retained in the over-corrected position. There is very much less distortion of the face. Measured for collar.

Case of Abortive Poliomyelitis.

Reported by Dr. Richard Stein, of New York, in the *Medical Record*, July 15, 1911.

J. W., six years old, born in the United States and residing on the upper east side of New York City, entered the hospital September 4, 1910, and was discharged cured September 21, 1910. Diagnosis: Acute dysentery, meningism. Family history: Father alive and well, mother died of consumption. Personal history: Born at term, breast-fed; measles last February. For the last few weeks he has been restless at night. On September 3 at noon he was seized with a chill, then complained of headache which gradually became very severe. He also gave evidence of drowsiness and gradually became unconscious. At the same time vomiting and diarrhea set in. Examination: Medium sized, pretty well nourished boy; he is in a state of coma, but responds if aroused. No general enlargement of glands. Rigidity of the neck and tenderness of spine. Examination of eyes, ears and nose, negative. Pupils small, but there is tardy reaction to light. Pulse regular, not retarded, never accelerated. Examination of abdomen, negative. Spleen not enlarged. Slight Kernig sign of both lower extremities and Babinski reflex. Other reflexes normal. The highest temperature recorded was 103 degrees. Further course of the disease: The case ran the course of an acute dysentery with hourly evacuations of a mucoid-blood, and, later, purulent nature. Microscopic examination showed an absence of amebae. The number of stools gradually decreased. The urine never showed more than a trace of albumin. The complicating symptoms referable to the nervous system became very marked; opisthotonus, delirium, sleeplessness, and periods of extreme restlessness. Meningism, as a complication of acute dysentery, was noted as a rare occurrence. Lumbar puncture was made the day after admission; a clear fluid was obtained, which escaped under moderate pressure. The number of stools gradually diminished and the temperature and pulse became normal in the course of a week. The symptoms of meningism—stiffness of neck, Kernig's sign, etc.—subsided; the reflexes were never absent at any time. The patient was discharged cured after two weeks' illness. At no time was there any sign of paretic or paralytic condition of the extremities.

Two Cases of Acute Leukemia.

Dr. Henry Jackson, of Boston, Mass., reported these cases at the annual meeting of the Association of American Physicians, May 9, 1911:

Case I. Acute Lymphatic Leukemia.—This patient was a man, twenty-one years old. In September, 1910, he had a swelling about his tooth. The tooth was extracted. In December

he was very weak, very pale, and his gums were enormously swollen. The white blood count was 19,400, the red cells numbered 3,496,000, and the lymphocytes were 99.5 per cent. He gradually failed and died of exhaustion.

Case II. Acute Myelogenous Leukemia of an Abnormal Type.—This patient was a man thirty-four years old. He had swelling of the submaxillary glands which was soon followed by swelling of the cervical glands and gums. The gums became very tender and bled freely. His chief complaint was weakness. When seen he was markedly anemic and his gums were enormously swollen. The white corpuscles numbered 101,000, and the red cells 2,408,300. The white cells showed a predominance of abnormal myelocytes. Death occurred about one month after he was first seen.

The two cases were of special interest in that the chief symptom in each case was due to disease localized in the gums. The gums were very much thickened; along the edges there were superficial ulcerations, and they bled easily when touched. Both cases were considered as some local disturbance of the gums and mouth until the blood examination made the diagnosis possible. As the gums were generally swollen before a dentist was consulted as to the trouble, it seemed probable that the ulceration about a tooth was not the source of infection causative of the disease. The spleen was barely palpable in these cases.

Dr. Richard C. Cabot, of Boston, said that it seemed to him that more difficulties arose as the years went by in getting a clear demarcation between the clinical pictures of acute lymphatic leukemia, that was from a clinical point of view. He had seen three or four examples in which the diagnosis was made of septic infectious leucocytosis; in these the leucocyte count was 20,000 or 30,000 with a large percentage of lymphocytes, about 80 per cent. Yet there occurred a complete recovery and a lasting one.

Vesical Calculus Following Pubiotomy.

Howard Canning Taylor presented this specimen at a meeting of the New York Academy of Medicine, March 23, 1911. The woman from whom this calculus was removed entered one of the maternity hospitals in New York two years ago, when she was forty-one years of age, for her first confinement. On account of the disproportion between the size of the child and the maternal parts, a pubiotomy was done. In the delivery of the child, not by the pubiotomy itself, an opening was torn into the bladder. An attempt was made to close it at the time of the delivery, but without success. Subsequently four or five trials were necessary before the vesico-vaginal fistula was successfully closed. This was probably because of the proximity of the fistula to one of the ureteral orifices. The patient remained well until about six months before, entering Roosevelt Hospital with symptoms of cystitis. She had a temperature of 102, the urine contained considerable pus and mucus and a large number of colon bacilli. After a week in bed with a fluid diet and urinary antiseptics, the temperature subsided. A cystoscopic examination showed the calculus movable at the base of the bladder.

The suprapubic route was selected for its removal on account of the trouble that was had with the previous vesicovaginal fistula. A

Plannenstiel incision was used and found to give good exposure to the bladder. The incision in the bladder was closed with catgut and the abdominal wound drained for forty-eight hours. No permanent drainage of the bladder was used, but the patient was catheterized every four hours for the first forty-eight hours.

There are three possible origins of the calculus. A small piece of bone from the pubiotomy may have found its way into the bladder and acted as a nucleus. A piece of ligature or suture from one of the operations for the vesico-vaginal fistula may have been the nucleus. Some of the urinary salts that were deposited about the edges of the vesicovaginal opening may have been left in the bladder and may have been the starting point of the calculus. The last is the most probable.

The calculus is 4 cm. in length, 2 cm. in width, and weighs 12 gm.—American Journal of Obstetrics.

Intraligamentous Pregnancy at Term.

Dr. Ross MacPherson, at March 23d meeting of the New York Academy of Medicine, reported this case because of its extreme rarity, being one out of three cases taken from a series of 75,000 cases at the Lying-in Hospital. The patient was 21 years of age. She had had no miscarriages. On February 18, 1911, she apparently was at term. When seen she was believed to have a fibroid tumor of the uterus. On palpation the parts were soft; there was no fetal heart sounds detected. There was a mass behind the uterus that did not contract. The fetus, however, was palpable and lying in the correct position. A vaginal examination was practically impossible. It was believed that this was a case of sacculation of the uterus. Under anaesthesia the fingers readily dilated the cervix and a portion of the uterine cavity. A diagnosis of intraligamentous pregnancy was made. The abdomen was then opened and the diagnosis was corroborated. A child weighing 3,800 grams was extracted. It was thought the placenta could be removed without difficulty, but in attempting to do so there occurred a tremendous hemorrhage which required packing to control. The patient, except for a phlebitis in the left leg, made an uneventful recovery.

Absence of Fallopian Tubes.

Reported by Dr. E. A. Chill in the Medical Press and Circular, London, May, 1911.

In the case cited by Dr. Chill there was absence of the Fallopian tubes and of menstruation, associated with monthly recurring attacks of peritonitis. A woman, aged 31, married three years, never had any menstrual flow. No blood or blood-stained fluid had ever been passed. At the age of 14, attacks of pelvic pains began and recurred monthly, lasting three to seven days, during which there might be a little whitish-yellow discharge, but never enough to require a diaper. These attacks became more and more severe, affecting the lower half of the abdomen, beginning on one side and spreading to the other, but always worse on the left side. This was accompanied by nausea, headache and sweating. She had been under treatment without benefit. These attacks of recurrent peritonitis rendered the patient weak and thin, but beyond this, everything, including the breasts,

pubic hair, external genitals, vagina and uterus appeared normal. There was tenderness on pressure in both iliac regions and rigidity over the lower abdomen. Per vaginam, a tender swelling could be felt on each side behind and external to the uterus, more marked on the left side. The body of the uterus was quite normal; in the place of each cornu was a pea-like knob. There was no sign of the main portion of the Fallopian tube on either side, but the round ligament was well defined, and there was nothing else abnormal about the inner part of the broad ligament. Each ovary was enclosed in a pouch formed by peritoneal adhesions; the opening of the pouch into the general peritoneal cavity was directed backward; the peritoneal surface of the ovaries projected into the interior of the pouches. This surface of the ovary appeared normal, and on pricking one of the follicles fluid spurted out. Chill did not observe any sign of a corpus luteum of menstruation, nor any remains of blood-clot or pigment whatever. In the wall of the sac where it was continuous with the broad ligament there appeared to be traces of the fimbriae of the Fallopian tube. A uterine sound was passed quite easily and to the normal distance. But the lumen of the uterus did not extend into the pea-like knobs previously noted. On the left side the knob contained a small dermoid cyst enclosing sebaceous material but no hairs. On the right the knob was a mass of fibrous tissue. A drainage tube was passed downward from the uterine cavity through the cervix, and the orifices of the two ovarian pouches were brought over the uterus and sutured so as to establish a continuity with the uterine cavity. The patient has returned frequently for examination, is in very good health and has had no further attacks nor abdominal disturbance.

Banti's Disease.

Reported by Drs. W. Oettinger and P. L. Marie, in the *Revue de Medecine*, Paris, May, 1911:

The patient in the case reported was a previously healthy young man whose spleen gradually enlarged in the course of three or four months. There were no other symptoms except a slight tendency to jaundice and on seven occasions vomiting of blood or melena. Splenectomy was done to put an end to the hemorrhages but the patient died in a post-operative hemorrhage. Necropsy showed lesions in the spleen, liver and splenic vein. The possibility of these is the gravest danger in operative treatment of Banti's disease. The majority is 50 per cent. to date, but only 12.5 per cent. in cases in which the operation was done before the disease was extremely far advanced.

A Fly Found in Child's Brain.

A fly which crawled into his ear and lodged there caused the death of the five-year-old son of Daniel Halloran, of 344 Park avenue, Union Hill, who died at his parents' residence after an operation performed July 4. The little fellow had been ailing for some days and a few hours before the operation was performed a swelling appeared on the side of his head accompanied by intense pains. Dr. Goode, of Union Hill, who was summoned at once, saw the gravity of

the child's condition and called Dr. F. C. Farr, of Hoboken, into consultation and an immediate operation was decided upon.

The doctors had diagnosed the trouble as some pressure upon the brain tissue but were surprised when the incision was made and the brain covering exposed to find that the cause of the difficulty was a fly which had made its way far into the child's head, gaining entrance through the ear. The body of the fly had been in its position so long that it had practically petrified. All their efforts to relieve the congestion which had been set up was in vain, however, and death ended the boy's sufferings on Saturday.—Hudson Dispatch.

Abstracts from Medical Journals.

Urine Examination in Life Insurance—A Farce?

Leopold Feilchenfeld answers an article by Harrower with the above title. He grants that there is some truth in Harrower's statements, only they are exaggerated and wrongly applied. The usual examination of urine for life insurance purposes is not scientifically complete, but it is not the aim of the examiner to discover any small abnormalities, the practical significance of which is not at all definitely known. For instance, what would be the meaning of increase in phosphates, chlorides, urea, or uric acid? The insurance companies want simply to exclude serious illness, and especially diabetes and nephritis. Special methods would show "traces of albumin" in otherwise quite healthy persons. Harrower is right in condemning Fehling's test, but most examiners have already substituted Nylander's reagent for Fehling's. The writer warns against making the medical examinations too complicated, in any case, as there is a growing tendency among life insurance companies to do as much as possible without medical advice; for instance, a certificate from the applicant's family physician is now rarely called for. It may be that in the future even the medical examiner's services will be only exceptionally called for. Feilchenfeld concludes that the present method of having the medical examiner perform the urinalysis is quite acceptable. The services of a specialist should be required only if the results obtained by the examiner require control in any particular and difficult case.—*Zeitschrift für Versicherungsmedizin*, April, 1911.

Absorption in Drugs.

Dr. W. E. Dixon points out that the rate of absorption of drugs from the alimentary canal may be influenced by the administration of other substances, either previously or simultaneously. Alcohol is not only absorbed with great rapidity itself from the stomach and intestines, but it facilitates the absorption of other substances dissolved in it. This naturally leads one to speculate whether this action of alcohol may not account for some of the toxic effects associated with indulgence. One fact is clear that alcohol is not the direct cause of the various cirrhoses which are commonly associated with alcoholics. But may it not be that in a proportion of these people poisonous products are

formed in the alimentary canal as a result of putrefaction, and that the presence of alcohol brings about their absorption? Whether this explanation be correct or not, one such poisonous product is formed in the alimentary canal of man under certain conditions and its injection into animals leads to cirrhoses.—Practitioner.

Diabetes in Children.

Dr. M. Lauritzen, in *Therapie der Gegenwart*, Berlin, reviews his experiences with 27 cases of diabetes mellitus in children; an inherited taint was evident in 7, but no indications of pancreatic disease or trauma affecting the brain were discoverable in any instance. Next in importance to the regulation of the diet, he declares, is the necessity for mental and physical rest, reducing tissue waste as much as possible; massage should be given while the child stays in bed, and for this and other reasons, he considers institutional treatment indispensable for diabetes in a child, even in the mild forms. The aim should be to relieve not only the organs in charge of sugar metabolism of all unnecessary work but also all the cells. He insists on the importance of recognizing an incipient tendency to diabetes in children and that the children in families inclined to metabolic disturbances, gout, etc., and children with acne, boils, eczema and other skin diseases should be supervised with special care in this respect, examining their urine frequently. If any reducing substances are found in the urine, a test meal of rice, fish, potato and bread should be given and the urine for the following four hours collected and analyzed. If the glycosuria increases, dietetic restrictions should be enforced at once. Only when the diabetes is detected in its earliest phase can material improvement or a cure be anticipated. Diabetes in children under 2 generally runs a rapidly fatal course. In the mild cases it is important not to jeopardize all with too early resumption of a mixed diet. In the mild and moderately severe cases the patients should return to the hospital four times a year for revision of the assimilating capacity and degree of production of diacetic acid and acetone and have the diet regulated anew accordingly. In the severe cases not until the urine has been alkaline or is still only slightly acid under large prophylactic doses of sodium bicarbonate is it safe to inaugurate the strict antidiabetic diet. If the glycosuria persists he keeps the child in bed and occasionally allows nothing but water for a day. He accepts the beneficial and apparently specific action of oatmeal in diabetes and makes much use of it, but he always precedes the oatmeal days with a strict albumin-poor diet for a few days, then an exclusively vegetable day, then the oatmeal for a few days, then two or three vegetable days, and then the strict albumin-poor diet again, although in the severer cases the resumption of the stricter diet must be very cautious as otherwise the acidosis may suddenly increase and coma follow. He gives the tabulated details of several cases to show the great benefit that may be derived from treatment on these principles, generally following von Noorden's technic. Eight of the children are still living, including a girl of 8 with intense acidosis when first examined a year ago. The duration of the disease was from 2 months to 4 years in the others. He emphasizes the fact that the

total acidity and ammonia content of the urine parallel each other and are a useful index of the daily fluctuations of the acidosis. He classifies the cases as mild when the sugar rapidly disappears on a diet poor in carbohydrates, and moderately severe when the sugar does not disappear unless the diet contains so little albumin that there is only from 7 to 13 gm. of nitrogen in the urine. The proportion of albumin allowed in the diet should be that with which the urine is kept free from sugar, and the amount of food should be kept down to what is actually required.

Ocular Manifestations of the Peripheral Affections of the Fifth Cranial Nerve.

Dr. George H. Bell, of New York, closes an able paper read before the New York Institute of Stomatology and published in the *Medical Record*, May 13, as follows:

Conclusions.—That diseases of the teeth should at all times be suspected as one of the causes of tic douloureux and migraine is not surprising, from their situation and intimate connection with the fifth pair of nerves, which are more frequently affected with neuralgia than the other nerves. The writer thinks that enough attention is not paid by the ophthalmologists and stomatologists to the inflammation of the various branches of the fifth cranial nerve. The oculist should catechise more of his patients in regard to the conditions of the teeth and gums and especially when they come to him complaining of neuralgic pains in the head and face. Pain referred to the distribution of the ophthalmic or maxillary divisions of the trigeminal should always lead to careful examination of eyeball as well as of the teeth. The writer holds that supraorbital neuralgia of the periodical class is a form of migraine. That the thorough study of a case of sick headache or neuralgia is one of the most difficult problems of medicine. The differential diagnosis of tic douloureux, migraine, and hysteria is not always easy. In a large percentage of persons whose headaches are without doubt due solely to eye strain and its associated local conditions the symptoms disappear promptly and permanently under correcting glasses. But in many others the results are disappointing. In this class of cases, must we look to the teeth, the nose, sometimes the ear, and also for symptoms of latent sinus disease to help us out of the difficulty. The writer wishes to point out the fact that the ophthalmologist and the stomatologist are frequently interdependent, and how important it is for both of them to be on the lookout in obscure cases for reflex neuroses that may throw some light on the subject.

Necessity of Removal of Adenoids and Enlarged Tonsils.

J. N. Roy says that there are many reasons why we should urge the removal of adenoids and tonsils when enlarged. The nose has the function of removing from the air the irritating particles and bacteria which reach it, and of raising the temperature of the air before it enters the lungs. The removal of adenoids prevents adenoid atresia, arrest of development of the bones of the face and thorax, infections of the respiratory tract, inconveniences of obstruction of the nose, dangers of mouth breath-

ing, deafness and suppurations of the ear structures, reflex nervous phenomena, infectious diseases, and retarded mental development. The removal of hypertrophied tonsils prevents respiratory and digestive infections, ear troubles, reflex nervous troubles, aggravation of diphtheria, and infection of the glands of the neck.—Le Journal de Medecine et de Chirurgie.

Treatment of Infantile Paralysis.

Dr. Purckhauer calls attention to the fact that some of the muscles in this affection are quite sound but have lost their elastic tension from overstretching. Such muscles behave as if they were actually paralyzed. By shortening these muscles by approximating their insertions the elastic tension is restored and the muscle again becomes useful. Several cases are upon record (Wittek, Jones) in which muscles which had seemingly been paralyzed for years were restored to usefulness by simply flexing the limb and bandaging it in that position. The author's own material of nineteen cases of paralytic club-foot was found to comprise no less than eight cases in which the muscles were overextended. In four of these tenotomy was required in addition to bandaging in the flexed position, but in the other four the condition recovered under mechanical correction alone.—Munchener Med. Woch.

Abdominal Tenderness With Pain Due to Thoracic Lesions.

Dr. Arthur R. Edwards, of Chicago, read a paper on the above subject at the annual meeting of the Association of American Physicians, Atlantic City, May, 1911. He spoke of thoracic disease with abdominal pain, reflected from the thorax to the abdomen as by no means of uncommon occurrence and cited several cases with tenderness, with even rigid abdomen, simulating intestinal perforation.

Dr. M. Howard Fussell, of Philadelphia, said he never approached patients who appeared to have abdominal troubles without some trepidation because of the mistakes he had himself made as well as because of those of others. He reported a case of a man, twenty-seven years old, a very hard drinker. He was seized suddenly with extreme pain in the right lower lumbar region; morphine had no effect apparently upon it. A few hours after he first saw him the abdomen was as tense as any he ever had seen. But there were present peristalsis and local tenderness. He had great difficulty in breathing, was cyanotic and in a state of collapse. His pulse was 120 and respiration 50. A very careful examination of the chest, however, revealed an area of dullness at the right base and this was finally decided to be a chest case and not an abdominal one. By subsequent events this was found to be correct. It seemed to him that there was no one symptom, or set of symptoms in fact, upon which one should make an absolute diagnosis.

Dr. S. J. Meltzer, of New York, said that he had seen a patient suffering from angina pectoris and treated by some of the best men in New York for gastric trouble and for gallstones. It should be remembered that the pneumogastric nerve supplied both thoracic and abdominal organs. He referred to a simple experiment. If one had some trouble in the teeth

of the lower maxilla, say of the left side, and if the nasal cavity of the right side was slightly stimulated, severe pain would be felt on the left side. This was an instance of irradiation, or irradiated pain.

Infection of the Urinary Tract in Children by Coliform Organisms.

Among 121 cases collected and studied by Jeffreys, sixty-seven were due to coliform organisms, thirty-seven to staphylococcus, ten to streptococcus, three to pneumococcus and four to other organisms. Of fourteen cases occurring during 1910, five patients died of the disease and one of meningococcal meningitis, in which the coli infection was a complication. There were sixteen cases in 1909, twelve cases in 1908 and nine cases in 1907; the remaining nine cases were scattered over the previous six years, and one of the patients died of the disease in 1905. Only ten dated the trouble from some previous illness, generally an acute specific fever. In thirty-four cases there was definite evidence of bowel trouble of one kind or another, in ten cases the bowels were noted as regular, and in sixteen there was no evidence pointing to bowel trouble.

With regard to the chief symptoms complained of, in thirty-seven cases they pointed to bladder trouble, usually painful micturition; three cases were brought up for diarrhea and vomiting, nine for abdominal pain, five with meningeal symptoms, four for debility and in two there were no symptoms. Four cases were discovered in children suffering from some other illness. Twenty-one began with symptoms pointing to bladder trouble and nine with symptoms suggesting pyelitis. In thirty cases there was no evidence to suggest the mode of onset. There was evidence pointing to pyelitis in thirty cases; in twelve the right kidney only was affected, in three the left only. The renal trouble began in or was confined to the right kidney in seventeen cases, the left in five; in one of the latter the right kidney was more markedly affected than the left. In eight cases there was no evidence to show which kidney was first effected. Examination of the urine shows that pus was present in nearly every instance, fifty-six out of sixty. Albumin was present in forty-five and blood in fifteen. The urine was acid in thirty-nine cases, alkaline in seven, neutral in one and in the remaining thirteen cases no note was made of the reaction. Casts were noted as being present four times.

Only twenty-one patients were discharged as being cured, that is to say, with no symptoms and no pus in the urine. Nine died; of these six died of the urinary trouble and three of some other disease, of which the urinary infection was a complication. Six were discharged *in statu quo ante* and twenty-three as "improved;" this usually meant that symptoms had abated but that pus was still present in the urine. Altogether fourteen patients were untreated; except by rest in bed and nursing; of these, one was cured, five went out unchanged, two were "improved," and six died, three of the latter from some other complaint. Forty-six patients were treated with drugs, or local applications to the bladder, and twenty of them were cured, four with washing out the bladder, one with alkalis by the mouth, five with antiseptics by the mouth and one with vaccines. The remainder had vari-

ous combinations of the above methods. The usual treatment was on three lines: 1. Alkalis. 2. Primary antiseptics. 3. Local treatment to the bladder. These were usually combined. Jeffreys thinks it most important to treat the bowel condition by washing out the large intestine and keeping it acting by means of aperients, but being careful not to produce further irritation of the large intestine, as it is very likely with aperients. Judging by three cases cured by appendicectomy, it seems well worth while resorting to this measure in stubborn cases.

Newer Methods for Further Increasing the Safety of Surgical Operations.

Dr. G. W. Crile, of Cleveland, in a paper read at the annual meeting of the A. M. A., Los Angeles, divided operations into two classes: (1) Those on patients in fair health, such as operations on the uterus and ovaries, simple gall-bladder and hernia operations, operations for cancer of the breast, simple goiter, etc.; and (2) those on patients whose vitality had been lowered by accident, infection, or prolonged illness, such as severe crushes, peritonitis, starvation from pyloric obstruction, etc. Of 10,723 personal operations 4,127 were in the first group, with a mortality of 1 in 325 cases. All cases had temporary nervous impairment, such impairment varying with the individual, working women as a rule having less than women living in luxury. For this nervous impairment there was a physical basis. The central nervous system was damaged; brains after fatigue, injury, drugs, shock, etc., having been examined and anatomical changes having been observed. Severe infections, shock and emotions even were the cause of surgical deaths and showed changes in the central nervous system. Three factors increased the damage to the central nervous system: (1) fear, (2) trauma to tissues, and (3) anesthesia. Fear was stronger than the will and required drugs for control. Morphine and scopolamine allayed fear and gave a neutral state. Owing to the abolition of the association fibres one should prevent the effects of trauma to the tissues by using a local anesthetic to block all impulses from the site of operation to the brain. Under the use of nitrous oxide anesthesia the effect of trauma on the brain was only one-fourth as much as when ether was used. Crile had had personal experience with 2,400 operations under nitrous oxide and Dr. Teter had given it 17,762 times without a fatality. After the nerve cells of the brain had been damaged and vitality had been lost restoration could be brought about by direct transfusion of human blood. In industrial accidents and grave diseases where vitality was low, the remaining vitality should be conserved by the use of nitrous oxide as a general anesthetic and cocaine as a local anesthetic, to prevent impulses reaching the brain, and also the restoration of the exhausted nerve cells by direct transfusion. In 2410 cases so operated on there was a mortality of less than two per cent. Slides were shown illustrating the appearance of brain cells in the normal condition, in toxemia, in fatigue, in fright, etc.

A foreign body in the nose of a child is often suggested by a discharge of mucus from one side only.

Surgical Treatment of Gallstone Disease.

From the report in the Medical Record of an address by Dr. William J. Mayo, of Rochester, Minn., at the meeting of the Canadian Medical Association, Montreal, June, 1911:

Dr. Mayo said that in reviewing 4,000 operations which the Mayo brothers had performed upon the gall-bladder and the biliary passages they had been impressed with the fact that the mortality was due to the complications incident to the disease rather than to the removal of gallstones from the otherwise normal gall-bladder. Not only was the mortality greatly increased by the involvement of the deep bile passages, the liver, pancreas and neighboring viscera, but the gall-bladder might also be found in such a condition as to render an attempt to save it impracticable and fraught with a possibility of a recurrence of symptoms. The gallstones were, however, the responsible agents in the production of these complications, inasmuch as they set up a train of events which would not have occurred had the gallstones been removed early in the history of the disease. It was in this early period that operation furnished an easy, safe and efficient cure. Cholecystostomy with temporary drainage of the gall-bladder to the surface was the operation preferred because it saved this valuable organ for future function. The danger of reformation of gallstones after cholecystostomy was exceedingly small. In their series they observed but three cases in which stones had reformed in the gall-bladder and it was probable that in most cases of supposed reformation of gallstones the stones had not reformed, but were incompletely removed at the primary operation, an accident which did not often happen when the operation was done early. In the class of cases in which the gall-bladder was contracted down upon a mass of stones secondary carcinoma was liable to develop. In their experience two and one-fourth per cent. of all operations upon the gall-bladder and biliary tract had shown malignant complications. The danger of carcinoma alone was five times greater than the mortality following operations for the relief of simple gallstone disease. So long as the stones were confined to the gall-bladder the trouble remained local in an organ which was not essential to life, but with the entrance of stone and infection into the deep duct of the liver two fundamental organs which were essential to life were liable to be involved in the process, namely, the liver and the pancreas. Stones in the common duct not only impaired the health of the patient, but complications directly threatening life might arise at any time. In the 4,000 operations the average mortality was 2.75 per cent. In 2,920 the disease was local and confined to the gall-bladder and cystic duct. The operative mortality was 1.8 per cent. In 2,165 of these cystostomy was performed with a mortality of 1.5 per cent. In 755 cases cystectomy was performed with a mortality of 2.4 per cent. These data were contrasted with 492 cases in which the common duct was involved, with an average mortality of 8 per cent.; mortality which depended not so much upon the operation itself as upon the extent of involvement of the liver and pancreas and the bad general condition of the patient. Pancreatitis as a complication occurred 359 times in the 4,000 cases.

Reports from County Societies.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Secretary.

A postponed meeting of the Bergen County Medical Society was held at the Union League Club rooms, Hackensack, June 20th, at 8:15 P. M. In the absence of the president and vice-president, Dr. S. E. Armstrong was elected chairman. Seventeen members were present.

Dr. Paul O'Brien, of Carlstadt, was elected to membership. Dr. Guy Otis Brewster requested a transfer of his membership to the Morris County Medical Society, which was granted.

Rabies was the subject selected for discussion and most of the members present participated. A resolution was passed directing the secretary to ask the co-operation of the State Board of Health and the county medical societies of the State in an effort to obtain legislation against the spread of rabies.

HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

On June 29th, twenty-one members of the Hunterdon County Medical Society, with visitors from Warren, also from Bucks County, Pa., met by invitation of Dr. S. B. English, at the New Jersey Tuberculosis Sanatorium. It was a very pleasant day and Hunterdon's dirt roads were fairly passable, so many of us journeyed by motor. Those of us from the south observed quite a contrast between the stone road on the sanatorium grounds and the ston(y) road between Clinton and Glen Gardner. One of the gentlemen remarked that in this road the dirt had all been removed and the stones left. After the party had assembled we were conducted through and around the institution by Drs. English and Dunham, who explained everything of interest. After this we were served with an excellent dinner, following which we repaired to the sitting-room and had some speeches, extolling the institution and its management and thanking Dr. English for a very pleasant as well as a profitable outing. By this time the sun was travelling westward, so we followed his example and travelled, too.

MIDDLESEX COUNTY.

Benjamin Gutmann, M. D., Reporter.

The July quarterly meeting of the Middlesex County Medical Society was held in the State Hospital at Trenton July 20, 1911, on invitation of Medical Director H. A. Cotton. Sixteen members were present, from New Brunswick, Metuchen, Perth Amboy and Milltown. There were also present Drs. B. W. Hoagland, of the Union County Society; Director Cotton and Drs. J. C. Felty and L. M. Halsey, managers of the hospital and several members of the hospital staff.

An elaborate and bountiful luncheon was served by the hospital authorities, after which a brief business meeting of the Society was held. Drs. D. C. English introduced and spoke on a resolution warmly endorsing Dr. Harvey W. Wiley for his excellent work in behalf of Pure Foods and Drugs, and expressing strongly

the belief that his dismissal would be a serious public calamity. Dr. Halsey also spoke on the resolution. It was unanimously adopted and a copy was ordered sent to President Taft.

Dr. A. L. Smith, from the Special Committee on Contract Practice, presented a report which took strong grounds against all forms of such practice permitting low rate fees as being discreditable to the profession.

On account of the small attendance, action on the report was postponed until the next meeting.

A resolution of hearty thanks to the hospital authorities for their hospitality was unanimously adopted.

Dr. Cotton and his associates on the staff, after the adjournment, showed us through the buildings and spoke of some features of their work and also of the extensive improvements that were being made in buildings and equipment. The members returned to their homes greatly pleased with their visit and the generous treatment received from the hospital authorities.

UNION COUNTY.

George Knauer, M. D., Reporter.

The Union County Medical Society held its regular meeting July 12th, in the Overlook Hospital, Summit, N. J., at 8:30 o'clock P. M. There was a large attendance. Dr. N. L. Wilson, of Elizabeth, presided.

Dr. Harold D. Corbusier, of Plainfield, exhibited a needle for use with a stingle strand of suture, which he had invented and spoke, as did others who were present, of the advantages of the single strand.

The paper of the evening was presented by Dr. Harold Barclay, of New York City, on "Chronic Gastritis." It was an excellent paper and was well discussed by several of the members and guests who were present.

Dr. David C. English, of New Brunswick, editor of the State Society Journal, was among the guests of the society.

Dr. S. Franklin Wade, of Elizabeth, was proposed for membership.

After adjournment the members and guests partook of the bountiful supply of refreshments which President Lawrence had provided.

Annual Reports of the County Medical Societies' Reporters to the Chairman of the Scientific Committee.

ATLANTIC COUNTY.

Dr. W. P. Conaway, Reporter.

To Dr. Joseph M. Rector, chairman:

Dear Doctor: The work of the members of the Atlantic County Medical Society during the past year has been a source of considerable pleasure and profit to all concerned.

Many highly instructive papers have been read, among them being the following:

"Serum Diagnosis of Syphilis," by Dr. J. A. Tull, Atlantic City; "The Importance of Sufficient Proteids in Artificial Feeding of Infants," by Dr. D. J. Miller, Atlantic City; "The Insanities of Youth," by Dr. Chas. W. Burr, Philadelphia; "Diagnostic Value of Reflexes," by Dr. Alfred Gordon, Philadelphia; "Diseases of the Umbilicus," by Dr. Thomas S. Cullen, Baltimore;

"Premature Ageing of the Heart and Blood Vessels," by Dr. David Reisman, Philadelphia; "Placenta Prævia," by Dr. E. P. Davis, Philadelphia; "Some Recent Decisions Affecting Medical Men," by Dr. W. A. Purrington, New York City; "Contra Indications for Operation," Dr. J. C. DaCosta, Philadelphia; "Indications for Appendicostomy," by Dr. Samuel Gant, New York City.

Among the interesting cases reported by the members may be mentioned:

A case of Bronchitis, with Cardiac Displacement, by Dr. Philip Marvel, Atlantic City; a case of Hernia of the Viscera, by Dr. T. D. Taggart, Atlantic City; a case of Asphyxia due to a Foreign Body, by Dr. E. H. Harvey, Atlantic City; a case of ten months Tubal Pregnancy, Unruptured, by Dr. Walt P. Conaway, Atlantic City.

Two active members have been added to our roll; Dr. W. H. Schmidt and Dr. R. Bew, both of Atlantic City; Dr. H. L. Harley has been transferred from Gloucester County. G. H. Lutz, D. D. S., and W. E. Rulon, E. T., have been elected to associate membership. We lost two active members by death; Dr. Herman Marcus and Dr. W. F. Ridgway, both of Atlantic City. Dr. Daniel Jenifer has removed to Towson, Md.

Measles have been epidemic during the winter and we have had a few cases of diphtheria and scarlet fever, but the cases of scarlet fever have been of a mild nature. Only a few cases of typhoid were reported.

The new law regarding the reporting of births within five days does not give general satisfaction, it being in many cases impossible to give the name of the baby in so short a time, and as a result the records are delayed.

A medical bureau of credits has been established and thus far seems to be of considerable benefit to the members. A red book containing a list of the poor-pay patients in the city is being prepared.

The committee on medical library reports that sufficient funds are available to purchase any book or books desired by any member.

Delegates have been appointed to Salem, Gloucester and Camden counties, as follows: Salem County, Drs. Leonard, Darnall and Fish; Gloucester County, Drs. E. Marvel, Stewart and Westcott; Camden County, Drs. Conaway, Taggart and Guion.

Respectfully submitted,

Walt Ponder Conaway, Reporter.

May 5, 1911.

BERGEN COUNTY.

Dr. F. S. Hallett, Reporter.

To: Dr. J. M. Rector, Chairman:

Dear Doctor: I beg to report a prosperous year for the Bergen County Medical Society. We have had monthly meetings with the exception of July and August. The attendance has been good at every meeting. We have usually had a scientific program and the following guests have contributed papers during the year:

1. Dr. Sidney Yankauer, of New York City, "The Cure of Middle Ear Suppuration by Obliteration of the Eustachian Tube."

2. Dr. G. D. Stewart, Professor of Surgery, University and Bellevue Medical College, "Symptoms and Diagnosis of Gallstone Disease."

3. Dr. G. K. Dickerson, of Jersey City, "Appendicitis and Its Moving Pathology."

4. Dr. Henry Heiman, New York City, "Pneumonia in Childhood."

5. Dr. T. H. Dexter, of New York City, "Surgical Vaccines."

The March meeting was given over to a complimentary dinner to our two oldest members, Dr. J. J. Haring, of Tenafly, and Drs. S. T. Zabriskie, of Westwood.

The following members were elected during the year: Dr. William C. Craig, Ridgewood; Dr. Walter Phillips, Englewood; Dr. G. P. Pitkins, Bergenfields; Dr. J. B. Edwards, Leonia; Dr. G. O. Brewster, Grantwood. Dr. Henry A. Bonyng, of Ridgewood, transferred his membership to the Passaic County Society.

Two members have passed away—Dr. Henry C. Neer, of Park Ridge, and Dr. Daniel A. Currie, of Englewood.

Respectfully submitted,

F. S. Hallett, Reporter.

BURLINGTON COUNTY.

Dr. M. W. Newcomb, Reporter.

Dr. J. M. Rector, chairman:

Dear Doctor: The four regular meetings of the Burlington County Medical Society were held on the second Wednesday in January, April, June and October. The annual meeting was held in January; the April meeting was devoted to general medical subjects; that in June to surgery, and that in October to obstetrics, gynecology and pediatrics. The meetings have been well attended, and the papers have been rich in interest and instruction, abstracts of which have always appeared in the Journal. Many interesting cases have been reported; at the April meeting poliomyelitis was the topic and some thirty cases were reported as having been treated by those present. One new member was added during the year, and one removed from the county.

At the April meeting the following amendments to the by-laws were presented: "Section 2 The regular meetings of the society shall be held on the second Wednesday in January, March, April, June, September and November, at such time and place as may be designated at the previous meeting. Section 3. The meeting in January shall be devoted to general medicine; that in March to medical legislation and economics; the meeting in April shall be known as the annual meeting, at which all officers shall be elected; the meeting in June shall be devoted to surgery; that in September to hygiene and sanitation; that in November to obstetrics and diseases of women and children. Chapter III., Section 1. The officers of the society shall be elected at the April meeting in each year, which shall be known as the annual meeting."

Respectfully submitted,

W. W. Newcomb, Reporter.

CAPE MAY COUNTY.

Dr. Eugene Way, Reporter.

Dr. J. M. Rector, Chairman:

Dear Sir: I herewith submit the report of the Cape May County Medical Society for the past year.

We regret the lack of interest in the welfare of our society manifest on the part of many of our members. This, however, may be due in part to the fact that the members are widely

separated and means of transportation are not always convenient, and as but two meetings are held each year, with little of importance transacted, possibly they should not be censured if they feel that their whole duty to the society is discharged by the payment of the annual dues.

The essayists appointed for the last two meetings failed to report and nothing but routine business was transacted except the election of the following new members: Dr. Willets P. Haines, of Ocean City, by transfer from Burlington County; Dr. Clarence W. Way, Ocean City; Dr. I. N. Griscom, Ocean City; Dr. S. Dixon Mayhew, Wildwood, and Dr. Samuel F. Ewing, Tuckahoe.

The society lost by death Dr. B. T. Abbott, of Ocean City.

The next meeting will be held at Tuckahoe, for which an interesting program is being arranged. The wives and sweethearts of the members are to be invited, and with the impetus given by the new members it is hoped that a new era will be entered upon.

Measles, scarlet fever and grip have been epidemic and rheumatism in its various forms has been unusually prevalent and severe.

Respectfully submitted,

Eugene Way, Reporter.

Dennisville, N. J., April 26, 1911.

CUMBERLAND COUNTY.

Dr. J. H. Moore, Reporter.

Jos. M. Rector, M. D., Chairman Committee on Scientific Work:

Dear Sir: I forward herewith report of Cumberland County Medical Society for the year ending April 11, 1911.

During the year the usual four meetings of the society were held, and at the August meeting of the society, in Millville, instead of the usual business meeting, there was a clinic given by Dr. Gordon, of Philadelphia, through the courtesy of Dr. Madeline A. Hallowell, superintendent of the State Home, Vineland, who furnished six patients from that institution for the clinic. These cases illustrated the various forms of idiocy, imbecility, feeble-mindedness and degeneracy. Dr. Gordon gave a most interesting clinic with these as the subject of his remarks. After his address, Dr. Hallowell spoke of the work carried on by the State along these lines and urged the medical men that they take an active interest in this work.

At this meeting also Dr. W. L. Cornwell, of Bridgeton, chairman of a special committee, appointed at the last meeting to investigate the question of fees of medical inspectors for public schools, reported, after careful investigation, recommending a flat fee of \$1.00 per pupil be charged by the different inspectors of the county, and that each city be divided into districts and a medical inspector appointed for each district. This report was received and filed, and at the next meeting of the society the action of the committee was endorsed and the opinion of the society expressed to the effect that no examinations of this kind should be made at less than the regular fee.

The subject of industrial life insurance examinations was also taken up and the society went on record also to the effect that members of the society should not perform these examinations for the fees given, which were inadequate and tended to lower and degrade the tone of the medical profession.

During the year Dr. James Hunter, Councilor of the State Society for this district, addressed the society in the interest of the medical profession in general urging upon the physicians the duty of co-operating in upholding the ethical standards of their calling, particularly in their business relations to each other and to the public.

During the year there has been a comparative absence of any epidemic disease, with the exception of diphtheria, which was quite prevalent, though the mortality was very small.

As a whole, the meetings of the society have been well attended and an unusually large number of clinical cases and experiences was reported by the members.

During the year Dr. Louise Patterson, of Vineland, and Dr. J. S. Halsey, of Vineland, were elected members of the society.

Respectfully submitted,

J. H. Moore, Reporter.

Bridgeton, N. J., May 11, 1911.

ESSEX COUNTY.

Dr. F. W. Pinneo, Reporter.

Dr. Joseph M. Rector, Chairman:

Dear Doctor: The progress of the year 1910-11 in Essex County has been very satisfactory, significant of wider interest in scientific medicine by more men, and bringing out for publication more reports, well prepared, of cases thoroughly studied.

One of the leading means toward this end has been the Essex County Pathological and Anatomical Society which has held eight meetings, monthly from October to May, inclusive, at each of which a dozen or more interesting cases with specimens have been presented and discussed.

The County Society has held six scientific meetings, with addresses by visiting speakers and one annual business meeting. The subjects and lecturers were as follows: "Medical Practice Legislation," by Assemblyman W. E. Ramsay and Dr. James T. Lewis; "Pellagra," by Dr. Henry J. Nichols, U. S. A.; "Tuberculosis," by Dr. Lawrence F. Flick; "Hookworm Disease," by Dr. C. W. Stiles; "The Physician and the Pharmacopœia," by Dr. H. H. Rusby; "Surgical Aspects of Gastric Carcinoma," by Dr. John F. Erdman.

A course of six public lectures on health, for the people, one every three weeks, was held from January to May, under the direction of the County Society's Committee on Public Health Education. The following were the speakers: Dr. R. C. Newton, on "Food;" Dr. Linn Emerson on "The Eye;" Dr. William Buermann, on "Clean Streets;" Dr. R. A. Albray, on "The Teeth;" Dr. C. C. Beling, on "Nervous and Mental Diseases;" Dr. T. N. Gray, on "The Social Evil."

A noteworthy meeting outside of medical associations was one of the Wednesday Club, when Dr. Wilfred T. Greniel, the medical missionary hero of Labrador, spoke.

Other medical clubs have maintained their usual activities. Of those whose meetings have been open to all, the William Pierson Medical Library Association deserves especial credit, and The Medical League should be mentioned. The Society for Relief of Widows and Orphans of Medical Men of New Jersey held the annual and one special meeting here.

The Medical Library Association of Newark has finished its fifth year and issued an interesting report, summarizing the work accomplished. There are 1,600 volumes and 58 current periodicals on the shelves with new additions being constantly made. About \$2,700 has been spent, nearly all for books and periodicals, with a minimum of expense. The membership is maintained at the highest number, with 66 per cent. of the present members having been constant from organization five years ago. This, followed by the work of the Pathological Society the past two years, has paved the way for an Academy of Medicine, which has now, with their co-operation, been organized. Rooms on the top floor of one of the new office buildings in Newark have been rented and sections for the different branches are in process of formation.

On public health there has been nothing of unusual note to report. The infectious diseases have prevailed to about the ordinary extent. Typhoid has been an inconspicuous cause of sickness or death.

The County Society has sent to the State Society by its delegates an overture favoring "a more equitable representation" and another for broad-minded medical practice legislation.

Respectfully submitted,

Frank W. Pinneo, Reporter.

GLOUCESTER COUNTY.

Dr. H. A. Wilson, Reporter.

To Dr. J. M. Rector, Chairman:

The Gloucester County Component Society has held, as usual, four scientific meetings during the year, and one strictly social session. The attendance and interest manifested has been, if anything, somewhat increased and the members have shown more disposition to present cases of especial interest and participate in discussions.

We find the annual social session of great benefit, bringing the members, with their wives and invited guests, into more intimate relations, and deepening that fraternal regard that is such a benefit to the profession.

The scientific meetings have been of a high order. Valuable papers have been presented by Drs. James Thorington, Philadelphia, on "Diseases and Injuries of the Eyelids;" E. J. G. Beardsley, Philadelphia, "Differential Diagnosis of Functional and Organic Diseases of the Heart;" Swithin Chandler, Philadelphia, "Post-Operative Conditions," and W. O. Hermance, Philadelphia, "Rectal Diseases." These papers were all of an eminently practical nature, and have been generally helpful.

Dr. H. A. Harley, of Williamstown, was transferred to the Atlantic County Society.

The health of the county has been exceptionally good during the year, no serious epidemics having occurred.

Respectfully,

H. A. Wilson, Reporter.

MERCER COUNTY.

Dr. F. G. Scammell, Reporter.

Dr. J. M. Rector, Chairman:

Dear Doctor: The Mercer County Medical Society met Tuesday, May 9, in annual session. Election of its officers took place, and also delegates to the 145th annual meeting of the Medical Society of New Jersey were chosen.

The report of the treasurer gave stimulation

to the members and made them feel that the society had no symptoms of lack of energy.

We were honored by an interesting talk by our fellow member and honored president of the Medical Society of New Jersey, Dr. Thomas H. Mackenzie. Among the members present we were glad to see back in harness and recovered from his overwork of the winter months our county president, Dr. Charles J. Craythorne.

The following officers were elected for the ensuing year:

President, Dr. Edgar L. West, Trenton.

Vice-President, Dr. Charles H. Holcombe, Trenton.

Treasurer, Dr. I. M. Shephard, Trenton.

Secretary, Dr. Harry R. North, Trenton.

Reporter, Dr. Frank G. Scammell, Trenton.

The annual delegates to the 145th annual meeting of the State Society are:

Mrs. William S. Lalor, Trenton; George N. J. Sommer, Trenton; James J. McGuire, Trenton.

Permanent delegate Dr. Charles F. Adams, Trenton.

Hoping to be able to attend the meeting of the County Societies' Reporters, and apologizing for my tardiness in submitting my report owing to a slight misunderstanding in the change of officers, I am,

Sincerely yours,

Dr. Frank G. Scammell, Reporter.

May 14, 1911.

OCEAN COUNTY.

Dr. R. R. Jones, Reporter.

To Dr. Joseph M. Rector, Chairman:

Dear Doctor: The regular spring meeting of the Ocean County Medical Society was held at the office of the president, Dr. G. W. Lawrence, at Lakewood, N. J., May 31, 1911. Those present were Drs. Lawrence, Hance, Schauffler, Disbrow, Heron, Thompson, of Lakewood, and Jones, of Toms River. Dr. Frank Dennison, of Point Pleasant, was elected a member and was present. Dr. Heron was elected committee on entertainment for the next meeting.

Drs. Lawrence, Schauffler and Hance were appointed a committee to invite the New Jersey Pediatric Society to meet with us at Lakewood in the fall.

Dr. Jones was made a committee of one to get new members. After discussing many interesting cases the society adjourned.

The annual meeting was held in the office of Dr. G. W. Lawrence, Lakewood, N. J., Friday, November 11, 1910, at 4 P. M. Members present were Drs. Schauffler, Hance, Craig, Lawrence, V. M. Disbrow, Lewis, Corrigan and Heron.

The following were elected: President, Dr. G. W. Lawrence; vice-president, Dr. A. M. Heron; secretary, Dr. W. G. Schauffler; treasurer, Dr. I. W. Hance; annual delegate, Dr. E. S. Corrigan, all of Lakewood; reporter, Dr. R. R. Jones, of Toms River.

Moved and carried that the annual dues for 1911 be remitted.

Respectfully submitted,

R. R. Jones, Reporter.

May 31, 1911.

SALEM COUNTY.

Dr. John F. Smith, Reporter.

To Dr. J. M. Rector, Chairman:

Three meetings have been held by this society during the past year, with a good attendance of members present at each meeting.

Papers of interest to the profession were read and discussed at each meeting. Interesting cases were also reported. No epidemics have been reported.

One member has been transferred to this society from Camden County.

Respectfully submitted,

John F. Smith, M. D., Reporter.

SOMERSET COUNTY.

Dr. J. H. Buchanan, Reporter.

To Dr. Joseph M. Rector, Chairman:

The Somerset County Medical Society held its annual meeting, with election of officers, at the usual meeting place, the Ten Eyck House, Somerville, April 13, 1911. The usual routine business was transacted, including the election of the following officers to serve for the ensuing year:

President, Josiah Meigh, Bernardsville.

Vice-President, F. J. Hughes, North Plainfield.

Secretary, F. E. Du Bois, North Plainfield.

Censor, C. R. P. Fisher, Bound Brook.

Delegate to State Society, H. F. Weeks, Skillman.

Reporter, J. Hervey Buchanan, North Plainfield.

Following the business meeting Dr. F. J. Hughes reported an interesting case of pulmonary tuberculosis and exhibited radiographs of the same.

Dr. Cooks, of New York, then presented an interesting paper on "Acute Purulent Otitis Media in Children and Infants." This was followed by an extended discussion, after which Dr. Du Bois exhibited an apparatus for the illumination of the ear. The usual dinner, served by Proprietor Ross Lake, was enjoyed, and the meeting adjourned.

Respectfully submitted,

J. Henry Buchanan, Reporter.

May 5, 1911.

SUSSEX COUNTY.

Dr. H. D. Van Gaasbeck, Reporter.

J. M. Rector, M. D., Chairman Committee on Scientific Work:

Dear Doctor: During the past year there has been no unusual form of sickness in our county. A light epidemic of scarlatina has been prevalent in several towns, but has been kept in check by quarantine. The disease has been very light in character, no deaths having occurred so far as I have been able to learn. Our general meeting was held to-day, at which several papers of unusual interest and merit were read and discussed. A larger number were present at the meetings than usual and evinced an unusual interest in the meeting. It was decided to hold a meeting in the fall at the Franklin Furnace Hospital, and, if successful, to continue to hold meetings every quarter.

Respectfully submitted,

H. D. Van Gaasbeck, Reporter.

If the periosteum strips back easily from a bone and if at the same time a subperiosteal abscess is found, it is positive evidence of some infection within the bone itself.—Amer. Jour. of Surgery.

Summit Medical Society.

Reported by D. E. English, M. D., Summit.

The regular monthly meeting of the Summit Medical Society was held in the Highland Club, Summit, on Friday, June 28th, with Dr. Wellington Campbell, of Short Hills, as host. Dr. Eliot Gorton, of Summit, presided.

Dr. Caldwell Benson Keeney, of Summit, was elected to membership.

Dr. Joseph A. Stites, of Springfield, presented an excellent and practical paper on Furuncle, which brought out a free and instructive discussion by the members. The main points in the paper and discussion were the nature and cause of furuncle; the distinction between the single boil, and general furunculosis; and the different modes of treatment by incision, local antiseptics, vaccine treatment, and internal antiseptics. All condemned the old style of poultice as being apt to spread the disease.

Dr. Roger W. Moister, of Summit, left on July 16th for a three weeks' vacation in the New England States. Dr. Wm. J. Lamson, of Summit, will leave on July 19th for a three weeks' automobile trip along the New England coast. Dr. Caldwell B. Keeney, of Summit, will be away on a vacation from September 1st to 10th. Dr. Thomas P. Prout, of Summit and New York, has returned from a trip to Yellowstone Park. Dr. Joseph A. Stites, of Springfield, has returned from a visit to Red Bank, N.J. Dr. John A. Robinson, of New York, is spending the summer in Summit.

The Association of Medical Secretaries and Treasurers of New Jersey.

By Daniel Strock, M. D., Secretary.

The annual meeting of this association was held at Spring Lake, N. J., June 14, 1911, the occasion being coincident with the meeting of the Medical Society of New Jersey.

As the result of a happy inspiration of the president of the association, Dr. David C. English, the members breakfasted together, and, following the report, he briefly addressed them on the position, privileges, power and influence of the county society's secretary especially, and also of the good work the treasurer can do, and is doing, as evidenced by the fact that several of them have been retained in office from five to forty years. He referred to two facts: (1) That the standing and prosperity of the county society largely depends upon the methods and efficiency of its secretary, and (2) that the well-managed and well-attended county society which succeeds in enrolling every legally qualified practitioners they can induce to join, contributes largely to the standing and success of the State Society and of the profession at large to the winning of public respect for the profession and the increase of its influence in securing legislation for the good of our citizens.

The president then called upon Dr. Daniel Strock, who read a short paper, entitled "The Secretary's Relationship to the Non-Attending and the Non-Member."

Dr. William J. Chandler, secretary of the Medical Society of New Jersey, made an instructive address relating to the duties of secretaries and treasurers to the State Society.

President English called upon the president of the Medical Society of New Jersey, Dr.

Thomas H. Mackenzie, who commended the work of the association, and bespoke for it a future of great usefulness to the profession of the State.

President English invited the various secretaries present to indicate the membership of their societies and the percentage of non-members in their respective communities and any special features of their societies' work. This was responded to by Dr. George T. Tracy, of Burlington County; Dr. Obadiah H. Sproul, of Hunterdon County; Dr. Frederick S. Hallett, of Bergen County; Dr. H. Garrett Miller, of Cumberland County; Dr. Edward Guion, of Atlantic County; Dr. Charles H. Finke, of Hudson County; Dr. Henry W. Kice, of Morris County; Dr. Henry Chavanne, of Salem County, and Dr. James Douglas, treasurer of the Morris County Medical Society. They were all interesting reports.

In a few closing words Dr. English emphasized two important needs: (1) Make a determined, persistent effort to get into the county society the non-members. Let us make the total of enrolled members of our State Society at its next annual meeting—June, 1912—two thousand. It can be done: (2) See that every meeting held by your county society is fully reported in the Journal. It is your Journal for your society's use, to let the profession at large see that you are alive and doing creditable work.

The following officers were elected to serve for the ensuing year: President, Dr. Obadiah H. Sproul, of Flemington; vice-president, Dr. James Douglas, Morristown; secretary, Dr. Daniel Stroock, Camden; treasurer, Dr. Ralph H. Hunt, East Orange.

The following members were present: Drs. David C. English, William J. Chandler, Obadiah H. Sproul, Henry Chavanne, James Douglas, Ralph H. Hunt, Charles H. Finke, George T. Tracy, H. Garrett Miller, Henry W. Kice, Frederick S. Hallett, Edward Guion, Daniel Stroock.

Society for relief of Widows and Orphans of Medical Men of New Jersey.

Reported by Dr. Frank W. Pinneo.

An unusual honor to a physician as officer of a medical association is that to Dr. George R. Kent, treasurer of the above society for 29 years, i. e. ever since its organization in 1882. At the annual meeting last May, when Dr. Kent declined renomination, the members promptly acted to recognize his long and laborious work in some tangible way, and Drs. Daniel Elliott, C. H. Randall and R. C. Newton were appointed a committee to collect personal subscriptions and procure a suitable gift. Responses came liberally and widely and a solid silver set of five pieces on an extraordinarily beautiful and heavy saiver was bought and presented to the Doctor on July 6th. This occasion brought together many friends interested in the unusual event and was graced by accompanying ladies. Dr. Elliott made the speech of presentation on behalf of the many donors, present and absent,

and Dr. Newton made brief allusion to the history of which this event made the climax. A collation followed which added to the sociability and enjoyment of the affair.

Dr. Kent was deeply touched by the action of his associates and expressed his grateful appreciation in a few words of thanks.



SILVER SERVICE PRESENTED TO
DR. GEORGE R. KENT.

In reminiscence of the long experience these 29 years of work in New Jersey's medical profession evolved, Dr. Kent in an interview says:

The Society for the Relief of the Widows and Orphans of Medical Men of New Jersey dates its origin from a recommendation made by the late Dr. Charles J. Kipp in an address delivered at the annual meeting of Essex County Medical Society in the spring of 1881. As a result of his recommendation a committee was appointed to investigate the workings of two societies of this character located in New York City, and to report at the next annual meeting of the Society. After the meeting of the Essex County Society in 1882, a meeting of those interested in the movement for the establishment of a relief association in this county was called, and the report of the special committee appointed the year previous was read. The committee reported that they had made a thorough investigation of the subject, and would report favorably upon a plan which included some features of each of the New York Societies. The report of the committee was unanimously adopted; an organization was formed by the election of Dr. J. D. Osborne as president; Dr. W. S. Ward, vice-president; Wm. Rankin, Jr., secretary; Geo. R. Kent, treasurer, and the following Board of Directors: Drs. Milton Baldwin, Stephen Wickes, J. J. H. Love, Geo. A. Van Wagoner, E. M. Lyon and D. M. Skinner. It was the original plan of the Society to limit its membership to Essex County, but at the earnest solicitation of many medical men from different parts of the State, it was decided to include the whole State in its scope. A committee was appointed to draft a Constitution and By-laws. At a subsequent meeting Dr. Charles J. Kipp was elected vice-president in place of Dr. W. S. Ward, who declined the position, and at the same meeting Drs. Archibald Mercer and Edward J. Ill were elected as members of the Board of Directors. On May 2nd, 1882, the

Constitution and By-laws were adopted, and the Society was launched on its successful career. It has now been in existence for twenty-nine years and has steadily increased in membership until now we have on our roll nearly 400 members extending to all parts of the State. Dr. J. D. Osborne served as president of the Society from its organization until his death, which occurred in 1900. Dr. Charles J. Kipp succeeded him and served until his death in 1911. Dr. Archibald Mercer was elected to succeed Dr. Kipp. Dr. Wm. Rankin, Jr., was secretary from 1882 until 1893; he resigned at that time on account of failing health. Dr. Archibald Mercer was elected in his place and served the Society until 1900, when he resigned, and Dr. Chas. D. Bennett was elected as his successor and still holds the position. Dr. George R. Kent was elected treasurer in 1882 and served in that position until 1911, a period of 29 years, when he declined a renomination, and Dr. H. A. Tarbell was elected as his successor. There have been quite a long list of Directors representing different parts of the State. It is unnecessary to state that all of the officers have been untiring in their devotion to the welfare of this Society, and that they have spent a great amount of time and labor without any compensation to advance its interests, and with the end in view of enlisting the support of all medical men of the State. The object of the Society is largely philanthropic in character. While there is an insurance clause in its Constitution, still the main object is to establish a permanent fund, which in time, we hope and trust, will amount to a sum large enough to be of great benefit to some needy widows or orphans of deceased members.

The permanent fund according to our rules is made up of donations, legacies and whatever can be transferred from the contingent fund after all expenses have been paid. We have three grades of membership, and unlike ordinary assessment insurance, the assessment never increases. A member joining our Society under 50 years of age pays two dollars initiation fee and one dollar assessment in advance, and there is never any increase in the assessment. Between the ages of 50 and 60 the same initiation fee and two dollars assessment. Over 60 years the same initiation fee and three dollars assessment. On the death of a member 75 per cent. of the assessment collected on the previous assessment is paid to the widow, or orphans, or legal representatives, unless otherwise directed by will. 25 per cent. is placed in the contingent fund for the purpose of defraying necessary expenses and any surplus is eventually transferred to the permanent fund. It is a source of gratification to announce the fact that the heirs of several deceased members have donated a part or the whole amount due them from the Society to the permanent fund. An unknown friend has donated to this fund \$50.00 each year for the past eight years. Our permanent fund has increased steadily from year to year until we now have to its credit more than \$11,000.

During the 29 years of our existence there have been 101 death claims paid amounting to something over \$16,000, so that all of this beneficence has been accomplished at very small cost to the individual members, the assessments having averaged less than \$3.50 per year. It was the original purpose of the Society after

our permanent fund had reached the sum of \$10,000 to use the interest of said sum for the relief of any needy widow or orphan applying for the same; as yet no application for such relief has been made. It is a source of gratification to the Society that in several instances the amount paid has been fully appreciated. The amount that can be paid on the death of a member, provided all assessments have been paid promptly, is nearly \$300. We wish to emphasize the fact that prompt payment of assessments insures speedy payment to the widow or orphan of the deceased member.

It is the earnest desire of the Board of Directors and all true friends of the Society that each and every member would make a special effort to increase the membership and thus aid the Board in its labor of love. Bear in mind this fact, that its success is already assured, and that its continued usefulness depends upon the same loyal support it has received in the past. Let each member endeavor to make this the most successful year of our Society.

N. J. Chapter of the Jefferson Alumni.

In response to the call of Dr. Daniel Strock (class of '77), president-elect of the Medical Society of the State of New Jersey, the following alumni of Jefferson Medical College met at the New Monmouth Hotel, Spring Lake, N. J., on June 14, 1911, for the purpose of taking steps for the formation of a State chapter of the Jefferson Alumni Association:

Dr. William H. Iszard, Camden, 1870; Drs. Daniel Strock, Camden, and C. R. P. Fisher, Bound Brook, 1877; Drs. Henry H. Davis, Camden, and Addinell Hewson, Spring Lake, 1879; Drs. L. M. Halsey, Williamstown, and J. P. Hecht, Somerville, 1880; Dr. H. F. Palm, Camden, 1881; Dr. W. A. Wescott, Berlin, 1883; Dr. H. A. Wilson, Woodbury, 1884; Drs. H. H. Sherk, Camden, and H. A. Stout, Wenonah, 1886; Dr. Henry Chavanne, Salem, and C. F. Adams, Trenton, 1887; Dr. A. H. Lippincott, Camden, 1892; Dr. R. H. Jones, Toms River, 1896; Dr. Linn Emerson, Orange, 1897; Dr. G. T. Tracy, Beverly, 1898; Dr. M. W. Reddan, Trenton, 1900; Dr. E. J. G. Beardsley, Spring Lake, 1902; Drs. T. B. Lee, Camden; J. H. Underwood, Woodbury, and W. A. Robinson, Ocean Grove, 1905; Dr. S. B. English, Glen Gardner, 1906.

Dr. J. D. Farrar ('90), 1944 North Broad street, Philadelphia, Pa., was also present.

Dr. Daniel Strock was elected temporary chairman, and Dr. Linn Emerson, temporary secretary. Dr. Halsey moved that the chairman appoint a committee on permanent organization, to consist of five members, two of whom should be the chairman and secretary; carried. The chairman appointed the three following additional members: Dr. H. H. Davis, Dr. L. M. Halsey and Dr. W. H. Iszard.

Dr. Emerson moved that the secretary be instructed, at a proper time, to send a circular letter to every Jefferson graduate living in New Jersey, stating that at the time of the next meeting of the Medical Society of New Jersey, a meeting will be held, and a permanent organization effected, inviting their presence, and asking all those who cannot attend to signify their intentions as to becoming members. Dr. Halsey moved that the secretary get in com-

munication with the parent Jefferson Alumni Association with the idea of taking steps to have an alumni meeting at the A. M. A. meeting which will probably be held at Atlantic City next year. Both these motions were carried.

Linn Emerson, Temporary Secretary.

The American Medical Association.

Reported by E. L. B. Godfrey, M. D.

There was never a more successful meeting of the American Medical Association than the one held at Los Angeles, June 26-30.

The general meeting of the association was held in the Baptist Auditorium, where Bob Burdette, the humorist-preacher, was formerly pastor. The retiring president, Dr. William H. Welch, of Baltimore, bearing upon his shoulders the highest honors of Johns Hopkins University and of the association, was especially felicitous in acknowledging the courtesies of the citizens and the profession of Los Angeles, and when he presented the president-elect, Dr. John B. Murphy, of Chicago, one of the most distinguished American surgeons, to the great assemblage of more than four thousand persons and turned over to him the emblem of authority, there was a demonstration of applause not surpassed in any previous convention of the association.

President Murphy met the occasion in a most gracious manner. In his address, he stated that the association had a membership of about 35,000 and that the Journal of the association, the best medical publication in the world, published a weekly edition of 54,000. Each should be increased to 100,000. He outlined certain definite changes in the organic laws of the association in keeping with the progress in American medicine which received marked manifestations of approval, and charged the profession with failure to instruct the public in matters of sanitation. Not until this is done will the profession succeed in obtaining a National Department of Health. The president of the Medical Society of New Jersey, Dr. Daniel Stroock, would do well to appoint a committee to consider the recommendations of President Murphy in so far as they relate to State matters, and to report at the next meeting of the society.

The general meeting of the association in the Auditorium was the only time the whole convention assembled in one place, owing to the fact that all business is transacted in the House of Delegates and scientific matters are discussed in the sections. Meetings of the twelve scientific sections were held mornings and afternoons during the week, except on Friday, when the convention adjourned, for the first time in its history to partake of social festivities.

In the Section on Nervous Diseases, Dr. H. A. Coton, of Trenton, presented a paper on "A Study of Chorea," and Dr. Charles Lewis Allen, of South Pasadena, formerly of Trenton, read a paper on "Arthritic Muscular Atrophy." In the Section on Therapeutics, Dr. Boardman Reed, of Alhambra, Cal., formerly of Atlantic City, read a paper on "How Our Therapeutics May Be Improved." In the Section on Obstetrics, a paper was presented by Dr. P. A. Harris, of Paterson, on "The Proper Period and Method of Draining in Pelvic Infection." Dr. H. G. Wetherill, of Denver, formerly of Trenton, presided over this section and read a paper on

"Retrospection and Introspection; Our Opportunities and Obligations," which was discussed by Dr. J. S. Baer, formerly of Camden, but now of South Pasadena.

So extensive was the business of the association that the House of Delegates was in session morning and afternoon on Monday, Tuesday and Thursday. Various phases of professional interests were discussed, especially the suggestions of Dr. Murphy for professional betterment. Reports were presented on medical research, legislation, public health and public instruction, membership, preliminary and medical education, State licensure, medical officers who died in the Civil War, a relief fund for physicians, the Davis Memorial, medical colleges, the establishment of a physicians' sanatorium and the founding of a National Department of Public Health, etc.

The Medical Society of New Jersey was represented by Dr. Alex. Marcy, Jr., of Riverton; Dr. George N. J. Sommer, of Trenton, alternate for Dr. C. R. P. Fisher, and by Dr. E. L. B. Godfrey, of Camden. Dr. Philip Marvel, of Atlantic City, was elected a member of the Board of Trustees, and Dr. Marcy, chairman of the Section on Preventive Medicine and Public Health. While not present, it is stated, Dr. Jacobi, of New York, was elected president of the association. Atlantic City was chosen as the next place of meeting.

The social entertainments were planned on a prodigious scale and were sumptuously carried out. Entertainments were held every afternoon and evening during the week and included receptions and teas, automobile drives, college banquets and smokers, vaudeville shows, a mid-summer night's carnival, garden parties, an *al fresco musicale*, Spanish luncheons, trips to the orange and lemon ranches, the San Gabriel Mission, the foothills of the Sierra Madre Mountains, the beach resorts and to Catalina Island, where the guests were taken out in glass-bottomed boats to view the marine gardens.

The entertainments given on Friday by the citizens and profession of Pasadena surpassed all others, and the association adjourned to attend them. They consisted of a Spanish luncheon and flower fete in the Sunken Gardens of Adolphus Busch, which are admittedly the largest and finest gardens of their kind in America. It is estimated there were about 7,000 people present, yet the gardens were not crowded. Following the luncheon, chariot races and a unique Wild West tournament were given in Tournament Park, for which prizes of a thousand dollars were offered. The arrangements were under the direction of Dr. F. C. E. Mattison, of Pasadena, and Dr. E. L. B. Godfrey was a member of the committee in charge.

Prior to the entertainments at Pasadena on Friday, Dr. and Mrs. Godfrey gave a breakfast at their bungalow in South Pasadena to the New Jersey delegates and their friends, and after the breakfast took them on an automobile drive through the San Gabriel Valley, along the foothills and arroyos. The party included Dr. and Mrs. Alex. Marcy, Jr., Miss Marcy and Miss Brown, of Riverton; Dr. and Mrs. W. Blair Stewart and Dr. Philip Marvel, of Atlantic City; Dr. and Mrs. George N. J. Sommer, of Trenton; Dr. and Mrs. Charles Lewis Allen, of South Pasadena, formerly of Trenton; Dr. and Mrs. Frank Neal Robinson, of Monrovia, formerly of

Camden; Dr. Boardman Reed, of Alhambra, formerly of Atlantic City; Dr. J. S. Baer and Miss Baer, of South Pasadena, formerly of Camden; Professor E. E. Montgomery and Dr. Bland, of Philadelphia. The same afternoon the New Jersey delegation left for San Francisco.

New Jersey Pediatric Society.

The New Jersey Pediatric Society held its annual meeting at Atlantic City, June 26, and the following officers were elected: President, Dr. Henry L. Coit, Newark; vice-president, Dr. Alexander McAlister, Camden; treasurer, Dr. Benjamin Van D. Hedges, Plainfield; secretary, Dr. Martin J. Synnott, Montclair; councilors, Drs. Francis H. Glazebrook, Morristown; J. Finley Bell, Englewood; Thomas N. Gray, East Orange; Burdette P. Craig, Jersey City.

Miscellaneous Items.

Animal Experimentation.

Modern hygiene, exclusively the product of animal experimentation, is the sole guarantee of the permanent growth of great cities, the stability of commerce and finance, and the generally safe tenure of human life. A single epidemic of bubonic plague in New York, would prove the truth of this broad statement.

Not the least important result has been the control of diseases of lower animals, without which it has been impossible to build up in the United States the live-stock industry, representing a capital in 1907, exclusive of poultry, of \$4,331,230,000. The relief of suffering in lower animals achieved by comparative medicine, is incalculable. * * *

That animal experimentation is morally justifiable, that its results are indispensable, and that its control should be left to the honor and humanity of the medical profession, is an opinion publicly expressed by many of the most distinguished men of the day, including clergymen, lawyers, educators, statesmen and moralists. * *

There was a time when animal experimentation showed meager results and had to fight for its life, but that time is passed. The spectacle of scientific men having to argue for the right to reduce the death-rate is unfit even for the Middle Ages, and a disgrace to the twentieth century.—Dr. James Ewing.

"If the opponents of animal experimentation were to erase from a text book of physiology the knowledge gained by animal experiments, one-half the contents would disappear, and the other half would become, for the most part, unintelligible."—Heidenhain.

"The more one really knows of what animal experimentation is doing for neurology, the more keenly he feels that it is a most beneficent instrument in human progress."—Dana.

Remedy of the Midwife Problem.

By Dr. Edgar, in the American Journal of Obstetrics, May, 1911: A general outline of the plan suggested by Dr. Edgar would include the following propositions:

1. The establishment of schools for midwives in such existing out-door maternity services as shall elect to do so.

2. The establishment of out-door maternity services, in connection with existing maternity hospitals which do not already possess them, for use as schools for midwives.

3. In each maternity service teaching midwives, the establishment of a school for midwives, with teachers appointed especially for the teaching of this class of pupil.

4. Rooms should be set aside for lectures, recitations, demonstrations, and drilling in asepsis and the examination of pregnancy. For this last patients applying for care during confinement should be utilized.

5. Time not occupied in attending cases of confinement in their own homes, or in lectures, demonstrating, and so on, could be used in witnessing operations and confinements in the delivery-room of the hospital proper.

6. The bulk of the instruction should be given by paid instructors in the patient's own home. Eventually the more intelligent of the graduate midwives of various nationalities could, with advantage, be appointed as instructors in the school for midwives.

7. Text books for the instruction and use of the midwives would naturally appear as the result of such teaching as has occurred on the continent of Europe.

What Every Woman Should Know to Protect Herself from Death by Cancer of the Womb.

The committee appointed by the New York Obstetrical Society to draw up a paper on this subject presented recently the following:

1. Cancer of the womb is at first a local disease.

2. Thus far the only reliable cure is operation, but, in order that the operation may be attended with best results, it must be done early.

3. Hence the great importance of detecting cancer of the womb at its very beginning.

4. There are no positive signs of the onset of the disease, but there are symptoms which are suggestive and should lead the woman to consult reliable medical authority.

5. The most important of these is a blood or a blood-tinged discharge occurring independent of, or at other times than the monthly period. This staining or spotting may be brought on by exertion or slight injury, as intercourse, or the introduction of a douche nozzle. The discharge may, at times, be thin, pale yellow or watery.

6. Any change in the monthly period of a woman, at any time of life, demands examination, particularly if it occurs at the time of the change of life.

7. Regarding the menopause (change of life), a harmful error is common among women and is even shared by not a few physicians. It is thought that the change of life is naturally accompanied by excessive flow at the monthly periods and that there may be a flow, even between the periods. Such an opinion is totally wrong. The natural occurrence at the change of life is a decrease of the flow with longer intervals between the periods until they cease entirely. Hence any increase in the amount of the flow, or any increase in its frequency, is wrong and demands the most careful investigation.

8. This excessive bloody flow, or too frequent flow, or a watery discharge, does not always mean cancer. It may be due to other causes,

but often this can be known only by a scraping and a microscopical examination of the scrapings or of the so-called ulceration of the neck of the womb. Hence any offhand statement, even by a physician, that the irregular flow has no significance should not be heeded.

9. Too great emphasis cannot be laid upon the two foregoing paragraphs, for many a life has been needlessly sacrificed by the opinion that the menopause (change of life) is naturally accompanied by all kinds of discharges and bloody flows.

10. Pain and loss of flesh and strength are not early symptoms of cancer of the womb. They may not even be present when the disease is well advanced.

11. Women of all ages may develop cancer of the womb, but it is most common between forty (40) and fifty (50).

12. The actual cause of cancer of the womb is still unknown. But it is known that constantly kept up local irritation may lead to the development of cancer. Hence a woman should not neglect the attention of injuries or any local disorder of her generative organs.

Equipment and Instruction of Doctors.

The following is the "Recapitulation" in an able paper presented by Professor E. P. Lyon, M. D., of St. Louis, at the recent meeting of the A. M. A. Conference on Medical Education and Legislation, held in Chicago:

To recapitulate, we as medical teachers are engaged in manufacturing. Our product is doctors, and they ought to be "good doctors." A "good doctor" is a man of character, who possesses the technical qualifications for accurate observation, properly conducted experimentation and sound interpretation. For the acquisition of the traits mentioned no discipline is better than that furnished by the fundamental medical sciences. The sciences, therefore, should be taught as method rather than subject matter.

We must furnish for this purpose skilled professionals; in other words, investigators. We must give them places for work; that is, laboratories. We must furnish equipment; that is, tools and books. We must select good raw material and leave it in the hands of the workmen long enough to enable them to produce good goods. If we do not do these things we are not conducting an honest business. Our product is a cheap and deceptive imitation. Our graduate is a counterfeit, and we have not even the counterfeiter's excuse that we need the money, for there is no longer any money to be made in medical education.

Least Valuable Member of His Family.

Commenting on the objection which some people make to the payment of just and reasonable fees for medical services, one of our readers relates the following incident:

A farmer called a veterinary surgeon to attend a rather valuable sick boar, and offered no objections to the veterinary surgeon's bill which required \$2 for each of eight visits and \$4 extra for medicine, making a bill of \$20 in all. At the time the veterinary surgeon was making his visits, the farmer's child was sick with diphtheria and the family doctor, a neighbor of the vet-

erinary surgeon, was making regular visits. When the family physician presented his bill at the conclusion of his services and asked \$1 each for fifteen visits and \$10 extra for the antitoxin furnished, the farmer went up in the air as though he had been stabbed with a knife and declared that he would not stand any such imposition, as the doctor should furnish any and all medicines and when making so many visits ought to make a discount from the bill. His attention was called to the fact that the child's life ought to be more valuable than the boar's life, and that no objection had been made to the veterinary surgeon's bill which was twice as large, but no amount of argument could persuade the farmer that the bill for services rendered the child was not extortionate.—*Jour. Ind. State Med. Assn.*

Is Anything the Matter with the Doctors?

Dr. W. J. Robinson, in a paper read before The Liberal Club of New York, March 15, 1911, and printed in *Critic and Guide*, June, 1911, gives the following "Conclusions:"

1. The medical profession of the present day is fully alive to its duties and its responsibilities.
 2. Medicine of to-day is thoroughly scientific in its methods, employing the same means of experimental investigation and demonstrations as are employed by the other exact sciences.

3. Medicine of to-day is not shackled by the chains of authority and tradition. On the contrary, every dictum of any so-called authority, any statement regarding any drug or method of treatment, which has been handed down for ages from textbook to textbook, is called into question, is carefully analyzed and dissected, and if found wanting, discarded. Many drugs which were considered standbys by our forefathers have been thrown out from the Pharmacopœia, though they may still be used by old grannies.

4. The profession of to-day is broad-minded and is willing to investigate any remedy or method of treatment, no matter from what source it may come; it is willing to give a trial to any suggestion if it has a grain of common sense in it; even if the suggestion comes from a quack.

5. The evils which the medical profession is guilty of are not inherent in the medical profession as such; they are the result of our social conditions, of our immoral competitive system, which makes men fight and cut each other's throats in order to make a living, and these evils are much more in evidence in other trades and professions; the legal profession for instance.

6. The medical profession not only does its duty by the public, alleviating suffering, restoring hundreds of thousands of men and women to health and active useful lives, but we are making progress from year to year, we are making new discoveries, dealing with the larger problems, increasing the average duration of life, improving sanitation, etc. In short, we deal now not only with individual, but with national problems.

7. In judging of the life of any man, of the activity of any party, of the value of any movement, of the achievements of any profession, we do not take any single acts or incidents, but we take the sum total. If we take the sum total of the activities of the medical profession, if we subtract all its shortcomings, if we admit

even everywhere our enemies say about us, the balance of good is overwhelmingly in its favor, and it can truthfully be said to be the most beneficent, the most progressive, the most humane and the most altruistic of all professions.

And therefore to the question: What is the matter with the doctors? I must answer:

There is nothing the matter with the doctors. They are all right!

Cottage Nurses for Rural Districts.

Dr. H. Hick, in the *British Medical Journal*, June 3, 1911, describes the system of district nurses established by the Holt Ockley Association. Each nurse receives four or six months' training at a cost to the association of from seventy to one hundred and five dollars. This amount is repaid by the nurse by the acceptance of a small salary for the first three years. A small sum is also retained by the association to form a bonus, which is given to the nurse at the end of three and a half or four years' service. The nurses are taught to make a bed, cook, wash and dress a patient, do ordinary dressings, take temperature, pass a female catheter, and note symptoms, and to nurse a midwifery case. The hire of these nurses varies from fifty cents a week for the laboring classes to three dollars and seventy-five cents a week for the gentry.

Masseurs in France Fined.

The case of a masseur accused of practicing medicine contrary to law was recently before the courts. The defendant pleaded that in case of disease he sent the patient to a physician, and confined himself to practising Swedish medicine. The prosecutor, however, brought out the fact that the defendant called himself a "Swedish gymnastic physician" and that on his cards were printed the names of diseases which the defendant treated, not as a masseur, but as a physician who gives fixed hours of consultation. The defendant, moreover, admitted that to know what part ought to be massaged it was necessary to examine the patient; this implied a diagnosis and a line of treatment. A newspaper, moreover, related the marvelous cures which the defendant was said to have made on patients whom physicians had declared incurable. The court found him guilty of illegal practice of medicine and fined him \$20 (100 francs).

Christian Science Healer Held.

Mr. W. B. Winslow, a Christian Scientist, who was arrested in New York on April 7 on the charge of practising medicine without a license was held for trial by Magistrate Kernochan in the Yorkville Court on June 19.—Magistrate Kernochan thus concurs in the opinion recently given by Magistrate Freschi in the Cole case that such practice is a violation of the law.

The Rockefeller Institute.

Announcement is made that the Rockefeller Institute for Medical Research, New York, will devote its resources very largely during the present season to the study of infantile paralysis or anterior poliomyelitis, and to the treatment of acute cases of this disease in its hospital. Physicians and health officers desiring to co-operate in this investigation may do so by sending information concerning the occurrence and prevalence of this disease, or by referring acute cases

to the hospital of the Rockefeller Institute. Dr. Flexner renews his request of last year, that whenever possible a portion of the spinal cord and of the nasopharyngeal mucosa derived from fatal cases of the disease be sent to him. Specimens should be preserved in glycerin and sent by mail to Simon Flexner, M. D., Sixty-sixth street and Avenue A, New York, N. Y.

A Sane Fourth.

The New York State Department of Health announced on July 5 that for the first time in the history of the department no cases of tetanus had been reported following the celebration of the Fourth of July. Eighteen cases were reported in 1910.

School of Tropical Medicine.

Beginning with the next session, the Medical Department of Tulane University, New Orleans, will inaugurate laboratory and systematic courses in tropical medicine, hygiene, and preventive medicine, which it is hoped will in time be expanded into a full School of Tropical Medicine and Hygiene. The initial course will open on September 29, 1911.

Dr. William Osler Honored.

Dr. Osler, formerly professor of medicine at Johns Hopkins University, Baltimore, and now regius professor of medicine in Oxford University, England, has recently been made a baronet by King George, being one of the honors conferred in connection with the King's coronation.

Doctors Operate at Sea.

Surgeon McMaster, of the White Star steamship *Celtic*, aided by Dr. Roberts, of New York, and Dr. Ringer, of Seattle, performed operations for appendicitis on two male passengers while the *Celtic* was in mid-ocean. The ship was slowed down while the surgeons were at work, and the patients arrived in England safely.

Increasing the Physician's Income.

Dr. John L. Irwin, of Detroit, Mich., in a communication to the *A. M. A. Journal* of March 4, says:

I have been in the general practice of medicine since 1890 in Detroit on the same lot on which I was born. For twenty years I trusted all applicants for medical aid with results approximately as follows: 2 per cent. would pay me promptly; 13 per cent. could pay me only "when I went after them;" 25 per cent. got out of paying me in every possible way; 60 per cent. did not pay me at all.

January 1, 1910, I turned over a new leaf, and referred to other physicians all would-be patients who did not pay cash and had not approved credit. In 1910, the income from my practice was 98 per cent. greater than my average yearly income for the preceding twenty years and my expenses for 1910 were less than the average yearly expenses for the same period. Except for the fact that I gave my individual attention to my invalid mother for the three years prior to 1908, which cut into my practice considerably, I am unable to assign any other cause than this change of policy for the increase in income.

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

We have been compelled to omit two papers from this issue of the JOURNAL, because the authors of papers or those taking part in discussions failed to return proof in time. This was doubtless due to the fact that they were away from home enjoying their vacations. Will others please return proof as soon as possible after receiving it, to the editor, addressed to him at New Brunswick, N. J. ?

We are sorry to see, by his communication in another column, that Dr. E. L. B. Godfrey has resigned as a member of the staff of Cooper Hospital, Camden, and to hear that he has declined re-appointment as a member of the State Medical Examining Board. He has filled both positions with marked ability and faithfulness. The efficiency of the Examining Board is largely due to his wise counsel and oversight in its organization and his guidance and faithful service during the years following.

The Society for the Relief of the Widows and Orphans of the Medical Men of New Jersey is to be congratulated on the splendid

work it has done, as set forth in another column of this month's Journal, and that good work is largely due to the long, careful and faithful services which its officers have freely given without thought of compensation. Their names are mentioned in the article and it will be seen to whom special credit is due. We congratulate Dr. George R. Kent on the fact that his 29 years of faithful services as treasurer has received special recognition. Dr. Charles J. Kipp was long its honored president, as well as its originator. He has a worthy successor in Dr. Archibald Mercer.

DR. HARVEY W. WILEY.

The medical profession has fully recognized and warmly endorsed the splendid work done by Dr. Harvey W. Wiley. He honestly, efficiently and persistently fought for and obtained laws that would secure for the people Pure Foods and Drugs and would overthrow the patent medicine frauds and dopes. His ruling under the Food and Drugs Act have been in the interest of the people and the result has been the forcing of powerful and vicious combination to secure the removal of Dr. Wiley and prevent the enforcement of the food and drug laws.

The last charge brought against Dr. Wiley—that he paid one of the ablest experts in the country more than the law allowed—is likely to prove a boomerang. As we understand the facts he may have been technically at fault, but was it a fault that cost the government loss or was it against the people's interests? Was the payment of \$20 per day to Dr. Rusby for perfectly reliable expert-work done in a few weeks more expensive than would have been the employment of a less competent investigator at \$11 per day for a period of months instead of weeks? Was it excessive when we know that legal experts acting for the government may be paid \$150 per day out of the "Contingent Funds."

These excesses in payment for services we are told is a common thing in the

government administration at Washington. The appointment of the Referee Board which passed upon Dr. Wiley's ruling on benzoate of soda, etc., and the payment of its members is a case in question as to legality, and there is a question whether that expenditure was worth the cost. It was doubtless true that a very small quantity of benzoate of soda in foods is not detrimental to health, but the fact is authoritatively stated that the benzoate is not necessary when the food is pure and wholesome, and that it is often used to cover up the use of food partially decayed or otherwise unfit for canning. We have before us, as we write, the statement of two of the largest and most reliable dealers which we quote as follows:

"Dr. Wiley's condemnation of benzoate of soda and artificial colors in food products is supported by our own evidence that their use is not necessary when clean, wholesome, sound materials are employed. We learned long ago in our Premier kitchens that it was not necessary to use a chemical in order to prevent fermentation or a coal-tar dye in order to make our products attractive. Such aids are only required where unscientific cooking prevails. Benzoate of soda, benzoic acid and all other preservatives and artificial colors are unnecessary. They are absolutely excluded from our kitchens."—F. H. Leggett & Co.

"We have no quarrel with the Pure Food Laws of the country or with any officer charged with their enforcement. We use only fresh, sound fruits and vegetables. These are prepared by neat, uniformed work people, in clean kitchens, without the use or need of benzoate of soda or other artificial preservative. We welcome now, as we always have, the strictest enforcement of all pure food laws."—H. J. Heinz Company.

We believe Dr. Wiley has little cause to fear the combined interests, which seeing—as in a notable scripture case—that "the hope of their gains was gone"—are resorting to any and every method to have him removed. It is a serious question whether some others in Dr. Wiley's department are doing him and the public justice and whether they should be "permitted to resign," as Attorney-General Wickersham suggested in reference to Dr. Wiley.

Far better keep the man who is honestly, zealously and successfully guarding the people's health and let the shams and dopers and other members of the "combine" who

are governed by an insatiable greed, be dismissed for the government's credit and the people's good. The people generally are in sympathy with Dr. Wiley and they are pleased that he and his work are to receive investigation by Congress, believing that it will strengthen Dr. Wiley's position and expose his enemies' evil designs.

It is amusing and at the same time pitiable to see how the small fry newspaper editors speak contemptuously of Dr. Wiley and belittle his work, but it is not difficult to understand their motives. Examine their advertising columns and see the space occupied by Peruna, Duffy Malt Whiskey, etc.

On the other hand, it is a pleasure to see such editorials as recently appeared in the *New York Tribune* and the *Trenton True American*, which we have inserted in this issue of our JOURNAL.

These editorials correctly express as well as properly influence public opinion.

We also note with satisfaction that the Practitioners' Society of the Oranges and the Middlesex County Medical Society, both passed unanimously resolutions affirming their confidence in Dr. Wiley and expressing the strong conviction that his dismissal would be a public calamity.

These resolutions were ordered to be sent to President Taft.

USE AND ABUSE OF HOSPITALS.

We call attention to Dr. Marcy's paper on "The Use and Abuse of Hospitals," which we insert in this issue of the JOURNAL. It is worthy of the careful consideration of our readers and we hope that we shall hear from some of them—in communications to the JOURNAL, which we will be pleased to insert. We shall probably agree with the author on most points, especially against making our hospitals pauperizing institutions, and as to the need of greater care in maintaining kindly and ethical relations between the operating surgeon and the general practitioner.

His suggestions as to the hospital being under the care and control of the municipality; of the county hospital as the unit, with a county physician and a county surgeon in charge of each hospital, are debatable. It is bad enough when we get a board of managers interfering with the proper work of a medical staff. What would it be if appointments on the staff and the control of its members become a political matter without regard to the physician's standing, his rights and the patient's highest welfare? Have we not had some indications from the management of County Isolation Hospitals—notably Essex County's—that will cause us to hesitate about bringing hospitals under the political manipulators' control?

As to the matter of the preference of the hospital or the home as the better place for operations, there will be diversity of opinion. Decision, we think, would depend upon the circumstances conditioning each individual case; the particular hospital; the condition and surroundings of the home; the character of the nurse—in the home it should be a most competent one; the nervous condition of the patient; the competence of the family physician who has charge of the case after operation; the possibility of undue, sometimes harmful sympathy of the family, or the depressing prolonged visits of some neighbors or friends, etc. Where conditions are favorable, the atmosphere and surroundings of the home, the freedom from depressing influences, usually connected with hospitals—publicity, the unavoidable groans and occasional deaths, etc., contribute to the comfort and peace of mind, and possibly in some very nervous patients to the chance or rapidity of recovery. But we are constrained to believe that in the vast majority of cases, the properly constructed and well managed hospital offers advantages and prospects of recovery far exceeding those of the ordinary home in the more serious cases. But let us hear from our readers their views. There are few subjects of more importance presented to the profession to-day than the proper

control, management and use of our hospitals. It requires careful study and wise adjustment of methods and some existing faulty conditions.

Dr. Godfrey Resigns from Hospital Staff.

South Pasadena, Cal., 22 June, 1911.

Mr. Richard H. Reeve, Secretary,

The Cooper Hospital, Camden, N. J.

Dear Sir—On account of my frequent absences from Camden, I beg to present my resignation from the Attending Staff of the Cooper Hospital, to take effect at your early convenience.

My official connection with the hospital began with its opening to the public, August 11, 1887. During these twenty-four years of service, the courtesy and liberality of the Board of Managers, the professional fellowship of the Medical Director and the Attending Staff, and the inestimable opportunities afforded by the Hospital for medical and surgical study, have made these years of the highest professional and scientific value to me.

In presenting this resignation to the Board of Managers, I would be glad if you would assure the Board of my appreciation of their confidence and accept for yourself, at the same time, the warmest assurance of my personal regard.

Very truly yours,

E. L. B. Godfrey.

The Debt of the Country to Physicians.

At the banquet and reception to President Taft, given by the Medical Club of Philadelphia, at the Bellevue-Stratford, May 4, 1911, after an eloquent tribute paid to the medical profession by the president, Dr. S. Weir Mitchell, of Philadelphia, said, addressing President Taft:

It is pleasant as citizens of the world to congratulate you and ourselves on your endeavor to establish arbitration and promote peace between the two great branches of the English-speaking race; nor could there be a more fitting occasion to remind you, and through you the people of this country, how deeply they are in debt to the American physician. For us this occasion is eloquent of opportunity. Your own profession of the law owes to you the illustration of judicial appointments where the only partiality shown was for ideal fitness and the possession of personal qualities such as your own life on the bench and at the bar has amply exemplified.

I said, sir, just now, that the country was in our debt. I would like to add that the country is of late more heavily than ever our debtor. We owe it to you, and I may add in part to your energetic predecessor, that you have given to the members of our profession who represent us in the ranks of the army the first chance in the history of the world to prove what the intelligent despotism of educated discipline can enable the physician to effect for mankind. The chief of staff of the army, General Leonard Wood, once—and he says "always"—a physician, with a group of young surgeons, swept the yellow fever plague out of Cuba and freed the world from this terrible scourge; alas, at what sad

cost! They cleared the island also of malaria and there and in the Philippines put an end to smallpox. You, sir, well know that it was Colonel Gorgas and his staff who have made so swiftly possible the gigantic engineering surgery which will have cleft the Isthmus of Panama from sea to sea. This was our opportunity; it was unique; and I beg to remind you, sir, and my fellow physicians, with pride, that our use of it was an unequalled display of hygienic competence.

You, sir, may not recall as I do what we did in the great war which welded the States into one. North and South the physicians remained an undivided guild in the service of humanity, while churches and the State were rent asunder. What our brothers in the South lost we do not know. We, ourselves, lost in battle 51 killed and 83 wounded, and 283 who died from disease. We have asked, sir, no reward; neither pensions, places, ambassadorships, nor even presidencies, have been for us. No memorial speaks of these great services; our dead are unrecorded in the annals of the war. The land is populous of statues of private and general; there remains for us the unrewarded consciousness of duty simply done in obedience to a creed old before Christ had spoken His great message to the world. You are, of course, aware that after a great victory general or admiral had sometimes been rewarded by the thanks of Congress. Is it too much to expect that when our flag leads a procession of the navies of the world through that great canal, Congress will commemorate the event by thanking, in the person of Colonel Gorgas, those who have read mankind a lesson in sanitary efficiency and for whom no other reward is possible? Again, Mr. President, accept our thanks for the latest chance to read into action our creed of duty.

We have been in the past nobly equal to every task laid on us, and, perhaps, sir, we may hopefully look forward to seeing in some future Cabinet a secretary of health, who will enable us to do on a larger scale what we have so admirably effected in the far-sown islands of the sea.

The Practice of Medicine.

From an address by Dr. Robert E. Skeel, of Cleveland, at the meeting of the Ohio State Medical Association, May, 1911.

It is an unfortunate thing that the practice of medicine has never been satisfactorily defined legally, and, therefore, hundreds of individuals are doing those things which medical men recognize as violations of the law, but which the lay mind fails so to discern. To the latter, the practice of medicine is, in a large sense, taken to mean the administration of drugs and the performance of operations, and anything which does not include one of these two acts is regarded as an entirely extra-professional affair. To the medical mind, the practice of medicine means the application of any and all methods which may prevent, alleviate or cure disease, regardless of the means employed; and the profession insists that if the law as it stands be applied to its members, it ought likewise be applied to all others who, under whatever name, are using means to accomplish the same end. General medical education is necessary in order to diagnose disease, to understand its natural evolution and life history and prevent the dis-

semination of communicable disease in the community. At every session of the Legislature, bills are introduced looking to the licensing of individuals practising on certain portions of the body and permitting them so to practise with lesser qualifications than those demanded of the medical practitioner, while other bills are from time to time introduced providing that certain methods of treatment of the entire body be exempted from the operation of the law. As an example of the first class there is the optometry bill and of the second the prayer cure. Carried out to its logical conclusion, the first would soon split the body into a number of organs, each under the care of an individual who knows little of it and nothing of any other; while the second would place the health of the entire State in the hands of a coterie of sublime egoists, who claim that they and they only have access direct to the Almighty—for a consideration.

It should lie with the authorities to see that each individual practising is doing so legally. If licensed physicians would announce themselves as such, demanding of the State that it protect the name of physician or doctor from being used by any other than those so licensed, it would put the entire matter up to the people themselves, and if they then choose an unlicensed practitioner it would be with their eyes open. Nothing would more quickly cure them of their dislike for expert opinion and sane leadership in sanitary and medical matters than would the undoubtedly disastrous result of a spread of contagion following the mutilation and non-enforcement of present sanitary laws. The average individual to-day has more respect for his own physician and less for the profession as a whole than ever before, for the reason that he knows his physician and what he stands for, while he knows nothing of the medical profession and what it stands for. To-day a smattering of medical education is possessed by all but the absolutely ignorant, and medical science has reached a sufficient degree of accuracy so that a frank and open statement of a case is the best policy in private practice, and a similarly frank and free discussion of medical topics is the best public policy. Medical, not general, ignorance is responsible for the flourishing condition of the pathies, cults and crazes of all kinds. Physicians should never hesitate to appear before clubs of all kinds with well-prepared talks on popular medical subjects, where the hearers should be set right on the whole subject of medicine and its activities. While the intelligent portion of the public has a smattering of medical knowledge it is absolutely ignorant of the fundamental principles underlying medical science.

Hospital May be Sued.

The Court of Appeals of New York has reversed the decision of the lower courts and has decided that the Presbyterian Hospital of New York must defend a suit for \$50,000 brought by Jane Darcy because the hospital authorities refused to give up her son's body immediately after death and allowed an autopsy to be performed against her wishes. The plaintiff's son died in the hospital on October 31, 1906, and when permission for an autopsy was refused the coroner was notified and one of his physicians was allowed to perform the autopsy in the pres-

erence of the hospital surgeons. As the hospital has not yet shown that there was anything unusual or suspicious in the manner of death, the performance of the unauthorized autopsy may be, the court holds, regarded as a misdemeanor, and the plaintiff may maintain an action for damages because of her wounded feelings.

Legislation for higher standards of preliminary medical education; for increased appropriations for medical education; for compulsory training and licensure for midwives; for bringing medical sectarians of all kinds under a common medical examination; these are the results in States all over the land this year. Optometry and a host of like commercial backstairs modes of entering into practice of medicine have been defeated everywhere. The public is opening its eyes to these fakes—and an organized medical profession is doing it.—The Medical World.

Pill, Bill, Patient and a Physician.

Recently, a prosperous, though unsuccessful Runner, made a physician an office call. "Well, Doc," he said, "I am 'all-in, down-and-out.' Can't you give me something to fix me up?"

Then the physician began to examine his patient physically, morally and mentally by asking him all sorts of questions; taking his pulse, temperature, and testing excretions, etc. After this ordeal the physician said, "My good man, yes. What you need is more exercise, more sleep, less food and less worry. You have no disease or organic trouble; but your business is running you to the ground."

"Same old story," snarled the patient. "Every doctor that I have consulted instead of treating me begins to preach, preach, preach! Now, when I want a sermon on right living I'll go to a minister. What I want is something to fix me up."

They talked on, and finally the physician partially gained his point. That is, the patient continued to visit him for a fortnight or so. But the most that he got was good advice; for he was dealing with an honest man. Then, one morning, things seemed to go wrong and the patient flared up and discharged his physician.

In due course of time the physician's bill came. It was moderate, considering. But people do not like to pay for good medical advice; and that was all that this patient had received. So he put up a big howl; and finally paid the bill.

After a time this patient decided to try just one more physician. He chose the new doctor who had just located. Now, this recent physician had ample time to talk and to preach good advice; but he was somewhat of a psychologist. He examined, looked wise, and said little. He wrote a prescription or two, and doled out some pills—very bitter ones.

It is needless to say that the patient went his way happy and contented, and when he saw the bill he thought it remarkably reasonable.

Moral: The mind has something to do, sometimes, with health.—E. Clair, in the Medical World.

We regret to hear, just as THE JOURNAL goes to press, of the death of Dr. Emory E. Howard, of Somers Point, Atlantic County. Further notice will appear in the September JOURNAL.

Editorials from Medical Journals

The Doctor on the Witness Stand.

Editorial in The Medical World, June, 1911.

We do not intend referring to the notorious and malodorous reputation so-called "expert testimony" has achieved, but to the department of the ordinary doctor when called to the stand in court. Although the physician is generally considered a "star witness" by the attorneys and the audience, when his testimony includes strictly medical or surgical questions bearing on the case he receives the same fees the laborer gets for his court attendance. "His own side" do not feel bound to remunerate him in any way, but make much palaver intended to flatter the doctor for the purpose of influencing him to "shade" his testimony in favor of their side of the case. Light weight men are thus influenced to enter into the spirit of the contest as if their own interests were involved; to "shade" their testimony, when possible, in favor of "their side;" and to withhold, when possible, anything which might be derogatory to the chances of success of "their side."

Opposing attorneys are quick to detect such an animus on the part of the doctor, and prepare to grill him unmercifully. They do this, not only to weaken the effect of his testimony before the eyes of the jury, but as a puny method of wreaking vengeance on the man who opposes their chances of success. The more of the "shyster" an attorney has in his make-up, the more will such a disposition crop out in the course of the examination; but any attorney is prone to try to "take a fall out of the doctor." Any attorney, however mediocre his talents, can compass the defeat of any doctor who permits himself to become biased, or who "loses his head" on the witness stand. If the doctor but realizes it, he has the attorney at his mercy all the while he is giving his testimony, and there is no occasion whatever for becoming confused or frightened.

The secret of compelling respect from even the most blatant and unprincipled lawyer is not hard to learn. Every physician should make a study of it, so that when he is called to court, as he certainly will be many a time during his years of practice, he may acquit himself with credit and shed honor on his profession.

(1) Never permit yourself to "take sides" in any case on which you will be required to give testimony. Simply tell the plain truth in the simplest possible language concerning conditions as you found them. If you have no bias in your own mind, no attorney can lead you to show the jury that you are anxious to influence their opinion in any way beyond explaining to them the true facts in the case. When you have stated the facts, it is up to the jury to form an opinion as to the merits of the case, and it is nobody's business what your personal opinion is.

(2) Do not permit any attorney to lead you into a long story. If they ask you any fool question, such as "What do you know about this case?" make one definite statement of fact, and stop. Let the attorney ask you another question to "draw you out" further; answer it as tersely as you can, and then stop. Always, when possible, confine your answers to "Yes" and "No." If any elucidation or explanation or

qualification is necessary, the attorney will ask you another question. Never forget to keep him asking questions. Never say a word you know to be unnecessary beyond the shortest possible answer to his question. No attorney will ask more than two or three questions of any doctor who answers him in this manner without recognizing that he has a witness who will not be browbeaten or bully-ragged, and right then he forms a respect for you, and becomes immediately chary and deferent; you are now master of the situation, and if you keep cool you will soon be permitted to leave the stand.

(3) Study up well on the case before you go to court. If it involves the description of a wound or injury, post yourself on the anatomy of the part, its nerve and blood supply, and if there is a question as to the instrument inflicting the injury, the character of the instrument which might have been the agent producing the wound. In the latter case, stick to the terms "blunt" and "sharp." "Blunt" covers everything that has no cutting edge, and "sharp" covers everything with a cutting edge. If asked: "In your opinion, was it a hatchet which made this wound?" say, "I do not know; it might have been." Never let them pin you down to saying anything which you do not know to be a fact. You have no more right to a guess than any other man has, but the attorney opposing you will have won a signal victory if he can tempt you into such a trap. Remember that one of the parties to a suit is generally interested in concealing or distorting facts, or in producing evidence which they know to be false. Never lower yourself to their level.

(4) Remember that not one attorney in a thousand has ever studied medicine, or knows anything about it. All his medical knowledge has been gleaned by looking at the indices of a few books and looking up the mere articles which might bear upon the case in question. You are vastly his superior here, and can take advantage of it easily.

(5) Never be frightened at a formidable array of medical books on the attorney's table whether you have ever seen them before or not. Remember that he has no right to examine you on your knowledge of anatomy, physiology, surgery, bacteriology, or any other branch, except as it bears upon the case in hand, and you ought to prepare yourself to be ready for him on such points. Never admit that you have "read" a book; if you have read it, say you have read "parts of it." Never admit that you consider any writer an "authority;" if you confess to considering any writer an authority and admit having read such a book, the attorney has you at his mercy. He will quickly select a paragraph and ask you if the author did not say so and so; you will not likely be prepared to say "yes" or "no," but if you guess at it, he has you. If you happen to have guessed right, he continues selecting paragraphs till he does catch you napping. Of course, if you have read an author, and consider him an authority, the jury expects you to know everything he has said in the book. Simply say that "No man is an authority in medicine. I have just as good a right to my opinion as that author."

(6) Post yourself on what constitutes "expert testimony;" the attorney on "your side" will tell you this. Doctors on the witness stand often

give expert testimony, thereby tempting the verbal assaults of attorneys, when no occasion exists for it. If an expert question is asked, and you can answer it, appeal to the judge as follows: "Your honor, I can answer that question. Am I giving expert testimony?" If the question is an improper one, his honor will "squench" that attorney promptly and emphatically. If the judge tells you that it is an expert question, and that you shall answer it if you can, reply by saying, "Very well, I shall expect an expert's fees." Then answer the question. Generally you will be stopped by the court, for they have no desire to add so great a burden to the costs. (An expert's fees are generally \$50 a day.)

(7) Do not assume an arrogant or overbearing manner. Be polite, professional and courteous; and demand the same consideration. Tell the terse truth without embellishment. Never try to make a display of your medical knowledge or skill on the stand, or you will come to disaster.

Remembering these precautions and making these preparations, any doctor who has the proper poise of manner and knowledge of the principles of practise can shed lustre on the profession and compel respect and courteous treatment for himself.

The Making of a Surgeon.

Editorial in the Delaware Medical Society Journal.

Nearly every member of the graduating class of many medical schools intends to be or has a latent desire to become a surgeon. Comparatively few ever realize this ambition, and of those who do, only the occasional man succeeds in becoming a surgeon of any note. Unfortunately, the question of ability or special fitness is rarely taken into consideration.

All over the country there are men acting as surgeons that have never had even a hospital experience as interne, and call themselves surgeons by virtue of several weeks' "postgraduate special work" watching some prominent surgeon operate. They have no ability and, as a rule, have no knowledge of the first principles of surgery.

Many general practitioners indulge in an occasional major operation, that is, whenever they can find a person sufficiently daring to allow them to operate upon him. When the only qualification the operator possesses is nerve, as is often the case, the patient gets the bad end of the deal when he should be protected by this same physician who enjoys such marked confidence.

Many men believe that any physician is capable of performing major operations, as the many good results show, and resent strongly any suggestion to the contrary. The fact remains, nevertheless, that the science and art of surgery requires not so much the greatest skill in manual dexterity, but it is impossible to do good work unless fitted by training in the fundamentals. This implies training in the best medical schools, a level head and horse sense, for the surgeon must be mentally fitted to weigh all evidence and deduce correct conclusions.

Some men are not fitted by nature for this work, and this has to be duly considered. Last

of all the pleasure of operating, which is carried so far as to perform unnecessary operations does not make the true surgeon, for nowhere is the golden rule more applicable than in surgery.

Plenty of Pure Air on the Farm.

From the Monthly Cyclopedic and Medical Bulletin.

Bacteriologists have in recent years devised means by which they can filter the atmosphere and acquire a very fair understanding as to the degree of contamination which it contains.

The present era seems to provide a very timely opportunity for a general campaign of education as to the dangers of breathing an unwholesome city atmosphere.

The question of a food supply for the rapidly increasing millions is getting to be a pressing one. A recent speaker at the Conservation Congress declares that the production of wheat per acre in the United States, notwithstanding the newness of the soil, is only about half as much as in Great Britain and Germany.

As the price of food advances, those in the city with small earning power must necessarily seek less expensive quarters and physical deterioration under such circumstances is inevitable and rapid.

Any educational plan which will help to convince a large class of people who are recent arrivals in the cities or who contemplate going to the city to live that they are better off in the country than they can ever hope to be in the city will be very much for the interests of the general population.

The principal reason why the productiveness of American farms has fallen so low is the unwillingness of a large number of people to remain on the farm or have anything to do with the farm. It is said that the tendency to move to the city has been very much checked in a year or two. If so, there are certainly some advantages to balance the present high cost of food products.

National Department of Health.

Editorial from American Medicine, May, 1911.

Senator Owen's bill for a National Department of Health has been introduced again with perhaps better prospects than ever before for its ultimate passage. The bill has been modified or changed in certain respects with the apparent object of removing whatever grounds there were for criticism in its original form. We very much fear that Senator Owen has made too great concessions, at least in two very important details, and as a consequence will fail to receive as enthusiastic and whole souled support from the medical profession as his measure and efforts really deserve. In brief, these two defects that are liable to cool medical enthusiasm are, first, failure of the bill to make the head of the proposed department a Cabinet official. Thus at the very outset the new department will be little more than a bureau. To handicap and injure such an important movement by denying it equal standing with commerce and labor or farm problems, will surely lower its prestige, minimize its importance in the minds of the people, and have a great tendency to impair at least its early efficiency. The second and most objectionable defect of the bill is that it fails to require that the "Director" shall be a qualified

sanitarian or medical man. The fact that there is an express requirement that the "assistant" to the Director must be "a skilled sanitarian" leaves no doubt that a layman—essentially a politician—is expected to head the proposed "department." Elsewhere we have referred to the common lay opinion that to give medical men power tends to create a close medical corporation with no other than selfish motives. Nothing in the whole history of the medical profession warrants this ridiculous idea and one has only to consider the conspicuous benefits that have always accrued to the people from placing capable physicians in high office to see how ill founded it is. Major-General Wood, Adjutant-General Ainsworth and several others in and out of the U. S. Army have demonstrated the advantages of utilizing the administrative ability of trained medical men, while the conspicuous success of Colonel Gorgas, General Walter Wyman, Lieutenant-Colonel Woodruff and many others have shown what may be expected when physicians of such calibre are given executive authority. Colonel Gorgas' work at Havana and Panama, General Wyman's skill in directing our splendid Marine Hospital Service, and, to give a single specific illustration, Lieutenant-Colonel Woodruff's results at the Jamestown Exposition are all eloquent of the administrative as well as sanitary services that capable physicians render when opportunities arise. To give a layman whose only claim to recognition may be his political activity and influence, absolute authority in the direction of a Department of Health with its many technical problems, over that of the "skilled sanitarian" who at best is to be only an "assistant," will be a colossal mistake, and lead, we very much fear, to the defeat of many of the laudable objects of Senator Owen's otherwise excellent bill.

The medical profession should support this bill, however, even though it has the shortcomings enumerated. It is a start in the right direction and while the "department" is liable to fall short of the possibilities it could achieve with a medical director at its head holding Cabinet rank, it ought to demonstrate in a few months the wonderful good it can do. Never was the time riper for the inauguration of a National Department of Health and never was it needed more. The average layman has hardly an inkling of the marvelous possibilities of preventive medicine. All that is needed is an effective organization with sufficient authority to take advantage of the wealth of present day knowledge of sanitation and disease—modern prophylaxis, to banish at least four diseases and greatly reduce the ravages of several others. Countless other benefits would promptly follow and the attention paid to child hygiene, sanitation, statistics, special research, the manufacture of drugs and foods, occupational sanitation, and so on would soon elevate the standards of home, school, factory and personal hygiene, rendering these influences infinitely more effective in promoting health, happiness and general prosperity. In its many details, its inclusion of essentialities, its harmony with modern medicine, and its general construction and arrangement, Senator Owen's bill is admirable. It shows a broad and comprehensive grasp of the problem and an appreciation of the potentialities of preventive medicine that should gratify every earnest physician, and impress him anew with his

personal as well as professional responsibilities to his fellow men. Active, forceful support of this bill, which lacking though it may be in certain respects comes nearer to meeting the "needs of the hour" than any measure thus far introduced, would seem to be an obligation that no conscientious physician, or earnest organization can afford to neglect.

Editorials from the *Lay Press.*

The Wiley Charges.

Editorial in the New York Tribune, July 14.

In any consideration of the charges made against Dr. Harvey W. Wiley, chief of the Bureau of Chemistry of the Department of Agriculture, the technicality of the offence committed is likely to be contrasted by the average observer with the admitted value of Dr. Wiley's work. That work, of widespread benefit in protecting the public against the adulteration and misbranding of foods, has made the head of the chemistry bureau many bitter enemies among the more unscrupulous manufacturers and dealers. They would delight in his removal from office, not for inefficiency or for an abuse of his powers as a censor under the pure food laws, but because of a technically faulty adjustment of the compensation paid to one of the bureau's outside experts. But the public at large would certainly feel that a great loss had been incurred if it should finally become clear that services so important as those which Dr. Wiley has performed for years could not be allowed to outweigh an administrative indiscretion.

It can easily be believed that the arrangement made with Dr. Rusby was one which the director of the bureau thought was in line with the policy of securing the best results for the department. It involved no waste of money and covered no improper or self-seeking motive. Whatever departure there may have been from a strict construction of the acts regulating compensation can be remedied by changing the conditions under which Dr. Rusby was employed. Dr. Wiley may not be a model auditor or paymaster. But he has earned the confidence and gratitude of the country by his energy, fearlessness and competency as an exposé of frauds in the manufacture and labelling of foods. His removal, whether deserved or undeserved, would give profound satisfaction to the powerful interests which are striving to break down the pure food laws.

"Going After" Dr. Wiley.

From an editorial in the Trenton True American, July 14.

Dr. Wiley from the outset of his official life has made the mistake of standing up for the welfare of the people, whenever that welfare was found to be in conflict with the plans of special interests. It has been his duty to see that the people were not poisoned by impure foods and drugs, and in the performance of that duty he has been brought into frequent conflict with dishonest manufacturers, who desired to make fortunes by adulterations and impurities inserted in the foods and drinks and medicines consumed by the American people.

Months ago some of these interests asserted

that they proposed to "get Dr. Wiley's scalp." For months they have been watching his every movement, in the hope that he would make some mistake or commit some indiscretion that could be seized upon and used as a club to drive him out of the public service.

And now it seems that a transaction has been discovered which, while in a manner inconsequential, is to be magnified and made to appear as a grave offence. He is charged with a technical evasion of the law in paying a salary to a New York expert whose services he used in bringing the violators of the pure food law to account.

On this charge Attorney-General Wickersham and other officials of the Wickersham stamp have recommended to President Taft that Dr. Wiley "be permitted to resign."

But the doctor hasn't resigned and isn't going to. It remains to be seen whether President Taft will dismiss him. When one considers that Dr. Wiley's case is very similar to that of Gifford Pinchot, it must be admitted that the people need not expect a very strong ally in the White House. But, after all, it is doubtful if the President will care to incur the people's wrath by dismissing the only official in his administration who has antagonized the interests since the days of Pinchot. * * *

The American people are just now looking about for men who will give them faithful service in defiance of the Interests. They are tired of the old sort—of the kind that make pledges to the people and perform for Big Business. And when they find an official of the new, faithful sort, they are anxious to keep him and to sustain and support him against the power of lawless privilege.

The people are just now not in a mood for trifling in these matters, and the would-be manufacturers of poisoned foods and drugs have selected a particularly inopportune time "to break" Dr. Wiley.

Probably no official at Washington is quite so close to the American homes as Chief Chemist Wiley. He is the man who has put clean, pure, wholesome foods on every dinner table in America. He is the man who has been instrumental in putting drugs and medicines that are exactly what they are represented to be in every sick room in the land. He is the guardian of the health of the children—your children. He stands between you and those who would poison you. His hand is against those who would defile your larder with decayed vegetables and embalmed meats and superannuated produce. His fight is with those who would profit at your expense by selling you germ-infested filth.

If the standard of righteousness that Wickersham has attempted to apply to Dr. Wiley is to be the standard for the whole administration, what a wholesale cleanout there will be!—Newark Evening News.

Our Doctor General.

From the Christian Herald.

Major-General Leonard Wood has become commander of the American army at the early age of 49. As the age limit for active service in the field is sixty-two, he will have thirteen years in the coveted position of chief of the general staff. He assumed his new duties the first week

of July, his headquarters for a time being Governor's Island in New York Harbor. Later, he will be in Washington. As most of the generals who have risen to the highest position have been nearer the age limit, they have had a comparatively short period in which to carry out their ideas. General Wood will be fortunate in having such an extended period to develop any plans he may have. He is known as a man of ideas, very progressive, and anxious to make our small army as efficient as possible. His interest also extends to the organized militia of the country, which, under the recent legislation of Congress, has become closely affiliated with the regular forces. Whereas formerly most of the State troops could not be used except for home defence, they can now be ordered for duty anywhere that danger threatens, the State legislators passing new regulations to that effect to conform to the new national regulations.

A Noble Profession.

Editorial in the Los Angeles (Cal.) Daily Times, June 26, 1911.

Some seven thousand doctors will have the time of their lives this week in Los Angeles. Who shall begrudge them any portion of the enjoyment of their visit? They are, and from the days of Galen and Hippocrates have been, members of a noble and unselfish profession. The doctor does not, as a rule, practice medicine merely for the money there may be in it. Nor is he inspired, as a soldier may be, who "seeks the bubble reputation e'en at the cannon's mouth." Nor is he moved, as are statesmen and near-statesmen, by a desire to win fame. Love of gold does not move the true doctor's soul any more than it does the soul of the true poet.

Law is not a progressive science. The Pandects of Justinian are as much rules of law as they were when Tribonianus compiled them nearly 1,500 years ago. The common law is in our courts "reason dealing by the light of experience in human affairs," as it was when England passed under the rule of William the Conqueror. Theology has advanced but slowly. It is but a few years since infant damnation was abolished by a synod, and the Articles of the Church of England are as rigid rules of faith as they were in the reign of the Stuarts, although no member is required to believe in the entire thirty-nine of them at any one time.

But the science of medicine has kept pace in its growth with the discoveries and the growth of civilization. The blessed old-fashioned country doctor who traveled on horseback, with his saddle bags filled with simples and his lancet in his breast pocket, has passed away, and in his place the modern practitioner makes his rounds in an auto. But the doctor of to-day, equally with the doctor of the last century, never turns a deaf ear to the call of distress, never declines to arise from his bed at midnight to face the storm to relieve a sufferer, and never refuses to attend upon a sick patient, even when he is morally certain that he will never be paid for his services.

The conscientious physician who is so unfortunate as to reside in the roasting, freezing, blizzard-infected East, does not advise his patients to remain where he can earn simoleons by attending upon them. On the contrary, he recommends them to seek the climate of Los

Angeles, where the mingled ozone of sea and mountain acts as an antiseptic to diseased lungs, and the mineral waters act as tonics to insurgent stomachs, and where men can be more comfortable with one lung than they can in Chicago with two lungs.

We are indebted to the doctors for pure-food and pure-drug laws. We are indebted to them for laws that limit the operations of empirics and fakers. We are indebted to them for improvements in sanitation and recommendations in the matter of diet. We are indebted to them for examples of temperate, moral, self-sacrificing lives—lives free from vice and devoted to the service of their fellow-men.

Here's to you, doctors! The Times welcomes you; and to you and yours Los Angeles extends a glad hand.

The Doctor's Fee.

Editorial in the Daily State Gazette, Trenton, June 28.

No profession does more charity work than the medical, and none makes its fees so equitably fit the financial standing of the patient.

Every physician gives his services to hundreds with no hope of reward, and to scores at a minimum fee. So if he charges the well-to-do or wealthy in proportion to their means, he is justified, unless his charges are preposterous or unreasonable.

Were it not for this custom we would either have few doctors or else the great majority of people would have no medical attention at all. This does not mean that the doctor makes, or should make, the rich pay for the poor. The ethics of the profession simply justify him in charging according to the means of the patient who can pay, and to relieve the very poor for nothing.

As a rule, no good, well-established physician will charge more than reasonable fees, or more than his services are worth to any one. But because the rich do pay and have big bills, because they call in the doctor for trifles, the idea arises that the doctor lives off their wealth.

The fact is that a greater part of the doctor's income is derived from the poorer classes, as they are many, while the very rich are few. We hear of the latter's fees, and not of the other.

The many who come to the doctor's office and get the benefit of his knowledge and skill for a nominal fee, are the people who really support a physician. So interfering with his charges would do more harm than good.

Any one who has been brought back to health by a competent physician, should pay willingly as he is able, and that is all that a conscientious doctor demands.

Responsibility for Quacks.

Editorial in the New York Tribune July 6, 1911.

There was much sense and justice in the remarks which were made the other day at the meeting of the American Medical Association concerning the responsibility of the "regular" members of the medical profession for the prevalence and the prosperity of the fraudulent practitioners whose operations they so strongly and properly condemn. The idea of the speaker—Dr. Murphy, the new president of the association—was that the public had a legitimate

curiosity concerning prophylactic and therapeutic operations, and that since the "regular" practitioners generally declined to gratify it people turned to the quacks who did pretend to gratify it and to take their patients into their full confidence. Therefore the effective method of combating quacks was for the legitimate members of the profession to give their patients the fullest practicable information concerning ailments, medicines and methods of treatment.

There can be no doubt of the increasing and legitimate interest of the public in such matters. The day of mysteries in the learned professions is past. Laymen may not attempt to meddle in actual professional work—at least it is not wise for them to do so—but they do wish to know something about that work, and they reasonably object to being required to accept blindly and ignorantly the creeds of theologians, the codes of lawyers or the prescriptions of physicians. It may be that in some cases information would tempt the patient to injudicious meddling with the physician's work. In a far greater number of cases it would probably enable him to cooperate helpfully for his own cure. The importance of sanitation and hygiene as adjuncts to therapeutics is being more and more recognized and it is obvious that they cannot be fully availed of without instruction of the patient.

It would be practicable for physicians to take their patients into their confidence to the extent of informing them of the nature of their ailments and the character of the remedies and methods of treatment which are employed. The profession, indeed, forbids the use of secret remedies, yet practically prescriptions are often if not generally written in a way that conceals their components from the patient, and too often the tone of the physician toward the patient is that of "open your mouth and shut your eyes" and take what is prescribed without asking any questions. This air of mystery has doubtless often piqued a certain morbid and illicit curiosity on the part of patients which has been mischievous. Treating the patient as a sane and intelligent being who is both competent and entitled to know something about what ails him and what is to be done for him would transform such curiosity into rational and helpful interest and would largely aid in defeating the pernicious subtleties of quacks who cater to the patient's curiosity by pretending to gratify it while in fact they are deluding and betraying him.

The Drug Decision.

Editorial in Collier's Weekly, July 1, 1911.

When Governor Hughes accepted a position on the Supreme Bench of the United States, some thought he might be too conservative. Quite the opposite tendency was shown by him in the leading patent medicine case of United States vs. Johnson, where he delivered the dissenting opinion, concurred in by Justices Harlan and Day. Johnson's "Cancerine Tablets" and other concoctions made up "Dr. Johnson's Mild Combination Treatment for Cancer." The pure food law forbids "any statement, design or device regarding such article, or the ingredients or substances contained therein which shall be false or misleading in any particular." Justice Holmes, for the majority, held that the only lies forbidden were those about ingredients, Justice Hughes, in a more forcible argument,

construing the law with the sole purpose of giving effect to the intent of Congress, obviously fraudulent claims should be included. "Granting the wide domain of opinion, and allowing the broadest range to the conflict of medical views, there still remains a field in which statements as to the curative properties are downright falsehoods and in no sense expressions of judgment. This field, I believe, the statute covers." Even if 4 parts hydrogen and 2 parts oxygen and 4 parts some scientific name for mud are on the label, the statement that this is a cancer cure would be forbidden, as "the so-called remedy was absolutely worthless and hence the label demonstrably false." The majority having reached an opposite conclusion, one of the duties of the next Congress is to amend the pure food law. As the Springfield Union says, in discussing the Advertisers' Protective Association (and it might have discussed the League for Medical Freedom in the same connection): "The United States needs and ought to have a pure food law as drastic as the German law."

An Independent Editor's View.

Editorial in the Berkeley (Cal.) Independent.

In pleasing contrast to the position taken by some newspapers at the command of the interests opposed to public-health legislation, is the attitude of many high-class newspapers of the country, which have opened not only their news columns but their editorial departments as well, to hearty and unqualified endorsement of the present movement for better health conditions. An excellent example of this class of newspapers is the Berkeley (Cal.) Independent, which has recently published a series of articles, discussing the Owen bill and the opposition to it. The Independent says that the time is ripe for explaining to its readers just what the National League for Medical Freedom is: for showing, in fact, that its only reason for demanding "medical freedom" is to permit the unhampered continuance of medical fairs, charlatans and health-cure pettifoggers, and that the danger to public health created by such a class is sufficient excuse for discussing the situation. After reviewing the history of the introduction of the Owen bill into Congress and the hearings before the committee to which it was referred, the Independent says:

"There came to the hearings of the committee the representatives of the National League of Medical Freedom with the express purpose of killing the bill by any possible means. The vociferous opposition they raised was enough to deceive any except the most experienced. Any intelligent man knows that the National Government has no more control, outside of the District of Columbia, over the practice of medicine than it has over the practice of farming or of law and, although the Owen bill proposed provisions for the prevention of disease, and not its cure, and made absolutely no provision for putting any kind of doctors in authority over any kind of body or thing, yet the practitioners of the homeopathic and eclectic and other schools were gravely informed that the 'regulars' were to be in absolute control of homes and families, that even religious liberty was being threatened. The people back of this clamor made little effort to keep their identity a secret

and it soon became known. Among them were the patent-medicine people, the adulterators of food and members of other interests naturally at ermy with pure drugs and pure food and honesty and decency of method in such matters, fearful of every possible curtailment of the millions of yearly income they were deriving from their nefarious trade. They had organized into an unholy and corrupt conspiracy to mislead the people of the United States and to break down the profession which was taking the people's side against them—the American doctor."

After discussing the need of better health legislation the Independent concludes:

"These, then, are some of the men who are opposing the regular physicians of the United States, calling them every possible name that the libel law will permit, fighting every effort they are making to prevent illness in the United States and to promote healthful conditions. The National League for Medical Freedom is organized to protect its members' pockets, no matter what happens to the people."

Medico-Legal Items.

Action for Libel by Osteopath.

An osteopathic physician claimed damages for libel from the physicians and dentists occupying offices in the building where he maintained his office, they having inserted an advertisement in a local newspaper classing him as a quack and charlatan. It appeared that he had his name upon his office door preceded by the letters "Dr." and followed by the words "Osteopathic Physician," in violation of the Washington Laws, 1901, section 3, p. 50. It was held that he could not maintain such an action for libel, his practice being founded on a breach of the law, and the law would afford him no redress for the loss of earnings sought to be acquired in that manner. Nor could he show that he had a common-law right to practice osteopathy without a license, and that he was libeled while pursuing that right. If he had advertised and practised as an osteopath, that question would have been presented. *Lathrop vs. Sundberg*, Washington Supreme Court, 113, Pac., 574.

Illegal Practitioners not Libeled by Published Demand for Their Removal from Building—Use of Terms "Osteopathic Physician" and "Quack."

The Supreme Court of Washington affirms, on the second appeal of the alleged libel case of *Lathrop vs. Sundberg and others* (113 Pac. R. 574), a judgment of dismissal in favor of the defendants. The plaintiff, an osteopath, wanted \$75,000 damages because of the publication by the defendants in a newspaper of the following: "We the following reputable physicians and dentists, occupying offices in the Eitel Building, endeavoring to uphold the honor and dignity of our professions and desiring to encourage only the best and most desirable tenants, for our office building, and thereby conserve the best interests of the public at large, are most emphatically opposed to the indiscriminate rental of offices in this building to osteopaths, neuropaths, autopaths, chiropractors, umtomtereists, unprofessional masseurs, criminal practitioners, 'medical institutes,' advertising 'specialists,' pat-

ent medicine fakers, quacks, charlatans and other fraudulent concerns. We, therefore, demand the removal of all such persons now holding offices in this building and the exclusion therefrom of all such undesirable tenants in the future."

The court says that the plaintiff testified that, while pursuing his calling as a barber, he read four typewritten lessons a week for fifty-two weeks from an osteopathic correspondence school, embracing the subjects of anatomy, physiology and pathology; that he had on his office door the words "Dr. C. F. Lathrop, Osteopathic Physician," while in that building. He insisted that he should have been permitted to offer further evidence tending to show that he was an osteopath, and that his case should have been submitted to the jury. But the court thinks that the correct view of the case was taken when it was withdrawn from the jury and a judgment of dismissal entered. It appeared from the testimony of the plaintiff himself that he was pursuing his practice in a manner forbidden by the laws of the State, which make it a misdemeanor for a person to maintain "an office or place of business with his or her name and the words * * * 'Doctor' * * * in public view," without having obtained and filed a license as provided by law. In *State vs. Pollman*, 51 Wash. 110; 98 Pac. 88, it was held that a prefix or qualifying words to the title "Physician" did not relieve a party from the penalty of the statute; that the abbreviation "Dr." offended the law to the same extent as the word "Doctor;" that the purpose of the statute is to protect the people against deception; and that "it is practitioners of the regular school rather than the others that the ill and infirm seeking relief usually expect to find when entering a room whose door has lettered upon it the name of a person preceded by the title 'Dr.' or followed by the letters, 'M. D.' or 'Physician and Surgeon.'"

Without undertaking to define the words "quack" and "charlatan," the terms by which the plaintiff was characterized in the libel, it suffices to say that he was knowingly luring patients into his office by a method condemned by the penal laws of the State. This was a fraud and imposition on the public, and the law will afford him no redress for the loss of earnings sought to be acquired in that manner. On the former appeal this court said, speaking of the libel in question: "Clearly this is libelous per se (in and of itself), if published of and concerning the appellant (plaintiff), and he is engaged in a reputable practice, and that it was published of and concerning the appellant, and that his practice is reputable, was distinctly alleged in the complaint." He could not be engaged in a reputable practice while offending against the statute. As was said in *Hargan vs. Purdy*, 93 Ky. 424; 20 S. W. 432: "If he was then undertaking to practice medicine in violation of the statute of the State, he could not, in contemplation of law, have been injured or sustained damage from being called an 'empiric' or 'quack;' or, at all events, he could not be heard in a court of justice to complain that words had been spoken or written of him having the simple effect to disable or deter him from violating a penal law."

The plaintiff contended that he had a common-law right to practice osteopathy without a license; that he was libeled while pursuing that

right; and that his damages should have been assessed by the jury. If he had advertised and practiced as an osteopath, that question would have been presented, while under the above circumstances it was not.

Malpractice in Application of X-Rays.

A patient sued a physician for damages for malpractice, alleging that he negligently, carelessly and unskillfully applied the X-rays to the plaintiff's hand, and also caused the hand to be exposed to the rays eight or nine times, and for such length of time as to cause the skin and other tissues of the hand to be severely burned. It appeared that the plaintiff, who was a machinist, while working at his trade, sustained a supposed scratch in the palm of his hand. Later a red spot, about the size of a half dollar, appeared in the centre of the palm. The plaintiff's evidence showed that he consulted the defendant about it and was told by him that he had dry tetter, or eczema. He employed the defendant to treat him and the defendant commenced to do so by applying a salve to the spot. The treatment, by various applications, was continued for more than a year without relief. The defendant then told him he would have to use the X-rays on the hand, that this would cure him and would not interfere with his work. The X-ray treatment was applied. The defendant told him to hold the palm of his hand about half an inch from the energized tube. He exposed the plaintiff's hand to the rays nine times in eleven days, each time directing him to hold his hand about half an inch from the tube. The exposures varied from 10 to 35 minutes. After the eighth treatment the plaintiff complained to the defendant that his hand was burning and paining him and afterward the defendant gave him another treatment of 10 minutes' duration. Plaintiff claimed that his hand became badly swollen; that the defendant scraped the skin until he got it nearly all removed from the palm; and that he scraped the hand to remove the parts which appeared to have been burned or cooked by the x-ray; that he suffered great pain and could not sleep nights, although the defendant administered 25 drops of laudanum. The hand was exhibited to the jury, showing that the injuries had resulted in a "claw hand." The defendant testified that the hand was exposed the number of times claimed, but that it was protected except over the spot to be treated, and that the hand was placed not closer to the tube than six inches, and the plaintiff was cautioned to keep it at that point. A number of physicians and surgeons testified that the X-ray at the time (1902) was a proper treatment for injuries such as the plaintiff had. Their testimony showed that the proper treatment was to place the hand at from six to twelve inches from the tube, and to leave it thus exposed for different periods of time to be determined from the result of the treatments. The witnesses were agreed, therefore, that if the hand was treated as claimed by the plaintiff the defendant was guilty of negligence, and if it was treated as claimed by the defendant he was not guilty of negligence. Under these circumstances the court held that the issue was plainly for the jury, who in the court below returned a verdict for the plaintiff for \$5,583.33 damages. Although the plaintiff's evidence as to the manner of applying the X-

rays stood alone and that of the defendant was corroborated by two other persons the plaintiff was also corroborated by some of the physical facts in the case. The expert testimony tended to show that, if the hand had been treated with the X-ray as defendant claimed it was, there was not much likelihood of it being burned as it was. The court considered that the plaintiff's case was supported by substantial evidence. It was held that the circuit court judge had properly declared the law defining the duty of a physician in charging that where one holds himself out to the public as a physician, the law implies a promise that he will use reasonable skill and diligence in the treatment of those employing him and that a physician need not exercise extraordinary diligence or care in treating a patient, but only reasonable care, and that he is not responsible for errors of judgment or mistake in matters of doubt.—Hales v. Raines, Missouri Court of Appeals, 130 S. W. 425.

Hospitals; Training Schools.

State Hospital, Morris Plains.

A special committee of the board of managers of the New Jersey State Hospital for the Insane, consisting of former Mayor P. J. Ryan, of Elizabeth; Albert Richards, of Dover, and George W. Jagle, of Newark, met July 25 at the institution at Morris Plains and decided on the location of the two new buildings to be erected on the hospital grounds, the pavilion for tubercular patients and the home for the men nurses.

The tubercular pavilion will be located between the old building and the new building, known as the dormitory building. This location was decided upon, as the building will be easy of access to the members of the medical staff of both buildings, and connections for light and heat may easily be made. The home for the male nurses is to be located on the north-east side and in front of the main building. This location was chosen in preference to having it erected in the rear, for if that was done the nurses would be subjected to all the noise of the patients. The building will be built to hold seventy-six nurses.

That the plan of competitive gardening among the patients at the State Hospital is a big success, is proven by the fact that from a half acre plot of ground the women patients who took part in the gardening have supplied two whole floors with lettuce for salad and have gathered nearly three bushels of beans. Dr. Britton D. Evans, the medical director of the institution, told the members of the committee of the board of managers of the institution of the result of the work of the patients. The men patients who took part in the competitive gardening have failed to show as much interest in the work as the women.

Essex County Isolation Hospital.

All that modern equipment and methods of treatment can do in the care of tuberculosis patients was brought to public attention June 27 at the County Isolation Hospital at Solio when the new group of buildings erected for the treatment of phthisis was opened to public inspection

and many medical men and laymen availed themselves of the opportunity.

The buildings, which were erected at a cost of about \$100,000, will accommodate 94 persons. The department will be under the general charge of Dr. Henry E. Ricketts, superintendent of the Isolation Hospital, with Dr. William J. Douglas in immediate charge.

Christ Hospital, Jersey City.

The carnival for the benefit of Christ Hospital, Jersey City, came to a close Saturday evening, July 1, and St. Mary's Guild will realize about \$1,200 for the institution.

All Souls' Hospital Training School.

The first graduating exercises of All Souls' Hospital training school for nurses, Morristown, N. J., were held last evening at the nurses' home. There were two graduates—Miss M. Anne Besse, of Montreal, Canada, and Miss Mollie C. Nolan, of New York. Very Rev. Dean George F. Brown, rector of the Church of the Assumption of Morristown, in his address to the graduates, said "the vocation of a priest and that of a doctor are closely linked, for the priest watches the soul, the doctor the body, and both the soul and the body make up the man."

He admonished the graduates whenever any person of their creed, whom they were attending, was in need of a priest, to see that the priest reached the sick or dying person, as, in many cases, the doctor's work has been helped by the ministrations of the priest.

"Do not let this mawkish sentimentality about fear of the priest disturbing the patient interfere," he continued. "A patient will not be disturbed by the presence of a priest when they have learned to love him. Remember another thing—that the life of every person, be he a millionaire or a beggar, is of value. Give just the same to the pauper as to a millionaire. Give your best in every case. Be always obedient to the doctors. Your place is that of a faithful subordinate. Those who get swelled heads, who are officious, who know it all, are not the successful ones."

Dr. F. W. Owen gave advice to the graduates on their future work. He reminded the graduates of the duty they owe to the families of the patients they would care for, and also of their duty to conscience. He also urged them to lay aside a little money for a rainy day.

Dean Brown then presented the diplomas to the graduates, and Dr. H. A. Henriques, a member of the medical staff, presented them with the school pins.

Fire in Christ Hospital, Jersey City.

The fire in Christ Hospital, on July 21st, was not a very serious one, but it occurred in a part of the building where it might have spread a considerable distance before being discovered. The hospital authorities say the bolt did not hit the building directly, but that it came in contact with the branch wire leading from the main line on Palisade avenue, burned that and sent an incandescent ball scurrying into the network of wires over the operating room. When these wires went up in a flash there was an explosion that drowned out the crashes of

thunder outside. Some of the nurses were knocked down. Patients cowered and pulled the coverings over their heads.

Miss Sommers was on the top floor and saw what happened. There was a small fire in the woodwork near where the tangle of wires had been. Slamming the door of the little room the plucky nurse hurried downstairs, out into the storm and to the alarm box on Palisade avenue. This done she requested another nurse to notify the police and then began the tour of the wards, assuring everyone that nothing serious had happened.

Perth Amboy City Hospital.

The ninth annual report of this hospital has recently been issued, for the year ending March 1st, 1911. From it we gather the following items:

Number of patients admitted during the year, 331. Discharged: cured, 224; improved, 41; unimproved, 6; died, 41—ten within twenty-four hours after admission. 225 of admissions were surgical cases and 106 medical and of latter 27 were typhoid cases with two deaths. 126 operations were performed, of which 41 were appendectomies, twelve cases being suppurative and eight gangrenous.

Pay patients, 87; free patients, 244. The hospital is free from debt. The building of a home for nurses is contemplated at a cost of from ten to twelve thousand dollars. Two pupils graduated from the training school during the year.

The staff consists of Drs. J. G. Wilson, F. C. Henry, G. W. Tyrrell, W. E. Ramsay, J. L. Lund, M. S. Meinzer, also Dr. C. J. Silk, assistant, and F. W. Kitchel, D. D. S. Miss B. M. Bamber is superintendent.

Railroad Hospital System Planned.

The Illinois Central Railroad and its allied lines announced that the Illinois Central Hospital Department will be inaugurated July 1. The proposition is to build up the hospital system, slowly, on an extensive basis until it has reached such proportions as to make it possible to establish division hospitals along the lines of the roads interested, with the entire medical staff under the control of the chief surgeon of the road.

The Hospital as Educator of General Profession.

The hospital has a catalytic action or influence on the general profession, says Heckel, in the Bulletin of the American Academy of Medicine, June, 1911. There is a certain undefinable something in the very atmosphere which is always lacking in a community not blessed with a hospital. The presence of a hospital in a community is always reflected in the general profession, which is more wide-awake, up-to-date, more observing, more studious, a better profession. It may be impossible to point out any one real educational value, yet it is there. If it does nothing else it compels the men who do work there to do their best, because their work is more or less open to inspection and their results the topic of conversation and criticism by the general profession. Heckel says further that there should be a closer intimacy between the

hospital and the general profession in order to have the hospital fulfill its greatest function.

Graduation of Nurses.

The exercises of the graduating nurses of the Home for Incurables and Hospital were held June 23, at the hospital, 102 Court street. Addresses were made by Rev. John J. Moment, Dr. George J. Holmes, Dr. Francis R. Haussling and Dr. Sarah R. Meade. Presentation of diplomas was made by Dr. Holmes.

The graduates are Misses Catherine Dorothy Hunter, Mary Emma Van Buskirt, Mary Hopkins, Amy Worm, Marie Zhecheva, Magdalena Hemmer, Margaret Daly, Caroline O'Neil, Mildred Banker, Ida Ash, Bertha Aushutz and Mary Hopkins.

Surgeons Work in the Dark.

Performing operation in a hospital when the lights go out in Willimantic, Conn.

Because two o'clock in the morning was thought to be a good time to make repairs on dynamos, the Willimantic Gas and Electric Light Company shut down this morning, and that a patient at St. Joseph's Hospital in that city is alive to-night is due only to the three doctors who worked fast and true in the darkness which was broken only by the continuous lighting of matches and the dull glow of two oil automobile lamps, which an orderly detached from a waiting automobile.

The three doctors were summoned in haste from a dinner at the Hotel Gardc in Hartford, and dashed away for Willimantic, thirty-one miles distant, shortly after midnight.

The delicate operation for strangulated hernia had advanced to the critical point when the lights in the building, including the powerful operating reflectors, went out. Then the nurses lighted matches in relays, using up three large boxes. The physician who was administering the ether felt the patient's pulse in the dark and regulated the anaesthetic in that way.

Marriages.

BLAKE—DIMON.—At Gloucester City, June 23, 1911, Dr. Duncan W. Blake, of Seaville, to Mrs. May E. Dimon, of Gloucester City.

SUTPHEN—LATHROP.—At Newark, N. J., June 30, 1911, Dr. Theron Y. Sutphen to Miss Emily G. Lathrop, both of Newark.

Deaths.

CONDUCT.—At Dover, N. J., July 4, 1911, Dr. Isaiah W. Condict, aged 94 years. Funeral notice of Dr. Condict will appear in next month's Journal.

DEHART.—In Mount Freedom, N. J., June 22, 1911, Dr. Madana F. DeHart.

Dr. DeHart was the first woman physician of Jersey City. She was a graduate of the New York Medical College and Hospital for Women in 1868.

FOLEY.—In New York City, July 20, 1911, Dr. Michael H. Foley, aged 42 years.

Dr. Foley was born in Hoboken over forty-two years ago. His father's name was Michael, and his mother before her marriage was Miss

Catharine Coghlin. He received his early education in the public schools and was a graduate of the Hoboken High School.

After going through High School Dr. Foley took up the study of medicine and was a student at the Bellevue Medical College of New York City. After leaving that institution he took a trip to Europe, where he studied in some of the large medical colleges of that country. When Dr. Foley received his diploma as a physician he came back to Hoboken where he started to practice and it was not long before he had built up a large business.

Several months ago he moved to New York, but still maintained an office in the Terminal Building in Hoboken.

JOHNSON.—At Califon, N. J., June 27, 1911, Dr. Samuel H. Johnson, aged 60 years.

Dr. Johnson graduated from the College of Physicians and Surgeons, Baltimore, Md., in 1884. For several years he practised at Asbury, Warren County. He went to Califon about ten years ago. He married Miss Carrie Smith, of Branchville, who survives him, with one son.

LEWIS.—At Englewood, N. J., July 17, 1911, Dr. Edwin A. Lewis, a retired surgeon, from paralysis, after a long illness, aged 64 years.

Dr. Lewis was born at Naugatuck, Conn. He was graduated at Yale University in 1879 and at the Bellevue Medical School in 1873. He married in 1875 Emma S. Tuttle, of New Haven.

Dr. Lewis practised in Brooklyn for twenty years, retiring in 1895. He was for years a visiting surgeon at the Brooklyn, Long Island; St. Catherine's and Flatbush hospitals, and professor of anatomy at the Long Island College Hospital medical school.

SOUDER.—At Ventnor, N. J., July 18, 1911, Mrs. Louise Souder, wife of Dr. Lewis R. Souder of Ventnor.

Personal Notes.

Dr. Lewis S. Burd, Ogdensburg, is spoken of as a candidate for the Democratic nomination as Assemblyman next fall.

Dr. Frank M. Donohue, New Brunswick, sailed on the Cedric, July 22d, with his family for a six weeks' sojourn in Europe.

Dr. Robert M. Curtis, Paterson, recently returned from a two weeks' trip to Canada.

Dr. Luther M. Halsey, Williamstown, leaves the first week in August for a month's rest at Moosehead Lake, Maine.

Dr. Edward H. Salmon, Jersey City, spent a few days last month at Woodstock, Maryland.

Dr. Lewis R. Souder, Ventnor, underwent an operation in a Philadelphia hospital last month. While we report his recovery, we are sorry to announce his wife's death at Ventnor about the time he was being operated upon.

Dr. Enos E. B. Beatty, Newton, narrowly escaped death recently when his automobile became stalled on the railroad track as a train passed.

Dr. William A. Clark, Trenton, and wife spent a few days at Salem, N. J., last month.

Dr. Henry M. Chandler, South Orange, is spending his vacation at The Birches, Maine.

Dr. Alfred M. Elwell, Camden, spent a few days at Ocean City last month.

Dr. Edwin Field, Red Bank, was among the business and professional men of that com-

munity who partook of a clambake at Long Branch last month.

Dr. Charles A. Gilchrist, Hoboken, is enjoying his vacation in Canada, at Toronto and vicinity.

Dr. James M. Maghee, West Orange, and wife were registered last month at the Matthewson House, Narragansett Pier, R. I.

Dr. William S. McLaren, Princeton, has been spending some weeks at Bay Head.

Dr. L. Mancusi-Ungaro, Newark, was toast-master at a dinner recently given in Newark to Brigadier-General Joseph Garibaldi, of Italy. Dr. A. R. Bianchi was one of the speakers.

Dr. William J. Matthews, Hoboken, and wife were at the Rangeley Lakes, Maine, last month.

Dr. John W. Marcy, Merchantville, and daughter enjoyed a two weeks' trip to Niagara Falls, Toronto and other Canadian towns.

Dr. John H. Moore, Bridgeton, was recently re-elected president of the local Board of Education.

Dr. Ephraim Morrison, Newton, and wife, spent a month at St. John's, Canada.

Dr. James MacFarland, Burlington, went on duty at St. Mary's Hospital, Philadelphia, on July 1.

Dr. William G. Schaffler, Lakewood, has been appointed sanitary medical inspector of the Sea Girt military camp from July 24 to August 12.

Dr. Alexander H. Small, Riverside, attended the Shriners' meeting at Rochester, N. Y., last month.

Dr. W. Blair Stewart, Atlantic City, was elected vice-president of the American Academy of Medicine at the annual meeting, Los Angeles, Cal., June 26, 1911.

Dr. George T. Tracy, Beverly, spent his vacation in Maine.

Dr. Martin J. Synnot, Montclair, had an article in the Medical Record, June 3, on "The Present Status of Inoculation Therapy," which was read before the Orange Mountain Medical Society. Also an article in the same Journal, July 15, on "Autoinoculation in the Treatment of Infections and as a Substitute for Bacterial Vaccines."

Dr. Mary Whittaker has opened an office in Burlington, N. J.

Dr. Edward A. Ayers, Branchville, has been appointed president of the Newton Board of Health.

Dr. David F. Bentley, Camden, has been suggested for nomination as coroner.

Dr. William A. Clark, Trenton, member of the City Board of Education, presented the diplomas to a large class at the commencement exercises of the Centennial Grammar School in June.

Dr. Hugh F. Cook, Newark, and wife started on June 26 with a party, from Atlantic City, on an "ocean to ocean" automobile trip. The first day's run was to Harrisburg, Pa. It was expected to reach the Pacific Coast in 47 days, 36 being actual running days to make the 4,500 miles in the schedule.

Dr. Richard P. Francis, Montclair, has a paper in the Medical Record, May 27, entitled "A Few Remarks on the Value of Doing Nothing."

Dr. Henry Kip, Paterson, and family are at their cottage, Culver's Lake, for the summer.

Dr. Berthold S. Pollak, Jersey City, medical director of the Hudson County Tuberculosis Sanatorium, at Snake Hill, has been reappointed for a term of five years.

Dr. Ernest G. Hummel, Camden, and wife are occupying their cottage at Ocean City during the summer.

Dr. J. Ridgway Haines, Mt. Holly, narrowly escaped fatal injury last month when struck by a stray bullet from a rifle in the hands of a boy who was practicing target shooting.

Dr. Edward A. T. Schellinger, Camden, and family are occupying a cottage at Ocean City during the summer.

Dr. George W. Shera, Jersey City, and wife sailed on the Adriatic, July 10, for Europe. They expect to return in September.

Dr. William H. Shipp, Bordentown, returned from his European trip recently greatly improved in health.

Dr. Evan T. Steadman, Jersey City, and wife are enjoying camp life at Rangeley Lakes, Me.

Dr. Augustus J. Mitchell, Newark, and wife have been on an extended trip to the Pacific Coast.

Dr. Theodore W. Corwin, Newark, and wife have returned from their Western trip.

Dr. John J. Haley, Gloucester City, and wife recently returned from a brief stay in Detroit, Mich.

Dr. William L. Pyle, Jersey City, and wife have gone to Kennebunk Beach, Maine, to spend the month of August.

Dr. Charles C. Saulsbury, New Brunswick, and wife recently returned from their two weeks' vacation rest.

Dr. Wells P. Eagleton, Newark, is touring in the West. He attended the A. M. A. annual meeting at Los Angeles, Cal.

Dr. Clarence R. O'Crowley, Newark, was elected a member of the Executive Committee of the American Urological Association, at the annual meeting, May 24th, in New York City.

Dr. Elmer Barwis, Trenton, enjoyed a trip to New England by steamer from Philadelphia last month.

Dr. Edward L. Bull, Jersey City, and wife sailed July 11th for Genoa. They expect to travel through Italy, France, Switzerland and Germany and return in September.

Dr. Frank S. Harris, Trenton, spent his vacation at Eaglesmere, Pa.

Dr. Theodore F. Livengood, Elizabeth, is enjoying an extended automobile trip through the New England States.

Dr. Walter Madden, Trenton, received a severe blow on the head recently by the falling of a window cornice while adjusting a curtain.

Dr. Howard F. Palm, Camden, has recovered from a severe illness and resumed practice.

Dr. Thomas P. Prout, Summit, recently returned from an extended trip to Yellowstone Park and Denver.

Dr. H. Genet Taylor, Camden, spent the month of July at the Marlborough-Blenheim, Atlantic City.

Dr. Carl Hoening, Hoboken, and family are spending their vacation in Europe.

Dr. Jesse D. Lippincott, Newark, and family expect to take their vacation at Cayuga Lake, N. Y., this month.

Dr. Charles B. Smith, Washington, was recently elected president of the Lehigh Valley Medical Association, which comprises twelve counties in Pennsylvania and Warren and Hunterdon in New Jersey.

Dr. Charles Young, Newark, and family are spending several weeks at Swiftwater, Pa.

Dr. Adam E. Fendrick, Wechawken, has been appointed Medical Inspector of Schools at \$500 per year.

Dr. A. John Walscheid, Union Hill, was recently appointed Medical Examiner for three years by the local Board of Education, with salary of \$500 per year.

Book Review.

A TEXT-BOOK OF MEDICAL DIAGNOSIS. BY James M. Anders, M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, and L. Napoleon Boston, M. D., Adjunct Professor of Medicine, Medico-Chirurgical College, Philadelphia. Octavo of 1,195 pages, with 443 illustrations, 17 in colors. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$6.00 net; half morocco, \$7.50 net.

The authors of this volume are men of eminent ability and they have given us a book that cannot fail to be helpful to physicians who desire a sure and proper basis for the rational treatment of disease. A careful examination of the volume convinces us of the author's success in carrying out their purposes, which are stated in the preface to have been "primarily to furnish an improved method of determining the clinical features of disease so that all of the more important symptomatic phenomena in a given case may be collected with ease and certainty, and to emphasize the importance of correlating symptoms with the structural changes on which they are dependent and their organismal etiology. * * * The method herein advocated will forcibly encourage painstaking, thorough and scientifically accurate investigation of disease and will more than compensate for the indifferent and embarrassing results of mere superficial observations of cases, which can never carry an observer to eminence as a diagnostician." The special features of the book we note to commend are the brief pathologic definitions of special diseases, the illustrative cases, the diagnostic tables, the summary of diagnostic features and the laboratory diagnosis. The text is profusely and finely illustrated, the plates are excellent, 17 of them being in colors.

Books and Pamphlets Received.

New and Non-Official Remedies, 1911. Issued by the Council of Pharmacy and Chemistry of the American Medical Association. 282 pages.

Abstracts of Proceedings of the United States Pharmacopœal Convention, 1910. Published by the Board of Trustees.

Proceedings of the Ninth Annual Meeting of the New Jersey State Conference of Charities and Correction, 1910.

Fortieth Annual Report of the Central State Hospital, Petersburg, Va.

Restraint Instead of Treatment. A Relic of Medieval Times in Our Present Hospitals for the Insane, by Dr. L. Vernon Briggs, New York City.

The present Status of Inoculation Therapy. The Application of Opsonius and Vaccines in the Treatment of Bacterial Infections, by Dr. Martin J. Synnott, Montclair, N. J.

First National Conference on Industrial Diseases. American Association for Labor Legislation, New York.

Public Health Items.

Items from Camden's Budget for Health.

The Camden City Council's annual budget includes \$10,235 for its Board of Health, \$10,500 for dispensaries, \$8,320 for parks and \$7,500 for playgrounds.

Camden Board of Health.

At the meeting of the Health Board, held June 26, Dr. John F. Leavitt, health officer, presented his annual report, showing 412 cases of contagious diseases, as follows:

Diphtheria, 211; scarlet fever, 85; membranous croup, 40; typhoid fever, 25; tuberculosis, 44; smallpox, 1; infantile paralysis, 6; total, 412.

This is a decrease of 59 less than last year and a decrease over the preceding year of 291, showing that the authorities are slowly cutting down the list of contagious disease by their diligence and insistence in having the health ordinances complied with.

Food and Drug Inspector Dr. W. H. Iszard made 1,720 inspections, while Disinfecter Munyon fumigated 651 rooms and 314 houses during the year.

Drinking Cups in Public Places.

Rules were adopted by the State Board of Health, June 27th, to carry into effect the provisions of Assemblyman Dr. W. E. Ramsay's bill passed at the recent session of the Legislature, prohibiting the use of common drinking cups in public places. The law became effective July 4 and its provisions will be felt throughout the State. There are several places where public drinking cups are now in use.

The Board of Health's rules were based upon an opinion from the Attorney-General defining what is a public place within the meaning of the law. It was decided that the restriction is applicable to the following classes of places:

(a) In any public park, street or highway; (b) In any hotel, public school, public hall, theatre, moving picture show or public library; (c) In all municipal, penal, philanthropic and other institutions in this State; (d) In any railroad or trolley station, railroad car, boat, or in any vehicle used for the carrying of passengers for a consideration; (e) A public place within the meaning of this act will be construed to include any and all places, whether maintained by a private or public authority, to which the public have the right of access at any time, with or without compensation.

Cholera in New York.

Because of the development of a case of cholera after the patient had been detained in Quarantine for five days, it has been decided that it will be necessary to lengthen the period of detention to ten days. The patient in this case arrived in New York on the Italian steamer Duca degli Abruzzi, and after the usual detention was allowed to proceed to Brooklyn. Four days later she was taken with symptoms of cholera, and was removed to the Quarantine hospital, where she died. On several other steamships arriving from Mediterranean ports suspicious cases have been found, and the United States Public Health and Marine-Hospital Service is co-operating with Dr. Doty in safeguarding the port.

STATE EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Louisiana, May....	132	104	28
Michigan, May....	51	50	1..
Mississippi, May...	170	85	81
New Jersey, June*	78	67	11
Oregon, January ..	78	46	32

*There were also examined by the New Jersey Board 34 midwives, 19 of whom passed and 15 failed. Also 8 chiropodists, three of whom failed to pass.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, June, 1911.

The number of deaths reported to the State Board of Health of the Bureau of Vital Statistics for the month ending June 10, 1911, was 3,052. By age periods there were 692 deaths among infants under one year, 295 deaths of children over one year and under five years, and 923 deaths of persons aged sixty years and over.

The total number of deaths for June shows a decrease of 389 from the previous month. Tuberculosis of lungs, pneumonia and other diseases of the respiratory system show the usual decrease expected at this season of the year.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending June 10, 1911, compared with the average for the previous twelve months, the averages are enclosed in parentheses:

Typhoid fever, 24 (34); measles, 67 (23); scarlet fever, 26 (19); whooping cough, 40 (38); diphtheria, 53 (50); malarial fever, 3 (2); tuberculosis of lungs, 341 (337); tuberculosis of other organs, 57 (49); cancer, 152 (158); diseases of nervous system, 347 (369); diseases of circulatory system, 365 (371); diseases of respiratory system (pneumonia and tuberculosis excepted), 245 (241); pneumonia, 197 (275); infantile diarrhoea, 63 (246); diseases of digestive system (infantile diarrhoea excepted), 165 (185); Bright's disease, 240 (226); suicide, 43 (36); all other diseases or causes of death, 624 (639); total, 3,052 (3,307).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 252; tuberculosis, 378; typhoid fever, 198; malaria, 27; miscellaneous specimens, 47; total, 902.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending June 30, 1911, 518 samples of food and drugs were examined in the State Laboratory of Hygiene, with results as follows:

Found on examination to be below the standard; 19 of the 333 of milk; 8 of the 27 of cream; 7 of the 10 of oysters; the one sample each of butter and orange extract; the two of lemon extract; 2 of the 28 of cider vinegar; 6 of the 8 of essence of peppermint and 2 of the 5 of tincture of iodine.

All the 80 samples of spices examined were

above the standard; also the one each of coffee, honey and maple syrup; the two each of almond extract, olive oil and vanilla extract; the 3 of white vinegar and the 11 of cream of tartar.

Twenty suits were instituted against persons for adulteration of foods.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 63 dairy inspections were made, as follows. The columns below show the counties in which inspections were made, the number of dairies inspected in each and the number found above and below 60 per cent. of the perfect mark:

	Number inspected.	Above 60 %.	Below 60 %.
Bergen	5	3	2
Mercer	2	2	0
Middlesex	3	1	2
Passaic	16	10	6
Salem	17	6	11
Somerset	19	15	4
Union	1	1	0
Totals	63	38	25

Number of dairies, first inspection.....	21
Number of dairies, reinspection.....	42
Number of milk depots inspected.....	27
Number of water samples taken from dairy premises	3

Inspections were made at the request of the following local boards of health: Collingswood, New Brunswick, Paterson, Princeton, Salem and Westwood.

CREAMERIES INSPECTED.

Alloway, Baptistown, Blairstown, Bridgeville, Cranbury, Frenchtown, Haledon, Harmersville, Highland Park, Marksboro, Montgomery, Newark, North Branch, North Haledon, Oak Grove, Oak Summit, Paterson 2, Price's Crossing, Quinton, Raritan, Readington, Salem 3, Sharptown, Skillman, Sparta, Stillwater, Sussex 2, Swartwood, Trenton, Vails, Vernon, Warbasse 2, Woodstown. Total, 38.

ICE CREAM FACTORIES INSPECTED.

Asbury Park 5, Bradley Beach 2, Camden 7, Collingswood, East Orange 3, Hammonton 2, Irvington, Jersey City 45, Long Branch 3, Newark 19, New Brunswick 5, North Plainfield, Ocean City, Ocean Grove, Orange, Passaic 7, Paterson 3, Raritan, Red Bank 4, Ridgewood 4, Salem, Somerville 2, Trenton 12, Wildwood; total, 132.

Number of creamery licenses recommended, 2; ice cream factory licenses recommended, 17; ice cream samples collected for examination, 30.

During the month ending June 30, 1911, 79 inspections were made in 50 cities and towns.

The following articles were inspected during the month, but no samples were taken:

Milk, 522; butter, 442; foods, 582; drugs, 140.

Other inspections were made as follows:

Milk wagons, 212; drug stores, 21; bakeries, 9; milk depots, 65; meat markets, 4; milk cans, 67; grocery stores, 471; confectionery stores, 8; miscellaneous inspections, 3.

Division of Sewerage and Water Supplies.

Total number of samples analyzed, 174: Public water supplies, 104; dairy supplies, 2; sewage

samples, 4; State institutions, 12; private supplies, 35; spring waters, 4; proposed public supplies, 3; miscellaneous, 10.

INSPECTIONS.

Public water supplies inspected at Bernardsville, Belvidere, Blairstown, Branchville, Butler, Clinton, Franklin Furnace, Glen Gardner, High Bridge, Hampton, Millington, Newton, Sparta, Sterling, Sussex, Boonton, Rockaway, Mount Holly, Lumberton, Medford, Moorestown, Vinelentown, Smithville, Pemberton, New Lisbon, Brown's Mills, New Egypt, Wrightstown, Marlton, Glassboro, Pitman, Glen Lake, Wenonah, Woodbury, Westville, Gloucester, Paulsboro, Gibbstown, Penns Grove, Clarksboro, Swedesboro, Woodstown, Salem, Mantua, Clementon, Mickleton, Flemington, Frenchtown, Lambertville, Riegelsville, Warren Paper Mills, Stockton, Little York, Elizabeth, Newark, Bloomsbury, Kenilworth, Roebling, Stockton (Camden), Summit, Mountain Lakes, Orange, East Orange and Glen Ridge.

Sewage disposal plants and systems inspected at Woodstown, Asbury Park, Alpha, Flemington, Moorestown, Island Heights, Princeton 3, Haddonfield, Asyla, Collingswood, Merchantville, Glen Gardner, Bordentown, Roebling and Riverside.

Spring water plants inspected at Point Pleasant, Laurel Springs, Plainfield, Bernardsville, Summit and Dunellen.

Inspection of water supplies of State institutions at Vineland 3, Kearny, Trenton Asylum, Skillman and State Prison.

Proposed public water supplies inspected at Brant Beach, Boonton and Denville.

Special inspections made at Camden, Point Pleasant, Pompton Lakes, Bound Brook, Rockaway, Millburn, Hackettstown, Summit, Maywood, Kenilworth, New Brunswick and Clinton.

Stream inspection on Baldwin's Run, Delaware River, Whippany River, Delaware and Raritan Canal, Musconetcong River, Raritan River and Mantua Creek.

Number of pollutions reported.....	19
Reinspections made	157
Pollutions abated	23
Ten-day notices to cease pollution served..	27
Cases referred to the Attorney-General....	4
Plans for sewage systems, disposal plants and extensions approved.....	6
Plans for public water supply plants approved	3
Proposed water supplies disapproved.....	2

Causes of Death.

Naturally, applicants for life insurance may be expected to put as good a face as possible on the reports concerning relatives and the causes of their deaths, but they sometimes make rather amusing statements. Some one has collected a few of these which were originally published in the British Medical Journal: "Mother died in infancy." "Father went to bed feeling well, and the next morning woke up dead." "Grandfather died suddenly at the age of 103. Up to this time he bid fair to reach a ripe old age." "Applicant does not know cause of mother's death, but states that she fully recovered from her last illness." "Applicant has never been fatally sick." "Applicant's brother, who was an infant, died when he was a mere

child." "Grandfather died from gunshot wound, caused by an arrow shot by an Indian." "Applicant's fraternal parents died when he was a child." "Mother's last illness was caused from chronic rheumatism, but she was cured before death." "Father died suddenly; nothing serious." There is a delightful innocence about some of these. Take the last, for example. This has a Western flavor, as though the applicant appreciated father's having made little fuss about it. When the time came he simply went, that was all.—Journal of the American Medical Association.

He was a professional politician, and knew more about "grafting" than Luther Burbank himself. As he was walking from the City Hall to the bank, an automobile struck him amidstships. He was rushed to the nearest hospital, and three surgeons stopped playing pinochle and tried to locate the liver, which had been driven up under his right lung.

"Compound fracture of one rib, and we'll have to probe for the splinters," said the head dissector.

"All right, as long as it isn't a grand jury probe," groaned the sufferer.

A half-hour later the politician came out of the ether.

"Where am I?" he asked dazedly.

"In the City Relief Hospital, Ward 9," answered the nurse pleasantly.

"Gimme my clothes!" he screamed. "The Ninth Ward is Republican."—Lippincott's.

"You'll have to send for another doctor," said the one who had been called, after a glance at the patient.

"Am I so ill as that?" gasped the sufferer.

"I don't know just how ill you are," replied the man of medicine, "but I know you're the lawyer who cross-examined me when I appeared as an expert witness. My conscience won't let me kill you, and I'll be hanged if I want to cure you. Good day."

A man who had to leave his office and was expecting a caller to pay him some money, left this notice on his door: "I have gone out for half an hour. Will be back soon. Have been gone twenty minutes already."—Boston Transcript.

One of our darkies who couldn't read or write, but who could understand figures, complained of feeling ill and was sent to see the doctor. He was gone about an hour, and when he came back was grinning from ear to ear.

"Feel better?" I asked.

"Yessah," he answered. "Ise feels much bettah. Goin' to see that doc I sees one doc that has a sign in his winder saying '10 to 12.' Across the street dere was annuder fellow that says '10 to 1.' I takes the long shot and he fixes muh up fine."

An Alabama negro was defended in court by Senator Morgan. Having cleared the negro of the charge, the Senator said to him:

"Rastus, did you really steal the mule?"

"Well, Marse Morgan, it was just like this," said Rastus. "I really thought I did steal dat mule, but after what you said to the jury I was convinced I didn't!"—Success Magazine.

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FINAL RESULTS IN SURGERY.*

BY OTTO KILIANI, M. D.,
NEW YORK CITY.

Professor of Clinical Surgery, Columbia University; Surgeon to the German Hospital, New York.

I beg to express my appreciation of the great honor conferred upon me by the invitation to read a paper before your illustrious society.

The busy surgeon, with an active service of a large hospital, has his hands full with attending to the actual needs of the patients, examining the cases for operation, making the diagnoses, and performing the operations decided upon. It is all the modern surgeon can do to keep abreast of the times, be conversant with the large field of general surgery, and with all the different methods of operation, have enough experience with each one of them to be able to select the most appropriate one in question, and finally, have the after-treatment carried out according to his intentions.

Since the ability of a surgeon is gauged to-day more or less by his immediate results, and the shortest possible time the individual patient occupied a bed, so that he has a service as rotating as possible, in order to make the best use of each bed—it is but natural that most of our patients are dismissed from the hospital as healed, but not cured. In fact, the interest, as well as the knowledge, of the surgeon of his cases ceases perforce with the dismissal of the case from the hospital.

If you look to-day at the yearly report of any large hospital, you will find that the

statistics of the surgical service tell us, so many deaths, so many patients improved—which usually means very little has been achieved—so many cases dismissed cured, which means the wound set, has healed. If anybody in this country or, at least, in our large cities, attempts a statistics of the actual surgical results, he is at once confronted with the impossibility of following up his cases. With the ever-shifting population of a metropolis, with the complete absence of police control, as in European cities, it is well-nigh impossible to follow up the further results of cases by mail, either by attempting to get written reports or by asking the patients to present themselves for re-examination.

Therefore, as far as the surgeon is concerned, the real results of his operative work are unknown to him. If I speak about final results in surgery, we may set aside at once those where death has occurred as an immediate result of the operation. These are, indeed, final results.

But in the other cases, where the operation was also a perfect success, only in comparatively few instances are the final results known to the surgeon. It is the family physician who is aware of them, and who knows them. I use the term "family physician" advisedly, as I am convinced that this old-fashioned institution does exist to a much larger extent than we are apt to assume. But, it is my own conviction that the patient is really the only proper person to know and judge the final result of the operation performed upon him. Unfortunately, it is not customary for him to publish our brilliant results.

Another reason why the real final results of operations, especially those of rarer type, are apt to be unknown to the profession at large, is the desire of many operators to rush into print, in a perceptible hurry

*Read by invitation at the 145th annual meeting of the Medical Society of New Jersey, at Spring Lake, June 13, 1911.

to be able to report a favorable result, while the patient is still alive, when a few more months, or sometimes even weeks, further waiting, would deprive him of this possibility.

Another source of information in regard to final results of previous operations is furnished by examinations for the army, as, for instance, I have occasion to do for the German army in this country, where quite a number of former operations for appendicitis and for hernia present themselves for examination, and where the final results can and have to be judged.

I, personally, have another chance of seeing the results of operations in connection with accidental wounds, by giving opinions on the limitation of earning capacity (*erwerbs-beschraenktheit*) for the German State Residence Insurance.

You know that every German employee below a certain income has to be insured against accident, sickness and age. This system has been followed in Germany since 1885, with the most phenomenal success, and it means that any man injured in the execution of his work is not only immediately entitled to "sick money," which he or his wife gets from the very day of his injury, but he is also entitled to a pension, representing a certain percentage of his earning capacity as long as his incapacitation lasts. You will understand at once that this necessitates a great many re-examinations of the same case, and thus furnishes extremely valuable statistics of operative results.

If we are to attempt to systematize final results in operative work, we might distinguish between accidental wounds and their treatment, and diseases to be treated by operations. According to the statistics of the Accident Insurance of Germany and Austria, from 1897 to 1901, the final results of accidents, expressed in percentage of limitation of earning capacity, vary exceedingly with the occupation. For instance, accidents with fodder-chopper machines resulted among 268 accidents, out of 16,000 workmen, in 90.8 men having a limitation of 40 per cent. to 50 per cent. and 26.6 with 60 per cent., while shinglers of roofs, according to the risk of their occupation, presented out of 225 injured men, 49.9 deaths and 36.9 men with 20 per cent. to 29 per cent limitation, and 28.5 with 30 per cent. to 39 per cent. limitation. While, for instance, copper and brass factories present, out of 102 men injured, 17.3 men incapacitated from 0 per cent. to 5 per cent. and 7.2

from 20 per cent. to 29 per cent., 5.8 from 30 per cent. to 39 per cent. It is impossible to give here, even approximately, an impression of this highly interesting study of final results of injury, but it may suffice to say that the percentage of men permanently disabled, to a degree from 20 per cent. to 50 per cent., is astonishingly large. I may add here that the natural tendency of injured workmen to overestimate in their own conception their injury, has been regulated by constant supervision and many decisions in court.

These final results of surgical treatment are really, to a large extent, more dependent upon the original injury than the surgical treatment necessitated by it. But this leads us at once to the principal question, of what produces the best final surgical results, and that is the question of asepsis. The wound that heals absolutely by primary union gives, of course, the best results. As soon as an infection, sometimes even of minor importance, takes place, the final result of the operation is at once menaced. This is especially the case when we come to consider hernias. With our certainty of results in operative technique, as far as hernias are concerned, there is no question that one can conscientiously advise an operation to every man afflicted with rupture. But, aside from the danger of one death out of 6,000 in narcosis, there is no question but that in a certain percentage or *per mille*, a certain wound disturbance takes place which annihilates the result of the Bassini, which means that a recurrence is bound to follow. On the other hand, one cannot deny that a great many men with rupture can live a perfectly healthy life, comparatively free from danger, by wearing a well-fitting truss. So that, the indication for advising a radical operation for hernia is only absolute where, as in Switzerland, for instance, no man with a rupture can find employment with the railroads. Since a number of years the French army does not refuse any more men with simple inguinal hernias for military service. They are conscribed and after having entered the army, operation is offered to them. If they refuse it, they wear a truss. A great many are doubtless made not to refuse operations, and these are performed by specially appointed army surgeons, who do nothing but operate on hernias, in a number of army hospitals distributed over the country. We can look forward within a few years to hear most excellent statistics of hernias operated on

according to the same method and observed for two consecutive years, where the strenuous life of a soldier gives full test to the operations performed.

I can only glance at the change that orthopædic surgery has undergone during the last twenty years. If you will consider how congenital club-foot was operated on according to Phelps' method, or Volckmann or other well-known surgeons, where the most severe methods were in practice, and then compare those results with the much better ones achieved to-day by simple tenotomy and redressement. Practically the same is true of congenital dislocation of the hip. Generally speaking, the trouble with the value of different methods of operating certain diseases is, that as far as final results are concerned, very frequently ten and fifteen years are necessary to decide this point.

If we wish to touch shortly upon functional operations, I might mention the transplantation of sinews, according to Lange, of Munich, for partial or total paralysis of certain groups of muscles and nerves of the lower extremities. Or, to cite, apparently, a still more brilliant attempt at final results, we might mention Goerster's resection of the posterior roots of the spinal-cord for spastic paralysis. While this operation has doubtless furnished apparently excellent results, it is a question how far these operations ought to be carried. If the bladder and rectum also are involved in this paralysis, it is a question if such lives saved are really worth saving, and if those fascinating surgical tricks ought not really to be limited to very well selected cases.

Amputation, especially of the lower limb, is such an old operation that it is hardly done any more to-day, as being not modern. Surely it seems that where it has to be performed, especially in those cases where the accident has done the work of the surgeon, that the last word on the technique had been spoken long ago. Nevertheless, in old surgery that method was the best which was the quickest—the surgeons then counted their amputations by half minutes—and in modern surgery that one which had been the quickest. Very few surgeons either cared or knew then how the patient was to get along with his stump. It was usually left to the man who made the prosthesis or the artificial limb, to adjust matters properly. Only lately, again after a similar effort at Chopart and Sirogoff's times, thanks to the efforts of a number of surgeons, operative

methods have been invented which prearrange for a good stump, that will bear weight, and thus become useful. At the same time, we have learned that, aside from the different methods of Bier, Hirsch-Bunge or Wilms, and others, it is important to give, during the after-treatment of the wound, to the stump, a temporary support, and let the stump bear the weight of the body, in order that atrophy may not occur. Besides this, it has been known for a long while that a great many stumps are unfitted for bearing any weight for the reason that amputation neuroma has developed, which is, as you know, that extremely tender thickening of the stump of the nerve. This is now avoided by either splitting the nerve in half and turning both halves inside toward each other, or by bending the nerve backward and upward, and leading it through a split of the nerve higher up.

The study of the further and final fate of amputation stumps, and especially the relation between the usefulness of the stump and the final form of the amputated bones, has been greatly enhanced by the X-rays. Since we can make use of Röntgen photographs, it is much easier to understand why certain forms of stumps will be of little use to the bearer, and to devise osteoplastic operations to prevent mistakes made formerly.

X-rays have also helped us enormously in the treatment of fractures, so much that one can say that this part of our art has entered an entirely new phase since the introduction of the Röntgen photographs. It is plain to see that the functional result must be much better since we are able to convince ourselves if a fracture or a dislocation has actually been produced or set properly. But it took us quite some time to read those pictures correctly, and many times we have been surprised to see a fairly good, and sometimes even excellent functional result where the X-rays showed an anatomical result far from ideal.

All these things show the tendency of *modern surgery*, to provide as far as possible for final good results.

In abdominal surgery the method of entering the abdominal cavity is of the greatest importance. A great deal depends upon which tissues are severed, and in what direction. It took us fifteen years to finally decide upon Bassini's method as the best operation for inguinal hernia. It took us also quite a while to decide upon the best method and line of incision in interval and subacute appendicitis. Finally, the rectus-sheath incision, commonly known as "Kammerer's

incision," has been accepted as the method which prevents, with greatest probability, an operative hernia. This holds good in all these cases where it was possible to close the abdominal cavity either entirely or up to a very small space, through which a cigarette drain effects drainage for a short while, and where otherwise primary union takes place. But where an infection has occurred, and thus spoiled the plastic operation, or where muscles have been severed contrary to physiological rules, an operative rupture is bound to follow. Where that takes place, the relief attained by the removal of a chronically inflamed appendix, is much less than the disadvantage produced by the hernia. In other words, the cure is worse than the evil.

As gynæcology is somewhat distant from my realm, I want to touch only lightly upon the untoward final results achieved in this branch of surgery. Anybody, with the average technical skill of a fairly good carpenter, should be able to remove ovaries and tubes more or less diseased. But ask the family physician who has to attend these women for the next twenty years, during their menopause præcox, or ask the husband

has to live with that woman during that time, and you may hear a different opinion about the wonderful result of the operation performed. All this, assuming that the operation has been performed with the so-much-admired skill, resulting in a primary union and thus preventing adhesions. But, woe to the woman whose abdomen had to be opened, in the opinion of the surgeon, and where extensive drainage, for some reason or other, had become necessary, with the final result that adhesions have formed, not only endangering every now and then the lives of the patients, but making their life miserable, with much more suffering connected with it than an adherent tube ever would have produced, and which could, to a vast extent, have been alleviated by hot-air treatment or electric baths.

Another important chapter of a very undesirable result in operations, is that of persistent fistula, if it be from the mouth, with an ill-smelling discharge, which makes an intercourse well-nigh impossible, or a persistent bile fistula after operations on the gall-bladder, or a pancreatic fistula, or worst of all, a fetal fistula. If we desired any further information regarding the miserable life so many of those patients lead, we would only have to ask our neurologist brethren who see the severest form of mel-

ancholia and other mental depressions, and which are the direct sequelæ of surgical interference.

The final future of operative patients ought to be especially considered if we have to deal with nervous patients. All leading surgeons concur in the opinion that neurasthenic patients should be operated on only for the most definite local symptoms, and it is no question that many of those poor sufferers with so-called chronic appendicitis, movable kidney, entero-ptosis, and the like, have been anything but benefited by the manifold operations performed upon them.

If I am to mention surgical accidents, I would specially emphasize the unintentional severing of the facial nerve during mastoid operations or in the extirpation of glands of the neck, and so on. To my mind, many a patient would be just as well off without any operation, even though his condition led to death, than be obliged to live with a facial paralysis. This possibility has to be considered seriously in any operation where such an accident is liable to occur.

Personally, I have always been interested in nerve, brain and spinal-cord surgery, and for a surgeon specially trained in this line, it is comparatively easy to decide upon any operation ever so risky, since most of those patients are either threatened with blindness or death, and they have facing them the absolute impossibility of a spontaneous cure. But, if we speak of final results, in brain surgery at least, the actual cures, where patients become again valuable members of the community, with the full enjoyment of life, are, after all, few and far between. It is true that every single instance of a cure, where the benign character of the original disease permits such a one, and where the operation does not necessitate the destruction of too much valuable tissue, is a real success wrung from death and disease.

In facial neuralgia, an affliction—one can hardly call it a disease—which has interested me greatly of late, the last word has not been spoken yet. The final results of extirpation of the ganglion, Ganeri, according to Krause-Hartley, as practised by a great many brain surgeons, are well known. The death rate has doubtless been reduced, but many an eye of the afflicted side had to be extirpated, paralysis of that side of the face has been frequent, and complete anastasia must ensue. And on top of it all, six cases of ganglion extirpation have come to me with complete recurrence of pain, which disappeared upon alcohol injection. But the final future of alcohol injection neuralgia

patients is not known yet. Of my considerably over 300 cases, two so far have been operated on consecutively, while the rest of them, with the exception of a very few, not exceeding eight or nine, have so far been satisfactory. What they will say in ten years, who knows.

One of the most pleasing advances in our surgery of to-day has been made in our treatment of phlegmon of the hands. Up to ten years ago, any panaritium or beginning phlegmon of the sheath of the tendon was opened wide to stop the further infection of the tendons and subcutaneous tissue. The results we all have seen and know. The hand and, usually, most of the fingers were saved, to protrude like joss-sticks, absolutely useless for any work; the sinews were gone, the joints stiff and the skin over them glassy. But since Bier's hyperæmia treatment has become general, since the incisions are made small, and since the infected hand is bathed and moved every day, actively and passively, instead of immobilizing on a splint, we see the same infections result in practically perfectly useful hands and fingers, a final result of which we may justly be proud.

Apparently, our most hopeless fight in surgery is against cancer, and even though we are ignorant of the nature of the disease and, therefore, are unable to fight it at its root, either by surgery or otherwise, our tendency to ultra-radical operations has really been crowned with success.

Since the Halsted has become common for cancer of the breast, the final results have doubtless become vastly better. A large majority of cases thus operated, have remained free for a number of years until a local recurrence or metastasis has appeared, while a fair percentage of cases have really been cured. The same is true in cancer of the stomach, at least in those cases where the diagnosis had been made early. There is no question that our surgical technique of to-day justifies the opening of the abdominal cavity for diagnostic purposes. If our medical brothers will give us still more opportunity to do this than it has been practised up to now, the final results in operations for carcinoma of the stomach will doubtless be better.

I have ventured to make these remarks, very incomplete, indeed, before you, because I feel that the general practitioner, who sees so much more of the real human side of medicine, and who has not cases, but patients, with whom he stays in long and friendly contact, is so much better able to

judge of final results in surgical work, and who should either publish such or enable the surgeon to do so, in that ever-desirable collaboration of internal medicine and surgery which is so necessary for each of them.

PRIZE ESSAY.

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POLIOMYELITIS ANTERIOR.

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Poliomyelitis Anterior is an infectious disease, due to an ultra-microscopic living organism, chiefly affecting children and young adults.

It produces definite pathological changes in the central nervous system and generally leads to rapid atrophic muscular paralyses of varying intensity and distribution, tending toward recovery in some parts and to the production of permanent disabilities and deformities in others.

Within the last decade our knowledge of this disease has made rapid advances. The demonstration of its etiology by Flexner and Lewis¹, the formulation of its pathology by Harbitz and Scheele² and Wickman's description of its symptomatology and definition of hitherto unrecognized types³, mark the three important milestones of this progress. Valuable contributions have been made by others, especially regarding its epidemiology⁴.

ETIOLOGY.

It is a widespread disease, occurring on every continent, but with a predilection for the temperate regions of the globe, particularly those of Europe and America.

Both sexes are equally liable to the disease. After adolescence males are probably more often attacked.

The age of incidence lessens from infancy to maturity. The majority of cases occur during the first half decade. After the fifth year the ratio decreases. The cases reported by F. E. Batten⁵ lends support to the view of the existence of an intra-uterine poliomyelitis.

The disease is more frequent in some years. The majority of cases reported have occurred from June to October, July, August and September show the greatest number. It may occur at any time.

Careful analysis of the literature fails to show that trauma plays any important part in its production. Trauma was ascribed as the cause in a case seen by the writer. A child, seven years old, fell from a height of 7 feet and struck her forehead on an iron grating. No bad results followed. Four weeks later she suddenly developed constitutional symptoms, malaise, vertigo, a rash over the chest for twenty-four hours, pains in the limbs and a pyrexia ranging between 100 and 103 degrees. A week later the extremities were paralyzed. A residual flaccid paralysis of the deltoid, biceps and extensors of the forearm of the left upper extremity was left. No casual relation to the injury could be traced. The condition was not one of atrophic local paralysis from a central hemorrhage.

Lovett and Lucas⁶, however, are of the opinion that trauma may be a predisposing factor or produce a disease so akin to poliomyelitis anterior as to be undifferentiable. Other writers⁷ have also reported cases associated with trauma. It is my opinion that trauma by lowering the vital resistance favors the occurrence of the infection.

Brorstrom⁸ contends that the disease is merely a form of influenza. This view is antagonized by Wickman and recent epidemiological knowledge renders it improbable. Exposure to heat, cold and dampness seem to bear some relation to the disease.

Huffman⁹ has suggested its possible relationship to beri-beri. The writer has seen many cases of the latter disease, but has not found such evidence as will confirm the hypothesis.

Flexner and Lewis¹⁰, and Landsteiner and Levaditi¹¹, working independently of each other, have demonstrated clearly that the disease is due to a filterable virus.

EXPERIMENTAL PRODUCTION.

In May, 1909, Landsteiner and Popper¹² successfully inoculated two monkeys with spinal cord from two fatal cases of poliomyelitis, but could not transfer the disease to other monkeys.

In September and October, 1909, Flexner and Lewis¹³ transmitted the disease through two series of monkeys, using in one series the spinal cord from a fatal case occurring around Lake Hopateong, N. J., and in the other series the spinal cord of a person who died of poliomyelitis in Brooklyn.

Since then inoculation has been successfully done by the intra-cerebral, subdural, intra-peritoneal, subcutaneous and neural routes, through the circulation, the respiratory and digestive tracts and by implanta-

tion into the anterior chamber of the eye^{14, 15, 16}.

It has been shown that the infecting agent of epidemic poliomyelitis belongs to "the class of minute and filterable viruses that have not thus far been demonstrated with certainty under the microscope"^{17, 18}.

The virus has been found in the brain and spinal cord, the mucous membrane of the naso-pharynx¹⁹, the salivary glands²⁰, infected lymph nodes and in the blood and cerebro-spinal fluid of acute cases²¹.

The virulence of the virus is not impaired by freezing at from -2 to 4 degrees Cent. for at least forty days dessication over caustic potash for seven days, by suspension in glycerine or by filtration^{22, 23, 24}. Dilution does not affect its action, a solution of 1:1000 acting as quickly and effectively as the full strength²⁵.

The cerebro-spinal fluid obtained from monkeys by lumbar puncture, twenty-four hours after injection of a considerable amount of filtered virus²⁶ was normal in quantity, contained numerous small polynuclear cells, a few lymphocytes and some red corpuscles. Forty-eight hours later the white cells increased in numbers, polynuclear cells predominating.

Seventy-two hours later, a large number of mononuclear cells appeared and the fluid was strikingly opalescent. On the day of paralysis the fluid tended to be slightly cloudy and contained large and small mononuclear lymphoid cells and a few cells with polymorphous nuclei.

There was noted an abrupt change in the cerebro-spinal fluid from opalescence, spontaneous coagulability and richness in cells just before or at the time of the paralysis to a more limpid and poorer in cells immediately after.

PATHOLOGY.

Within recent years the pathology of anterior poliomyelitis has been thoroughly studied by many workers. (Harbitz and Scheele, Buzzard, Wickman, Flexner and others).

In old-standing chronic cases the anterior horns are shrunken, as are also the antero-lateral regions of the cord. There is almost complete disappearance of the ganglion cells in certain limited locations and an atrophy of their corresponding nerve root fibers.

In acute cases resulting in death shortly after onset there is noticed an active hyperaemia of the meninges, brain and spinal cord. There are intense wide-spread changes in the gray matter, which implicate

the bulbo-spinal centers from the cranial nerve nuclei to the conus medullaris. They are characterized by well-marked, extensive proliferation of small cells in and around the vessels, lymphocytic in appearance and structure, infiltrating the mural and adventitial coats of the blood vessels. The peri-vascular cellular infiltration is so extensive as to produce by pressure a partial or total destruction of the ganglion cells of the anterior cornua. The nerve cells of Clarke's column and of the posterior horns are affected to a much less degree. The cellular changes may vary from chromatolysis to cell destruction.

The anterior horn cells are more markedly injured because of the greater vascularity of the anterior cornual regions of the cord.

The proliferation and exudation of the cells seems to be limited almost entirely to the most vascular parts of the nervous system, "the rich capillary network of the grey matter of the cord and the well-vascularized regions of the brainstem and brain."

In virulent cases small hemorrhages around the capillaries are found. This condition was well marked in two cases which came under my observation, one of the polio-encephalitic and the other of the acute ascending type. Buzzard states that in cases which have survived some days or weeks evidences of blood stasis and thrombosis are forthcoming in the form of tissue necrosis and softening²⁷.

The peripheral nerves have not been shown to be definitely affected, but the efferent fibers of the destroyed cranial and spinal nerves show a secondary degeneration. The muscles undergo simple atrophic changes, similar to those seen after experimental neurectomy.

Evidences of a general toxemia²⁸ are shown by various grades of acute parenchymatous degeneration occurring in the heart, muscle, liver and kidney. There was also observed in two of my cases acute hyperplasia of the mesenteric lymph nodes, the glands at autopsy being swollen, pinkish red in color and oedematous. In one case there was observed a patchy active hyperæmia in the mucosa of the small intestine. This and the affection of the lymph glands have led me to believe that the alimentary tract might be a possible site of infection in poliomyelitis.

INCUBATION.

The incubation period of acute poliomyelitis ranges within considerable limits. It

has been found to vary from three to thirty-three days or more in inoculated monkeys²⁹. In the human being the period is not definitely known, but is generally thought to be from two to ten days. It may sometimes be as long as twenty-one days or more. It seems to be unattended by symptoms.

SYMPTOMATOLOGY.

The early symptoms may resemble those of any acute infection. Definite prodromal symptoms are relatively rare, but occasionally there is noted general lassitude, irritability, restlessness or apathy, pain in the spine or extremities, anorexia, slight fever or sore throat.

Usually the disease is quite abrupt in its onset. It is generally ushered in by fever, malaise, vomiting, diarrhœa or constipation and pains in the head, neck, limbs and body. The fever ranges from 100 to 105 degrees Fahrenheit and lasts from two to seven days. The onset may be gradual and insidious and the clinical picture may be that of an indefinite general toxemia, a mild meningitis or encephalitis, acute polyneuritis, gastro-enteritis, tonsillitis or bronchitis (rarely).

During the acute stage the following symptoms have been variously noted, especially during the more recent epidemics^{30 31, 32, 33}.

Fever, vomiting, restlessness, apathy, rigidity of the neck, headache frontal or occipital, pains and tenderness in the back of the neck and spine and in the extremities, moderate retraction of the neck, delirium, stupor, coma (rarely), photophobia, muscular twitchings, jerking of the limbs, tremor, coldness of the extremities, disordered reflexes, vertigo and great prostration out of proportion to the severity of the symptoms, anorexia, nausea, vomiting, constipation, diarrhœa; arrhythmia, tachycardia, bradycardia from vagus and sympathetic involvement and occasional vaso-motor disturbances. Excessive sweating was noted by E. Mueller³⁴ and described by one of my patients.

The patellar reflexes are exaggerated during the early stages and diminished or lost prior to the onset of paralysis³⁵. The other reflexes are normal in most cases³⁵.

Paralysis generally sets in from one to seven days after the onset of the acute attack. It may be one of the earliest manifestations. Usually the lower extremities are first affected, but occasionally the arms and rarely the cranial nerves may be the primary seats of paralysis. The paralysis gradually subsides from a week to a few months after the onset. As a general rule

it is of the flaccid type and shows the reaction of degeneration. Cases have been reported in which a hemiplegia or a spastic paralysis was present. The paralyzed muscles eventually show varying degrees of recovery or degeneration and atrophy. The changes consequently following paralysis are well known and need no description.

Wickman³⁶ has differentiated eight clinical types of poliomyelitis, which have been later confirmed by other observers. They are as follows:

1. The spinal poliomyelitis type.
2. The ascending or descending type of paralysis. These cases have often been described as Landry's paralysis.

3. The bulbar or pontine type.

4. The cerebral or encephalitic type.

The paralysis is due to lesions in the cerebral motor areas resulting in spastic monoplegia or hemiplegia. Anderson and Frost³⁷ have shown that the serum of a person suffering from paralysis of the spastic type exhibited a germicidal action on the virus, similar to that of persons who had recovered from frank attacks of poliomyelitis. They thus confirm the clinical evidence that the disease may cause paralysis of this type.

5. The atactic type.

6. The polyneuritic type, closely resembling multiple neuritis.

7. Meningitic type. Cases show marked initial meningitic symptoms, without paralysis or followed by paralysis.

8. Abortive type. Cases in which the initial symptoms are present, but where the paralysis is slight and transitory or does not occur at all.

IMMUNITY.

One attack apparently confers immunity to future attacks. This is shown clinically in the history of human cases and experimentally in monkeys^{38, 39, 40, 41}. Passive serum protection has been obtained experimentally, but efforts to produce an active serum from horses have been unsuccessful⁴².

Flexner and Clark⁴³ have shown that immunity principles reside in the blood serum from cases of poliomyelitis, probably of the nature of antibodies.

As abortive cases are supposed to act as carriers, it is of importance to note that by means of neutralization tests it is possible to determine whether a person had suffered from an attack of poliomyelitis or not. "The test is made by mixing blood serum with the filtered virus, incubating the mixture at 37 degrees C. for a few hours and injecting

it into a monkey. Normal human serum has no power to neutralize the virus, while the serum from recovered cases of poliomyelitis possess this power."

DIAGNOSIS.

As it is shown that the disease presents itself in hitherto unsuspected forms, the matter of early clinical diagnosis becomes all the more difficult. More recent facts, however, indicate that it may be recognized quite early.

Up to the present time the diagnosis of poliomyelitis has been based upon the development of paralysis, or at least paresis of the muscular system. No other method could have been considered accurate and conservative.

Diagnosis is difficult in the early acute stage as the symptoms may resemble those of any acute infection, typhoid fever, influenza, rheumatism or intestinal toxemia.

Symptoms referable to the nervous, digestive and respiratory systems, especially during the warm months, should always lead one to take the diagnosis of poliomyelitis into consideration.

E. Mueller⁴⁴, who investigated the Hessen Epidemic, states that even before the onset of paralysis or the absence of paralysis, the diagnosis of poliomyelitis could be made by the occurrence together of profuse perspiration, marked hyperæsthesia and leucopenia. Krause⁴⁵ pays special stress upon the importance of sweating and tenderness as early symptoms. In the Hagen Epidemic investigated by him, 90 per cent. of all the cases showed digestive disturbances at the onset.

Daily blood examinations offer a promising aid in diagnosis. Gay and Lucas⁴⁶ conclude that there is a distinct leucopenia and a relative increase in the number of eosinophiles and lymphocytes in the acute stage.

The great importance of the examination of the cerebro-spinal fluid obtained by lumbar puncture has been clearly demonstrated. In a case reported by Frissell⁴⁷, by such examination an early diagnosis was established and the occurrence of paralysis was predicted twenty-four hours before its onset. A second examination after the onset of paralysis determined the fact that "the heights of the paralysis had passed and the paralytic stage was nearing its end."

Dr. Flexner's report was as follows: "The first specimen consisted of a limpid fluid, almost but not quite clear, and yet not turbid, showing on agitation a faint opalescence. On centrifugalization the fluid yielded a sediment containing a considerable number of small and a small number of

large lymphocytes and a very few polynuclear leukocytes. There were no red blood corpuscles present. The perfectly clear supernatant fluid gave a marked protein reaction with Noguchi's butyric acid test. The specimen, therefore, contained excess of white corpuscles, chiefly lymphocytes and of protein. The condition of the fluid resembled that seen in monkeys inoculated with the virus of epidemic poliomyelitis, just before the onset of paralysis."

The report of the second examination, made the next day, was as follows: "The opalescence is less, so that the fluid is, to all intents, 'clear.' The sediment obtained by centrifugalization showed still an excess of lymphocytes, but the supernatant fluid showed a diminished reaction for protein. This second fluid resembled that of monkeys after the paralysis had set in."

Netter and Levaditi⁴⁸, and Anderson and Frost⁴⁹ have experimentally demonstrated the presence of specific immune bodies in the blood serum of abortive cases of poliomyelitis. The latter confirmed by biologic test the diagnosis of abortive poliomyelitis, suspected on clinical evidence alone, in six out of nine cases. Their researches and those of Flexner and Clark show that the clinical diagnosis of abortive poliomyelitis is possible, and also probably explain why so many children, who come in contact with genuine cases of poliomyelitis are apparently immune.

PROPHYLAXIS.

In the present state of our knowledge the effectiveness of prophylactic measures is problematic. Preventive measures directed only to persons in the acute stage will not be satisfactory. Until early diagnosis could be positively established and abortive cases and carriers of infection in the naso-pharyngeal mucosa could be properly cared for, no thorough-going prophylaxis could be instituted.

The observation of Flexner and Clark⁵⁰ that hexamethylenamin inhibits, in a certain proportion of cases, the onset of paralysis, suggests its use as a prophylactic in epidemics.

TREATMENT.

In the acute stage the treatment should be symptomatic along the same general lines as in any acute infectious disease. The symptoms which more especially demand attention during this stage are fever, pain, marked hyperæsthesia, extreme restlessness, constipation and retention of urine.

Fever is best relieved by sponging the entire body with alcohol and tepid water.

or by baths. If the temperature cannot be reduced in this way and persists above 103 degrees, phenacetin antipyrin, aspirin, etc., may be used in dosage suited to the age.

For the relief of pain, hyperæsthesia and extreme restlessness the prolonged warm bath is the most valuable therapeutic measure at our disposal. The bath should be begun at a temperature of 100 degrees and given three or four times a day for periods of ten or fifteen minutes. The temperature of the water should be gradually increased to a point where it affords the patient the most comfort, and carefully maintained at that level.

If great pain and restlessness are present analgesics or anodynes may be required. Bromides, phenacetin, antipyrin, chloral and codeine are generally the most efficient.

The bowels should be evacuated as early as possible. Calomel or castor oil are best for this purpose. Obstinate constipation often occurs and may necessitate the use of laxatives enema.

Retention of urine occurs quite frequently in the early stages. If it does not yield to the warm bath, warm compresses or copious enemata, the bladder should be emptied every six hours under the strictest antiseptic precautions.

I prefer the use of copious enemata in the treatment of both constipation and retention of urine. They are the results generally of interference with the innervation of the spinal centres for defecation and urination.

Rest is important both in the acute stage and even somewhat later. Wickman is of the opinion that the disease develops in two stages. After slight, indefinite prodromal symptoms the patient apparently recovers completely in the course of a few days, and with no suspicion of previous illness returns to his usual mode of life, only to be stricken down by the disease a little later.

Urotropin has been recommended for its antiseptic effect upon the spinal fluid. It may be administered in doses of five grains every four hours to a child of eight years. Smaller doses for infants may be tried during the onset of the disease or until fever subsides⁵¹. Flexner and Clark state that "it is highly difficult, if not impossible, to determine clinically in human beings whether its administration is of any value, since its use is empiric and it is clearly not a specific. However, it may still not be without a degree of beneficial action"⁵².

The diet should be liquid, easily digestible

and nutritious and for the first two or three days consist chiefly of milk.

Counter-irritation of the spine has been recommended on general principles, more particularly in cases in which hot baths cannot be given. Dry cupping and the application of ice-bags to the spine have been used to relieve the congestion in the spinal cord. There is no evidence to show that any of these measures have a specific effect upon the inflammatory process within the spinal canal or limit the damage done to the cord.

The value of lumbar puncture in early diagnosis and prognosis is further enhanced by the evidence that it is of advantage in treatment, especially when meningeal symptoms are severe, or there is excessive headache, or other symptoms of pressure.

After the acute stage has passed the nutrition and general comfort of the patient should be promoted. In some instances the exhibition of general tonics, iron, arsenic and strychnine are indicated. I have found the use of ovoferin, the elixir of glycerophosphates of lime and soda and the tincture of nuxvomica of most benefit. There is a considerable difference of opinion as to value of any drug in the regeneration of neuro-muscular tissue. Starr recommends the use of strychnine exhibited up to as large a dosage as is consistent with safety.

The treatment after paralysis is established consists in the prevention of deformities and the restoration of muscle power. The paralytic stage is too often neglected and consequently many deformities and disabilities result. Tubby and Jones⁵³ state that "by a proper appreciation of the available therapeutic and mechanical agencies we need rarely, if ever, encounter any paralytic deformity."

The important points in the treatment are: The use of proper support for the paralyzed muscles, the prevention of muscle stretching, which is very detrimental to the recovery of power in weakened muscles, electricity, active and passive exercises and massage.

Every effort should be made to prevent deformity by the use of light removable splints to keep the parts in physiological position when at rest. The continued use of the warm bath is of great value in floating the heavy limbs and helping the development of voluntary movements.

Meisenbach⁵⁴ advocates the use of artificial rubber muscles to take the place of paralyzed or weak muscles. He has used the treatment with success in selected cases.

PERSONAL OBSERVATIONS.

During the New York Epidemic in 1907, the writer observed fifty-two cases of poliomyelitis. Of these 21 were males and 31 females.

In all but five cases the disease was ushered in by pyrexia accompanied mostly by gastro-intestinal symptoms; in some instances by tonsillitis and in a few cases by headache, rigidity of the cervical muscles, ocular paralysis and insomnia. In two cases bronchial symptoms were present. Three cases had no initial symptoms, the paralysis being sudden.

In two fatal cases, seen in New Jersey, complete autopsies were performed, by Dr. H. S. Martland, pathologist of the Newark City Hospital, to whom I am indebted for the pathological reports.

Case I. Male, age ten. Admitted to hospital 9:10 A. M., January 17, 1911. Was perfectly well until 5 A. M. Suddenly vomited and became unconscious. Had frequent convulsions, incontinence of urine and feces. Dilated inactive pupils. General spasticity. Exaggerated reflexes. Ocular deviation. Urine contained albumin and casts. Temperature normal on admission, 103 in the evening, 107 for twelve hours. Died next day at 9:15 P. M.

Pathological Examination—Active hyperæmia of brain, medulla and cord. Acute encephalitis. Hemorrhagic extravasations. Punctiform hemorrhages in gray matter of entire cord, especially in anterior horns. Microscopically: Active vascular hyperæmia in anterior horns. Chromatolysis. Acute parenchymatous degeneration of viscera. Acute hyperplasia of mesenteric glands. Diagnosis. Acute Polio-encephalitis.

Case II. Male, 26. Button-maker. Admitted to hospital, February 22, 1910. Died the same day. Two days previously in good health. Symptoms began with stiffness in left arm, followed by stiffness in right arm and both legs and pain. Dyspnoea on lying down. Albumen in urine. Reflexes absent. Complete paralysis of extremities. Retention of urine. Pulmonary œdema. Clinical picture of Landry's Paralysis.

Pathology. Macroscopically. Active hyperæmia of brain, medulla and cord. Suggestive hemorrhagic extravasations around anterior horns. Hypostatic congestion of lungs, with œdema. Lymphoid hyperplasia of spleen. Parenchymatous degeneration of kidneys. Patchy active hyperæmia of intestinal mucosa. Acute hyperplasia of mesenteric lymph-glands with œdema. Micro-

scopically. Hemorrhagic extravasations around ganglion cells of anterior horns and in white matter of anterior portions of cord, with some necrosis.

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IN-SANITARY HOUSEKEEPING.*

BY JOHN W. WADE, M. D.,

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There are three things that come to me occasionally—three duties which I have persistently endeavored to shirk or evade. The first is having an impression taken for a set of false teeth; second, sitting for a photograph, and, third, reading a paper before an assemblage of my fellow-laborers. Regarding the latter, I once had a reason.

Soon after my second graduation, in 1884, I became a member of my county medical society. On the occasion of my first visit to the society a member from a small town in the southern part of the county read a paper describing a case in practice. To me it seemed well written and splendidly delivered—but, sitting about the room were a number of the older physicians (and, of course, some of the younger ele-

* Read before the Tri-County Medical Society of South Jersey, May 23, 1911.

ment), who began to wink, then laugh, and soon some sneering remarks in the whisper. Jest, nudges, pinches and uncomplimentary criticisms were exchanged, and, on the whole, the reader was ridiculed—according to the dictionary, he was an “object of mocking merriment,” but he had my sympathy.

The words of an old philosopher friend come to me: “Those beneath me cannot, and those above me will not, insult me.” Happily, things have changed, and I am here in a different atmosphere, to rehearse, in plain words, an ordinary visit to an ordinary patient.

Every day, with but few exceptions, during the past 35 years, it has come to me—the call—the summons—the command—to use what skill I may have for the relief of suffering humanity. My experience is the common lot of all general practitioners.

In the days before the telephone, as well as in the present, there was character expressed in every message, whether it was written in a poor hand, with pencil, on a filthy, crumpled piece of wrapping paper and stuck under the door, or on a delicate card, in a scented envelope, received through the mail.

We often decide the character, or the importance to us, of a telephone message; almost determine if the speaker is worth consideration—almost the seriousness of the case, especially if there is sobbing and pleading at the other end of the wire.

During a service of six years as city physician, I acquired a habit of answering every call. I treated the worthy poor with as much consequence as I did the rich. In the pauper's house I saw no dirt, but in the ordinary working man's house and in the dwellings of the well-to-do nothing escapes my attention and quiet investigation.

As the doctor hitches his horse to some other man's post, he understands that the man whose house he is visiting is either careless or stingy or too mean to provide a 35-cent hitching post—and he may commit the same sin of omission when the doctor's bill is considered.

Many thoughts will run riot in the busy doctor's brain if he has the welfare of his patient at heart, and his reputation will be likely to suffer as a result of unsanitary surroundings, and he will be sure to observe those things which directly bear upon the possible outcome, noting at a glance if the sidewalk, the curbing and the gutter are kept clean; if the gate swings in or out or both, and whether the shoe-scraper is on

the step and the doormat on the floor. Do we find smears of paint or marks of dirty fingers on the door knobs?

In many instances the doctor is delayed and annoyed by the absence of a knob on the screen door and round about where the knob should be there is found a thick coating of sticky, pasty filth accumulated from long use by unclean hands, flies, etc. Many of these screen doors are hung inside out; many are allowed to remain on their rusty, screechy hinges all the year round, and when the spring time comes again, the doctor, in his efforts to open it, receives a scratch or snag from the broken netting on his educated finger, which renders that member useless for surgical or gynecological purposes.

Going into the house, must we wear a glove, lest we risk carrying to the patient upstairs the germs from everything our hands touch? But we knock on the door and hear the tardy “Come in.” How shall we enter if the doors are hooked or bolted? Why are they not ready and waiting?

As we enter the living-room the first thing we seek is a place to lay our case and hat. The tables are covered with bric-a-brac, cheap togs and useless ornaments. In summer perhaps a leaf of fly paper. We place our wearing apparel on a greasy chair or perhaps on a wrecked lounge, where they are found and mauled by meddling children and sometimes by thoughtless grown-ups.

We note that there are carpets on the floors where there should be rugs. We might find some sweepings in every corner, and, could we see underneath, might find a few germs lurking about the cracks in the flooring. Did people use rugs, the crack would be filled with wax or putty and the rugs would be beaten often.

I have noticed that good, intelligent housekeeping is a prophylactic for many ills. It is always an encouragement for attending physicians. I never knew a careless, ignorant woman to make excuses for the appearance of her dwelling. It is always offered by the good housekeeper—the sensitive, intelligent woman, who sees dirt and danger where even doctors cannot.

How many germs do we find on the hand rail as we go up the stairs? To a sensitive hand it may be decided whether that railing has been cleaned once in a year or in ten years. *It is often the dirt that we FEEL rather than that which we SEE that is most dangerous.*

As we enter the lying-in room our first

impulse is to cleanse our hands of the smear from the hand rail. Going to the washstand, what are we likely to find? A dry bowl and pitcher, the bowl covered with dust so thick that you may write your name on it—the pitcher, a catch-all, half filled with wads of paper, old letters, ribbons, strings, buttons, safety pins, hair pins, matches, combs, feathers, cobwebs and some other things not to be remembered.

We succeed, after risking offence to the housekeeper or nurse, in washing our hands, and then what happens? We grasp a brand-new towel, just purchased for the occasion, stiff with starch which rubs off on our hands, and we are in despair at the very beginning of our work, longing to see the face of a trained nurse.

Possibly we are detained by a stubborn, tedious parturition and, feeling hungry, accept the invitation to breakfast. Being a sensitive man and a little particular, we forget the wretched cooking as we allow our eyes to wander from dish to dish and note the millions of microbes snugly festering in every crevice and scallop of glassware and porcelain container, and the thought comes to us that the woman presiding at the table had never been taught in the public schools, as she should have been, how to use a *brush* with soap and water and ammonia.

Disease, dirt, debt and the devil go hand in hand, and we meet them every day. As we leave the table, we realize that the condition of the tableware is often more potent than the food in taking away an appetite. Were we permitted to look into some kitchens, sheds and cellars and observe the condition of the refrigerators, sinks, drains and cooking utensils, we might forget our experience of the dissecting room and the pus basins of the surgical clinics, and go home and write a lecture on the suffragette.

However, as Mutt says, "Life is just one damn thing after another," but I know of one woman at least whose dish rag and drying towel are so clean and white that any one might mistake them for table napkins. There is no rain barrel at her back step to breed mosquitoes. The oil lamps and the globes about the gas jets are bright and sparkling. She knows how to clean her silver, and she does it all herself.

Sanitary housekeeping is as important a factor in the well-being of the average individual as is the proper preparation of the food that we eat. Were I a member of a law-making body I would introduce and fight for a bill providing for the inspection

of every hotel kitchen and the methods of preparing the table supplies.

Several years ago a young woman declared to me that she never again would eat at the table of a certain seaside hotel located in Wildwood. She had been employed in the culinary department and left in disgust after observing the revolting, unsanitary practices of those employed in preparing the meats and vegetables for cooking.

It was from this house that Millville and Bridgeton physicians received patients suffering from typhoid fever, some of whom died.

What of Dust? Perhaps the worst offender against good manners and ordinary decency is the man who brushes his wearing apparel in the house. I often see people do this thing and it frequently occurs just after a meal, while the eatables are still on the table unprotected. It occurs in restaurants and is often shown in moving pictures. To my mind, this thoughtless act is one of the unpardonable sins.

Only a few days since a young gentleman from Washington, D. C., came in to say good-bye. I was enjoying a late dinner. He began by rubbing his hat with his coat sleeve; then with his hand beat the dust and dirt from his clothing. I promptly directed him to the back shed, where the whisk-broom is always kept in its holder—never in the house.

I know a woman suffering from pulmonary tuberculosis, who makes a practice of brushing her own and her husband's clothes in the dining-room. She has been known to leave the windows open while beating her carpets in the back yard. She is more than ordinarily clean and tidy, but she forgets that the germs from the carpets and clothing and from the dried sputa in the coal scuttle and elsewhere settle down upon the delicacies of the table and are swallowed with the food at every meal.

This woman is devoted to her church duties and recently voted to purchase *carpets* for the church in place of rugs. She also claims there is no advantage in the use of the individual communion cups. One day I attempted to persuade her to use some kind of a disinfectant in her home—to at least have the paste used in papering her walls disinfected. She became very indignant and gave me to understand that she was a clean woman and kept her house in order. I tried to explain, but discharged myself in disgust when she boldly claimed that others were no better than she was.

Gentlemen, I claim that this wilful and

deliberate infection of others is another of the unpardonable sins. From this and other cases we may infer that the people generally are not sufficiently educated or instructed in the simplest ideas of household sanitation.

For some unaccountable reason we find a general misapprehension on the part of mothers regarding the proper methods of preventing contagion. They often say that scarlatina simplex is not contagious; that there is no danger in measles, and when smallpox appears it is only Cuban itch.

Most people dread quarantine; they object to that placard and resist exposure in some instances until it becomes inevitable. Even then they beg to have it kept from the public regardless of the danger to visitors, the grocer, the ice man or the preacher.

John W. Ritchie, in the preface of his *Primer of Sanitation*, has this to say:

"Both the educational and the medical professions now agree that our public school pupils should be adequately instructed in the methods and possibilities of preventive medicine, and in the principles and reasonableness of public hygiene.

"The most effective way of reaching the present generation of Americans is through their children, and our country can hope to shake off completely the burden of preventable disease only when a generation of American citizens has been systematically instructed in the principles of sanitation."

I know a woman with a large family who does her sweeping with all the doors and windows closed. Her house all over is a disgrace. I never sit down in that place, neither do I touch a basin, a tumbler or a towel. The dust-laden cobwebs hang menacingly over one's head, keeping company with last season's frozen flies hanging by their heads. Last summer's fly-dirt is still conspicuous over the picture glasses and mirrors as well as on the face of the clock and on the upper window panes, where the curtains hide it the year round.

Go into her house through the back door; you will find a custom of the Jews—the raw meats, chickens, fish lying about on a sloppy pump trough or on a greasy chair or wash tub. Nothing will provoke an excuse or bring the blush of shame to this woman's face.

This woman, like many others, will purchase meat from a butcher with a cigar in his mouth. She will buy canned goods that have been exposed for months or years in the windows of a grocery. She will place upon her table unwashed fruit, berries

and vegetables that have been exposed to street dust, flies, worms, bugs and *dogs*. Her finger-nails are clean only after a bread-making. It is unnecessary to say that there is some kind of illness in that household most of the time.

Again referring to dust in the house, which is perhaps the most fruitful cause of illness, I would suggest that the broom be banished from the dwelling, especially wherever the electric or other suction sweeper can be used, and, before sweeping, preparation should be made by using an article lately placed on the market called "Death to Dust," then open every avenue of escape.

The peacock duster is as essential as the sweeper and much more effective in removing germ-laden dust. The dust dislodged by the feather duster should be the only matter to escape on the wings of the wind—all else should be destroyed by fire or buried.

Flies.—We notice the housefly because we are physicians and sanitarians, and naturally in the course of our professional work make war against it. We look about the bedroom where lies a case of contagious disease or a woman with a new-born babe.

We see the fly as our common enemy and the enemy of the family and of other families. For obvious reasons I make it a rule to have no flies in the room after childbirth, or in a room where there is contagion.

For many years I have been systematically waging war against these pests. I kill the first and last fly of every season, purchase fly brooms by the dozen and have one in every room. There is also a *Protectus* disinfectant filled with a fluid which evaporates and fills the atmosphere with a pleasant perfume and which at the same time tends to kill germs and keep away the flies. Incidentally it may have a moral influence on the patients who are waiting.

I also use formaldehyde evaporators in the closets to disinfect the outer garments after visiting contagious disease. Every little preventive helps.

If a patient expectorates in the cuspidore, the germs are destroyed by a solution of Red Star Chlorides or Chloro-naphthaline. This solution is used freely in all basins, sinks and waste carriers. It imparts a pleasant odor and gives one the satisfaction of being disinfected. A stronger solution of this C.-N. may be used for ridding the house of vermin. It is effective against bedbugs, flies, mosquitoes, moths, ants, roaches and other insects.

In conclusion, it seems to me to be the duty of every physician to endeavor to explain and to teach the people how, when, where and why they should keep clean. We have many opportunities, especially where most needed, and, after all, having conscientiously in other matters endeavored to follow the commands of the Hippocratic oath, we pass on, satisfied that "It is not what the world is to us, but what we are to the world, that is the measure of our happiness."

ADDRESS AT THE GRADUATION
EXERCISES OF THE NEW JERSEY
STATE HOSPITAL TRAINING
SCHOOL FOR NURSES, TRENTON,
N. J., JUNE, 1911.

BY CHARLES S. TURNBULL, M. D.,
PHILADELPHIA, PA.

Mr. President, The Board of Trustees of the New Jersey State Hospital, Dr. Henry A. Cotton, The Medical Staff:

Ladies and Gentlemen: I understand from Dr. Cotton that our friend, Dr. Halsey, is guilty of this infliction, in having asked me to address you on the occasion of the graduating exercises of your Training School for Nurses, and I am very glad to be with you because there are several pertinent facts, both novel and interesting, to which I wish to refer. The first training school for nurses in hospitals for the insane was established by Dr. Coles at McLean Hospital, Waverly, Mass., in 1880, and after some years such schools were established by other hospitals for the insane. The graduates of the training school in this hospital, after having taken a six months' course in any of the New York hospitals, I am informed, can secure a diploma entitling them to all the privileges of a regular nurse. Now please do not think that if you do not take the extra six months, you will be an "irregular nurse." By a regular nurse I mean one entitled to registration and eligible for the position of "trained nurse."

The training school of this hospital was organized in 1905, and since 1907 the training has been of a high character, and compares favorably with any other hospital of the same kind. The course of lectures is given by the Medical Staff. The principal of the training school and assistants have weekly classes in practical work, besides giving special instruction in the wards. The change of the status of those in care of the insane has been marked by great improvement in the nursing of that class of patients.

The old-time attendants were a much more inferior class than those who enter our training schools to-day. The effect on the nurses is especially noticeable. Girls fresh from the country, with little experience, after a course of training develop into capable, intelligent nurses, with a broadened view of life, and many become successful private nurses. The contrast in the long hours of the old attendants, who averaged from 14 to 15 hours a day, with no variation in their work, to the present system, is also an advantage to the nurses. They have time, when off the wards, to attend classes and lectures by the physicians, all of which helps to relieve the monotony of working in the wards. Their hours also have been much shortened and every year progress is made in bettering the condition of the nurses. In this hospital, the nurses in the admission wards, where difficult cases are cared for, work on an eight-hour system. The changed attitude of the nurses toward the patients is one of the principal results of the training school. They no longer feel like "keepers," but look upon their work of nursing just the same as in general nursing and instead of showing fear and antagonism to the patients, develop interest in the patients and are anxious to do all they can to help them to recover. The graduates of our training school have increased in the following ratio: 1908, 4; 1909, 3; 1910, 8; 1911, 11, including two male nurses—"co-education."

You must consider yourselves, I am sure Dr. Cotton will permit me to say, pioneer nurses in this age of non-restraint. During the past few years there has been a radical change in the treatment of the insane. They are, as they should be, treated as diseased persons, both mentally and physically. Hospitals for the insane, if brought to the high standard they should occupy, must be maintained as of the highest type and the physicians and nurses must develop equally high standards as to careful diagnoses on the one hand, and the systematic study for the welfare and betterment of their patients upon the other.

Note your surroundings. No more iron bars and grills. All evidences of restraint have disappeared. Bolts and chains are not in use, and locks and keys are certainly not in evidence. Considering that I am addressing those versed in medical science, I would like to tell you how carefully the patients' histories are kept. How exhaustively the diagnoses of their several subtle maladies are made out, how the germs of

all sorts are studied, even microscopically, and fought or neutralized through every known form of investigation, be it in the laboratory or at the bedside of the patient.

Apart from manifest interest in every patient, no matter whether they belong to the better classes or have come from the humbler walks in life, you may rest assured that the treatment in this hospital is the best possible under all circumstances, the newest and most rational to date, fully up to the standard and the only proper course to pursue.

Your medical director and his staff of skilled assistants constitute a corps of the ablest teachers in the profession, and you are most fortunate and to be congratulated because, as I have already said, your training, supplemented as it is by the teachings of the principal and assistants of the training school, compares more than favorably with other hospitals in the United States. Now having told you what you already know about the New Jersey State Hospital at Trenton, its advantages as a school and its up-to-date methods, I want to refer to its management, its ideal Board of Trustees, whose meetings, presided over by Judge Vroom, are given to most careful consideration of all measures suggested for the benefit of this hospital. Profligate with their time, these gentlemen commingle irrespectively, I am told, of political beliefs. The several committees unite to work only for the good of the Trenton State Hospital.

I have wandered from my subject, however. I believe I was asked to address the graduating class (of co-eds). I do not know what in former years has been the proportion of male to female nurses, but I sincerely trust that the men will keep it up. They must, as graduates of the New Jersey State Hospital for the Insane, with their diplomas, be able to secure continuous, first-class work in their specialty, because proper male trained nurses are scarce.

Surrounded by your friends, doubtless—some of you by your admirers—this auspicious June day, marks an era in the history of your lives. You do not want me to tell you what is expected of you; you already know that. You have made your resolves which are only of a superlative quality. You know that you intend to do your work in such a manner that no one can improve upon it. You have decided that nobody can do it better than you. Be ready to cross swords with any competitor or critic. Remember how close, very close, you are to the profession. You are our professional

lieutenants, often our confidants, and many a time you must represent your chief in emergencies.

In all great things, the highest honor has come from the faithful performance of duty. The medical profession, as a body, is always ready and willing to give full recognition to the nurse, as a nurse, and ready to recognize your valuable services. He will not deem it a reflection on his ability to give you full credit for the faithful discharge of the important duties he has committed to you.

Of late there has developed, unfortunately, a desire on the part of many nurses to enter the field of "Therapeutics." This often leads to the very pernicious practice of suggesting or prescribing drugs, such as morphine or other dope of a quieting character, to nervous patients or to patients who cannot sleep. Sooner or later a habit is developed, which often terminates in neurasthenia or insanity. You should, with all your power, guard against falling into such a pit with its terrible responsibilities.

One thing I would impress upon you. You have selected a high and noble work. There must at some time come to you the picture, or the occasion, which inspired you to take up nursing as a calling. Do not forget that the cheerful countenance, the reassuring tone, the soothing, gentle touch, as well as the continued tepid bath brings calm and comfort to the restless and miserable. When given this opportunity to realize the highest ideals of your profession, which in the bustle of your routine work, may at times seem somewhat distant, make the most of your opportunity. It will not be long before it will be your privilege to do what medicine cannot accomplish and what lies beyond the doctor's power, to cheer and comfort and even give spiritual consolation to many an unfortunate who is sick unto death.

Professional nursing is a grand calling, and while on its highest plane, it must command respect, its greatest success and fullest honors can only be attained by a strict observation which made its early existence possible. Bear in mind that in attendance upon sick persons, who are under the care of physicians, you can most nobly and successfully do your duty by strictly carrying out his orders, and reporting your observations, take an interest in your patient, study his moods and eccentricities if possible, study the family, note the effect of various articles of diet, be able to tell the doctor every detail of the day's doings. Take my

advice and do not trust your memory. Keep your chart carefully and each day's diary becomes a volume for ready reference.

Never be disloyal to the doctor, nor in any way cause a feeling of lack of confidence on the part of the family, or attempt to belittle the physician to other nurses. You are the faithful sentinel, you may often be the means of the preservation of life, or at least add greatly to the comfort of the patient.

You have frequently been told during your training, of the importance of always bearing in mind the ethics of nursing: a nurse who conscientiously hears and sees everything and does not talk, and in addition has that inestimable quality known as tact, may well go forth with confidence and assurance of success. In no calling is tact such a valuable asset as in yours.

Never make the fatal mistake of either diagnosing or suggesting treatment. If you feel you are competent to do such things, better keep it to yourselves, as the day will surely come when you will rapidly fall from the high pinnacle you have mentally surmounted.

The relations between physician and nurse are intercurrent. They both look to the betterment of conditions, the restoration to health of the patient if possible.

The nurse must rely upon the physician for directions, and the physician, upon the other hand, must repose confidence in the nurse. These relations are of a high order and if not sacredly carried out, can only result in the sacrifice of a principle of vital moment and be detrimental to the success of the physician and the reputation of the nurse.

Dr. Cotton has shown me a copy of the questions asked this year's seniors, and in doing so remarks: "This will give you an idea of the ability of our nurses on examination." I confess that there are some, I am afraid, I could not answer myself. Suffice to say, if you all have answered the queries propounded correctly enough to secure a high enough average to graduate, you know more about physiology, therapeutics, pathology and bacteriology than one-half the nurses who are graduated to-day.

The twentieth and last question ran this way: "What do you consider the essentials for a nurse in insane hospital work?" I am sure that your answers were not as varied as has been the weather of late. Most of you, I know, who hinted at the reply, good health combined with total absence of nerves, because, if you have no nerves,

nothing can "get on them."

Among the many evidences of advance in the treatment of the various ills of mankind, there must stand out pre-eminently the viewpoint of the medical profession, and through it, of the world in general, toward those whose ailment is that of the brain. With other diseases and an undimmed intellect, comes help from the patient himself, in the struggle for health. With the mind diseased, the will power gone, the ability to be interested in one's surroundings lacking, then follows the increased difficulty of recovery. Formerly such patients were looked upon and treated as wild and dangerous animals, and their faint glimmerings of reason could only impress this upon them and increase their hopelessness. Nurses, intelligent, kind, above all, with a scientific understanding of this being a disease, susceptible of treatment like other diseases, were unknown. Keepers, armed, more than ready to use forceful restraint, were the order of the day.

When I look at the class of bright faces before me and realize how your training and study, with the experience you have gained in such an institution as this, there is no longer the horror and dread, but instead the thankfulness that to this most heavily burdened class of people has come a day when they, with other invalids, may also find the road to recovery.

DISCUSSION OF DR. ALEX. MARCY, JR.'S. PAPER ON HOSPITALS; THEIR USE AND ABUSE FROM THE GENERAL PRACTITIONER'S VIEWPOINT.

(See August Journal, Page 116)

BY EDWARD J. ILL, M. D., NEWARK.

It is with some hesitancy that I write to offer my criticisms of Dr. Marcy's views as expressed in his paper in the August number of our Journal; nor would I, if I did not know Dr. Marcy's honesty, ability and professional value.

Such extreme opinions as the doctor presents in his paper are very apt to be erroneous; on the other hand, he speaks of many truths; for instance, all hospitals for the sick poor should be under the care of the municipality and maintained by the taxpayer. His opinion, however, that the staff should be paid for their services and that they should give their entire time to the institution, I cannot agree with. He hopes that by such an arrangement better scientific results could be reached. This might be so in some of the foreign countries, but only to a moderate extent could it be so in our own.

Will Dr. Marcy tell us of any great scientific insane asylums in our country, for it is state insane asylums in our country, for it is in these institutions alone that the staff devotes its entire time to the institution.

The private and co-operative medical institution controlled entirely by physicians is still

an experiment and in many cases a dangerous one to the patient. Again the private hospitals controlled by a single individual would in my mind be rather ideal. I take serious exception to what he says about the close corporation of the present staff of hospitals. No hospital I am connected with has a staff where influence or favoritism rather than merit has made up the staff.

Hospitals have become so numerous that it sometimes seems to me there are not men enough of merit to go round. Of course, the individuals on a staff have a right to advance their own interest, but only in one direction, and that is to increase their store of knowledge and experience. I have inquired among a dozen or so of men who hold hospital positions, asking them how many patients they have had directly or indirectly through such an appointment. Not one felt that many patients have come to see him because of his connection with the hospital and the reverse is commonly the case.

The hospital gets its paying patients from the man of large practice. My experience has been that hospitals seek the best men of the profession for their staff. I cannot but agree with the doctor that our hospitals are pauperizing institutions, and we doctors are ourselves to blame.

We now come to the vital point in Dr. Marcy's paper. His assertion that operative cases can be looked after as well in private houses as in well-regulated hospitals is debatable. Dr. Marcy has overlooked some statistics I published a year ago in which I showed the death rate of perforative appendicitis in cases operated on in private houses and which were treated afterwards by the family physician, was ten per cent.; while those operated on and cared for by myself was but three per cent. Some ten or twelve years ago there appeared a number of papers entitled "House to house operations." These men lauded the outcome beyond measure. I have taken pains to follow up the work of several of these men. A number of them have lost all prestige in the community in which they live, the others have ceased writing about it. There is a certain class of cases, for instance ruptured tubal pregnancies with severe hemorrhage, which should be operated on, on the spot if operated on at all whether that be the place of the millionaire or the poor ill-smelling kitchen of a Russian or Italian foreigner, or a negro hut. Simple operations, such as an interval appendix, a curettage, a cervix perineal operation can be done anywhere. In fact nearly every operation which needs little or no care. Such care as a clean nurse can bestow on a case is safely done outside, always however at the expense of the nerve force of the attending surgeon. When it comes however to complicated surgery, such as resections of the stomach, common gall duct surgery, kidney surgery and operations where the patient must be shifted from one position to another, it would be folly to attempt it in a private house.

So far as the physician being an autocrat in the hospital, it is only proper that he should be; he alone should bear all the responsibilities of his work; he alone should be the only judge of his actions. In my experience as a gynecologist the timid woman has been the exception, timid men are the rule.

There are no three things to be considered when we come to our cases. The only consideration should be the welfare of the patient. The dread of the hospital is soon dispelled when such ideal conditions exist, and should exist, as S. Weir Mitchell describes in his book on "Characteristics" where he says: "Beside each (bed) was a little table, and new, neatly tucked back, clean fly nets, it being near summer. The floor was of spotless boards; the walls were of a pleasant grey tone and there was ample light and, of course, abundant air, so that the atmosphere was without odor. Four neat, white-capped, white aproned young women, their arms covered with protecting white over-sleeves, moved to and fro noiselessly." On another page he says: "If that sick boy were a lord of a guinea a minute no more could be known of his case, no more could be done for it."

Of course, the patient must be prepared for operation; if it proves to be a doubtful case it is the surgeon's duty to examine and re-examine. His assistants and internes are usually men of brains and should be interested in the case. Can we possibly get along without an examination of the patient's excreta and the "inquisitorial examination"?

The Doctor has indeed drawn a gloomy picture of the patient going to the operating room, no such heart rendering "instruments clinking against basins" are permitted in well regulated institutions. My experience has been that the hospital atmosphere is anything but depressing to the convalescent patient, usually the patients are a happy good-natured set of people.

The Doctor asks "where do the interests of the general practitioner come in." If he means money interests I have nothing to say; that is his affair. If he means the safety and welfare of his patients and the scientific interests in the case, he should be as much a party in it as the surgeon. So far as I am concerned the family physician is urged to come in as often as his time permits and see his patient. I often put myself out to make it possible for him to be present at the operation.

It is a sad picture that is painted to us, "that after the operation the patient is turned over to an interne and nurse." The surgeon himself should never lose sight of his patients and a senior interne or well trained assistant should ever be at the patient's call. Many a time I have seen a surgeon step into the charity ward at midnight to see his very sick patient. I have rarely seen a patient who was not thankful to his family doctor for his services. The patient is certainly better off in complicated cases where he is than when looked after by the family physician who has neither the desire nor the chance to fit himself for the after-treatment of such cases. So far as I am personally concerned I wish no division of responsibility; my conscience will not permit it. As to the sharing of glory, I am willing and glad to have my friends have all that, in fact, I take pains that they should have it. As to fees, there should be no difficulty. Let the family physician make his own charges. If he will give the surgeon an honest and true account of the patient's ability, the latter will gladly shape his bill accordingly. By all that is decent, however let there be no division of the spoils.

The April meeting of the county society will be the annual meeting.

By FRANK D. GRAY, M. D., JERSEY CITY

Having read the interesting paper of Dr. Alexander Marcy, Jr., on "Use and Abuse of Hospitals from the Viewpoint of the General Practitioner" in your August issue, and realizing that various points are raised about which there must be difference of opinion, I venture to call attention to some of them. In so far as the article is a plea for improvement in hospital methods and management all will agree. Few, if any, institutions are so perfect that something cannot be attained in that direction; but in so far as the argument concerns public control of all hospitals, aside from the strictly private or co-operative institutions and also as regards the plea for "house" operations as against those done in hospitals, much is certainly to be said.

Dr. Marcy advocates all hospitals which care for the indigent poor under county control—placing a central unit and as many branches as may be necessary, under charge of a county physician and surgeon, with as many assistants as are needed—all to be paid and to devote their entire time to the institution. He calls the existing hospitals "close corporations" whose staffs are chosen by boards of managers or trustees, usually through "influence or favoritism," instead of on "merit." Now placing all public hospitals under county control means making them a part of a political machine, and it requires no argument to convince those who know anything about politics that this would greatly increase rather than diminish the chances of "influence and favoritism" in the selection of members of the staff.

The question of a paid staff for all public hospitals—the members to devote their entire time to the work—is a large problem. It is hardly to be expected that men of the class who now serve on the medical and surgical staffs would devote all their time to the service at salaries materially less than the incomes they now derive from their private work, and yet I doubt if the writer of the paper would be willing to accept men of less ability. To retain those at present in service, at commensurate salaries, would, however, be far beyond the financial ability of municipalities or counties.

Dr. Marcy devotes the most of his paper to an argument for operations in the "average house" as against the "average hospital," and it is here that in my opinion he makes a most serious error. His plea for house operations is based on alleged benefits to the three parties concerned—the patient, the general practitioner and the surgeon, and I will consider them in that order. A vivid picture is painted of the annoyances and discomforts, not to say horrors, to which a patient is subjected in a hospital before operation as well as the lack of proper treatment after the same. More or less apprehension, the patient may have, on leaving home for a hospital, but those of us who see much of such transfers, find a noticeable lessening of apprehension, not only of the operation itself but of the changed surroundings, as the public become more familiar with the advantages offered by well-equipped hospitals for such special work.

I find that few patients in the possession of their faculties—and it is these to whom apprehension means most—offer serious objection

to the hospital as a place for operation after I put to them the simple question, whether, if they had a watch in need of repair, they would send for a watchmaker to come to the house to do the job or take the timepiece to his shop where he has the right facilities and is used to working. The work shop comparison appeals to their common sense and carries conviction.

Now what are the actual ante-operative hardships as well as post-operative neglects in hospital work. We are told that, in case of the hypothetical patient, "She is examined and re-examined by the surgeon, his assistants, the internes and, if it happens to be anything out of the ordinary, by any doctor who happens to come around." Let us bear in mind that the discussion relates to such patients as might, otherwise, have the operation at home—that is, who could afford the expense of surgeon, assistants and trained nurse or nurses. This surely means that he, or she, would have a private room, or at least would be an inmate of a private ward and would be paying for surgical services.

Does the author ask us to believe that private patients in hospitals are used as clinical material? Naturally, in hospitals connected with teaching institutions, the occupants of public wards who pay little or nothing for care and treatment are expected to permit their cases to be used for clinical instruction, and so "any doctor who happens to come around" might be allowed to make an examination; but this is surely not the class of cases for which the author advises home operation. Furthermore, "examination and re-examination by the surgeon and assistants" may not be such an un-mixed evil as is suggested; all the more likelihood of arriving at a correct diagnosis.

Again we are told, as something to be deprecated, that in the case of this supposititious patient, "her urine, blood, feces, secretions and excretions are carefully looked into, her temperature and pulse recorded every few hours." I can only say, it is to be hoped so. If all this would not be done before the house operation, all the more reason for sending the patient to a hospital. But this is not all; "her history is carefully noted, secrets wrung from her till by the time the preliminary work is over, she is quite ready, even anxious to die, if only to get rid of the never-ending, nerve-racking, inquisitorial examination." Now I had always supposed that a complete history was a desirable preliminary to any operation at home or in a hospital, and if in its course such a secret as a previous miscarriage, a specific infection or a tubercular family taint should be uncovered, I fail to see why it should be concealed from the surgeon, or why it should be termed "inquisitorial." So far it would appear to me that instead of the charge of commission lying against the hospital one of omission should by inference lie against the home.

But the worst is not yet. If I may be permitted to quote again in a condensed way to save space: "Active preparations are now begun for the final act in the tragedy; strange women come and go, nurses and attendants galore, some scrubbing, some shaving, all talking and laughing as though preparing for a fete day * * *; she is placed on a wheeled stretcher, cut into the corridor, on to the elevator, down to the operating room. Nurses are flitting here and there, internes and assistants every-

where, the air is redolent with ether, some patients are struggling against it, others just emerging from it; instruments are clinking against basins, noises of all kind, stir and bustle, oppressive heat, everything calculated to disturb and frighten our patient; in fact, she is nearly frightened to death."

It is somewhat difficult to credit the author with seriousness in the foregoing; one is more inclined to suspect that he is jesting or has been the victim of an unpleasant dream. If neither is the case one wonders what hospital he has in mind, where nurses and attendants make merry over a patient's preparation for operation, and where the anesthetic is administered in the operating-room—for only there could exist the "clinking of instruments against basins, noises of all kind, stir and bustle, oppressive heat," etc. All this is so contrary to the practice in hospitals in my own community and to the numerous institutions I have had the privilege of visiting in this country and abroad, that I fail to recognize the picture.

So far as my experience and observations go, hospital patients, even those in public or charity wards, are examined and prepared for operation with consideration and without unnecessary infliction of any sort, are anesthetized in quiet, special rooms for the purpose, and never have a view of, nor hear a sound from, the operating-room. To be sure they do not have the doubtful benefit of the immediate presence of relatives or friends just before or after the operation—a thing more difficult but none the less important to prevent in the home.

Dr. Marcy deplors the fact, which he alleges, that after the operation the patient in a hospital is left usually to the interne. Again I fail to recognize the type of hospital to which he refers; certainly to none with which I am acquainted. To be sure some of the details of after-treatment and observation are necessarily left to internes and nurses, but as regards the general conduct of the after-treatment—especially in the cases under consideration—those who could be operated on at home—hospital surgeons, in my experience, take as intimate an interest in and have as complete control of after-treatment as they would were the patient in his or her own home, oftentimes more so than if the case were left to the after-care of the family physician, which the author evidently thinks the ideal plan. Much more could be said on the advantages of hospital treatment from the standpoint of the patient's welfare, but space forbids.

The author next considers the question from the viewpoint of the general practitioner and asks, "Where does he come in?" Replying, "as a general rule he does not come in, or rather, he is a negligible quantity in the process"—this in case, of course, the operation is done in a hospital. This is undoubtedly true in most hospitals so far as active participation is concerned. Dr. Marcy admits, however, right in this connection, that the general practitioner is not qualified to operate, and that, in his opinion, surgeons should not engage in general practice, an opinion in which I heartily concur. Now if the general practitioner is not qualified to operate, it is a question if he is particularly well qualified to take charge of either the preliminary preparation of operating-room and arrangements or of the subsequent treatment,

for the relationship between these things and the actual surgical work is so close that it seems to me they should be in charge of the operator or of such assistants as are familiar with his methods and technique.

Of course, if other things were entirely equal, it would be a matter of satisfaction all round to have the family physician associated with the surgeon in all the details, but these things are not equal and the best interests of the patient are to be served even if the general practitioner is thereby eliminated from close contact with the case. I doubt if any one thing makes more for success in surgical operations than assistants who are familiar with the particular methods and technique of the operator. This cannot be obtained when he is assisted by the family physician who helps him only occasionally, but is secured in the highest degree in hospitals where the assistant and interne staff work frequently and for considerable periods with the operator. No one thing appealed to me more in observing and comparing surgical services in Europe with those in this country than the comparative perfection of assistance rendered. In contrast with our system the assistant staff very infrequently remains for years with little change and the increased facility of technique and consequent benefit to the patient is remarkable.

I cannot agree with Dr. Marcy that the surgeon feels greater personal responsibility in operations which he performs at a patient's home than when the same operation is done at a hospital. I am sometimes compelled by circumstances to operate in houses. Those occasions are growing less frequent as people become educated to the advantages of a hospital, but I feel just the same responsibility in my hospital operations as I do in those outside. The thing of which I am more sensible in the average house, however, is a greater handicap, and consequently I do not think I am likely to do quite as good work as I would in one of my "work shops." The practice of surgery is much like any other art in that the artist is more or less influenced by surroundings, and I think it is true that a surgeon can do better work in his own "work shop," just as an artist can paint a picture better in his own studio than in one extemporized out of a barn. I do not for a moment deny that a room in the average house can be arranged for aseptic work, but one must remember that "no chain is stronger than its weakest link" and I am sure there is a greater likelihood of weak links developing in such an improvised operating-room with improvised assistants than in the well-ordered hospital operating-room with its disciplined staff of assistants and nurses, with all of which surroundings the operator is personally familiar.

The author's experience of but two deaths after house operations as against more—number not stated—in hospitals is not conclusive. It is quite possible that the case may be reversed with him in the future, and I doubt very much if his is a common experience in that respect, though, as he says, there are no statistics available on the subject. At any rate, the experience of one individual even for a period of thirty years, does not go far toward establishing a principle.

In conclusion, Dr. Marcy touches on the business side of operations as he has had them performed at patients' homes. "When I have an

operation done at home," he says, "it is my custom to tell the surgeon what the patient can afford to pay for his services and ask him to charge accordingly. Sometimes it is a less sum than the particular surgeon wishes to do such an operation for, and in such cases I ask another reliable one to undertake it. I usually charge one-half the fee that is paid the operator, my associate and myself assisting in the operation. This does not include attendance before the operation nor care afterward. This, it seems to me, is fair to the patient, the surgeon and to yourself." As to the doctor's method of regulating the surgeon's fee little or no fault can be found. No conscientious surgeon wishes to be paid more for an operation than the patient can afford, and if the doctor is sure that he always knows what the patient can afford, I think his plan will work no injustice.

Now as to the next business item, viz., a charge of one-half the surgeon's fee for the services of himself and his associate as assistants—this not to include preliminary nor after-treatment—I can only take off my hat to the doctor as a business man. It would seem that from a strictly business point of view this arrangement on the part of the general practitioner, if as the doctor says, it works out to the satisfaction of the surgeon and patient, ought to beat the practice of surgery to a frazzle. Fifty per cent. of the fee received by the man who does the work, shoulders the responsibility, supplies the skill, and, according to the author's dictum, has by being a surgeon barred himself from general practice; fifty per cent. for the assistants—who evidently are also to be paid for the preliminary and after-treatment! Unless surgical fees in that section average very low, it would almost seem that the general practitioner was remunerated to a degree fully commensurate with the services rendered. Were it not that from the "general practitioner's viewpoint" the work is so much better done at home, one might almost expect that he would advise the patient to take a part of this extra expense and pay for a private room in some hospital.

BY J. WATSON MARTINDALE, M. D., CAMDEN

Dr. Alexander Marcy's able article on "The Hospital Abuse" is very timely, and the manly stand he takes in defense of his opinions cannot but excite admiration. The doctor suggests that a hospital be established in each county. This hospital should have a physician-in-chief, a surgeon-in-chief and as many assistants as they may deem necessary. The surgeon and physician are to be paid a salary and will be required to devote all their time to the work. All of the inmates of this institution are to receive gratuitous treatment and are to be fed and housed at the expense of the county. At the present time the practice of surgery is divided into many branches—gynecology, proctology, otology, laryngology, ophthalmology, genito-urinary and orthopedic surgery. All the rest of the domain of surgery belongs to the general surgeon. While the tendency of late has been to do away with the gynecologist and proctologist, there is no doubt that better results are procured by having men trained along those lines and expecting each man to stick to the work he has taken up. Under Dr. Marcy's arrangement the surgeon-in-chief would be required to be an expert in all the branches (above mentioned), and if he were

not an expert it would be unfair to the poor creatures under his care. A man who would be capable of doing this work would be a very brilliant individual and one who would command a large and lucrative practice. Such a man would be a very expensive official to the county. The same is true of the medical man as to specialties. (Here we have the neurologist, the expert on physical diagnosis, the bacteriologist, dermatologist, and a number of other specialists too numerous to mention.) The medical man capable of grasping all these pathologic conditions and treating them intelligently would be too expensive an individual for the ordinary county house. The system at present in vogue is to receive the patient in the medical department at the hospital, take the history, and, if necessary, refer the patient to the eye, the throat, the gynecologic, the genito-urinary or the surgical department. The patient comes back to the medical department with the report from the chief of the clinic to which he has been referred. After many years of experience this has been found to be the best plan for the welfare of the patient, which is the most important point to be considered.

The doctor goes on to state that hospitals are close corporations, that the appointments are made by the board of managers, and "the choice is made by influence rather than by merit." This statement is rather sweeping and will require consideration. The probability is that in each town where there is a hospital those who are not on the staff consider themselves as competent as those who are, but the fact remains, nevertheless, that "practice makes perfect," and that while the new surgeon may make a fat graveyard at the beginning, he eventually gains confidence and profits by his mistakes till he becomes a fairly competent surgeon. His chances of becoming proficient are much greater than those of his colleague, who has no surgical service in a hospital. The board of managers of a hospital have a hard task before them in choosing men to do their surgical work. The man who can afford to pay for his surgeon's services can make his choice, but the poor pauper has to take his chances with the man who has been appointed by the board of trustees of the institution. The board chooses those men whom they think will serve the institution best.

There is no doubt that Dr. Marcy's next statement, "Most hospitals under our present system are pauperizing institutions, because vast numbers of people are permitted to receive treatment who are well able to afford to pay," is true. This feature is handled in a very simple manner in the hospitals in the city of Washington. In that city an individual who presents himself for treatment at a hospital or dispensary is expected to pay for services rendered. If he is unable to pay for treatment, he is told to go to the overseer of the poor and get a permit. This entitles him to free treatment in the hospital. There are very few people who will go to the poor officer for a permit if they have the money to pay for their care.

The doctor then goes on to discuss the advisability of doing operations in private houses. He says: "There are three things to be considered. First, and most important, the patient; second, the general practitioner, and, third, the surgeon." The doctor dilates on the mental condition of the patient, how she is subjected

to numerous examinations at the hands of the surgeons, the interne, etc. This is probably true, but the examination of the blood, the urine, the stomach contents, etc., is a very important part of the treatment, and if this were done in each case, probably a number of operations would be avoided, and in many cases a different plan of procedure followed than had been originally intended. For instance, in one of our Philadelphia hospitals a woman was admitted after examination by two physicians. There was a mass to the right of the uterus apparently connected with that organ. The history was suggestive of internal trouble and the supposition was that the patient was suffering from a pedunculated fibroid. A leucocytic count disclosed the fact that she had 180,000 white cells to the cubic millimeter of blood. She was suffering from leukemia, and an operation would have been unavailing, would have proved fatal to the patient, and would have been injurious to the reputation of the surgeon. Recently a woman was sent to one of our local hospitals with a history of pelvic trouble and pain in the right iliac region, indicating chronic appendiceal involvement. She was subjected to a series of operations, which put the pelvic organs in good condition, but she was no better after her operation. Within a short time she began to vomit blood, then developed all the symptoms of cancer of the stomach, from which disease she died five months after operation. The surgeon who performed the operations above mentioned has been severely criticized by the family because he did not see the condition when he operated. If he had made a gastric analysis the patient would have been spared the operation, the family would have known what to expect, or, on the other hand, she might have had a gastrectomy performed which would have given her a chance for her life, or, at least, have prolonged it. A routine examination of the blood, the urine, the stomach contents, and a physical examination, together with a thorough system of history taking is one of the greatest safeguards to the patient. While this is possible in a private house, it could only be done with the greatest difficulty, and probably not as thoroughly as in a well-equipped laboratory. The after-care of the patient is all important. For twelve hours at least after an abdominal section the patient should be in the hands of one who is familiar with the conditions which follow a laparotomy. It is highly important that the senior resident should be able to recognize the symptoms of an internal hemorrhage. No matter how careful a surgeon may be with his methods of controlling hemorrhage, it frequently happens that when reaction sets in the patient has a secondary hemorrhage. The senior resident, after nine months of experience in the operating-room, can generally recognize the condition. He sends for the surgeon, who opens up the abdomen and controls the bleeding. Most surgeons have an understudy, a man who has assisted in a large number of operations, and who has performed a number of operations himself. If the surgeon is not to be found his assistant is generally in touch with the institution. He orders the patient to the operating-room and in a short time the bleeding is controlled. If this accident occurs in a private house, the general practitioner, who has had no experience with the after-treatment of

abdominal sections, hardly knows what to expect, and he waits until the state of the patient is hopeless, or he may recognize the condition and send for the surgeon; possibly he cannot be found, or is operating on another case, and the patient dies before he arrives.

Women readily accommodate themselves to hospital conditions. After the first few days have passed, they are quite comfortable, and many of them become greatly attached to the nurses and to the other patients with whom they become associated, just as it is observed in the tuberculosis sanatoria, where the inmates are cheerful and happy. They converse with one another, they have like aspirations, like experiences, and a spirit of companionship is engendered which adds greatly to the comfort and wellbeing of the patient.

Finally, the doctor's attitude of dealing with the case of the general practitioner seems rather mercenary. It is not, perhaps, generally known that surgery is a very poorly paid branch of the profession. Look around you and you will find those who have devoted themselves strictly to the medical side and kept out of hospital work are, in the majority of cases, much better off in this world's goods than those who have been unfortunate enough to go into surgery. The surgeon operates on twenty gratuitous cases to one which pays. A New York surgeon recently made the statement that out of 200 cases of appendicitis operated on by him in 1910 he had received \$160. Surgery is a lucrative field to the very few, but the amount of energy displayed by those who have made a financial success of surgery would have enriched them tenfold had they gone into any other line. For an illustration an instance might be cited of a day's work of a surgeon in Philadelphia, a teacher in one of the most advanced colleges in this country. This gentleman operated in three hospitals in one day. Starting at seven o'clock in the morning. He had finished the operative work for the day, which had comprised five abdominal sections, all of which were gratuitous cases. He had a number of patients in his office in the afternoon, each of whom probably would be able to pay something for his services. Just as his office work commenced he received word that one of the patients operated on had developed symptoms of hemorrhage. He immediately dismissed his whole office clientele and went to the hospital. He watched the woman until 10 o'clock that night, until all danger was over, when he left for his home. During the entire day he had not earned one single penny. This day was like many other days he has had to put in, and after fourteen years of hard work in the field of gynecology he lives in a rented house and finds it hard work to get enough money together to pay the rent. The man who attempts to do surgery is forced to do some general work in order to meet his financial obligations. The exceptions to this rule are few. The surgeons who are attached to teaching institutions as a general rule do better financially than those who are not, but the burden of getting up a lecture or two a week, as well as operating before a class of students, is one which wears a man out early and he becomes an old man before his time.

The system of the "close" hospital adopted in Eastern cities is probably the best for the patient. In this institution there is a staff of sur-

geons who operate on all gratuitous cases during their term of service, which is generally three months. During the remainder of the year they can operate on all the private cases which come under their care. There are generally four surgeons to each hospital. In Western cities the "open" hospital is more popular. In this hospital, which is generally a municipal institution, the custom is to allow any physician to send in a patient and treat him as he deems best. If he needs an operation the doctor who sends him in operates on him. In many instances this works out all right, as some men have mechanical ideas, which they use to good effect in the practice of surgery, even without training. On the other hand all physicians have not these mechanical ideas, and many patients are operated on by general practitioners who have had no training in diagnosis or surgical technic and the consequences to the patient are disastrous.

The "close" hospital is one in which the patient receives the best surgical care, but they are a great source of expense to the city, and unless the surgeons attached to these institutions can keep the private rooms full there is a large deficit each year. To overcome this difficulty some of the hospitals have adopted the "semi-open" system, in which there is a staff of surgeons who look after the free and operate on their own private cases. In addition to this their private rooms are open to physicians who have been recommended by members of the staff. This plan works very well, because the surgeon in charge will not recommend a physician unless he knows something of his ability, and the consequence is that the hospital mortality is not increased materially, while considerable income is assured to the institution.

Clinical Reports.

Rare Case of Anosmia.

Dr. Safranck, in *Berliner klin. Woch.*, June 5, 1911, sums up his case as follows: A girl aged fourteen years, with an acquired leucoderma, began to lose her sense of smell, which at the end of two years was entirely absent. The condition was bilateral and sense of taste for aromatic substances was also lost. Rhinological and neurological examination failed to reveal the nature of the disorder. Hysteria could be excluded, as could also local or central organic disease. The author found two similar cases in the literature in which there was a suspicion that the association of anosmia and absence of cutaneous pigment (leucoderma) was not a coincidence. Such an association seems, however, to have escaped the attention of dermatologists.

Ectopic Pregnancy.

Dr. George H. Balleray, of Paterson, in discussing Dr. Kabinowitz's paper on this subject at the meeting of the New York Academy of Medicine, April 27, 1911, cited these cases:

One occurred in the wife of a physician. The diagnosis was not at once made. However, a colleague of his operated before rupture had taken place and the patient made a good recovery. Two years later this woman skipped a period and had some pain. The same col-

league diagnosed an ectopic occurring on the opposite side. She was again operated on and made a good recovery.

Dr. Balleray felt that the adnexa on the opposite side should not be removed unless they were in an unhealthy condition, and showed marked evidences of disease. He recalled the case of a young woman, unmarried, who had skipped one period. One week later she took nine grains of quinine as an abortifacient. The day following she had severe pain and went into collapse. The abdomen was opened and much free blood found; a rupture had occurred at the isthmus. The ovary and tube on the other side were not removed.

Ovulation Without Menstruation.

Reported in a paper by Dr. M. J. Siegelstein, of New York, in the *Medical Record*, July 8, 1911:

The case that I desire to report was submitted to the wards of the hospital on February 9, 1911. She was a Russian Pole, primigravida, a well-developed and husky girl of the blonde type, 20 years of age, not anemic, but intelligent and understanding English perfectly. All her measurements were normal and she was delivered of a normal child the same day. She had only menstruated once at the age of 17, for about three days, not profusely, but with cramp-like pains in the abdomen and back. Since that time she has never menstruated nor has she had any menses during the expected period and she did not realize that she was pregnant even after the fourth month, when her abdomen was already slowly enlarging, for she came to the dispensary to inquire as to the cause of her condition. At the end of the tenth day she was discharged with instructions to report at frequent intervals for future observations.

Testing Viability of Strangulated Intestine.

Dr. S. C. Plummer, of Chicago, reports this case in *Surgery, Gynecology and Obstetrics*, Chicago, June, 1911:

A recent case in which he operated for strangulated hernia suggested to Plummer a procedure of encouraging the return of the circulation in the strangulated loop. Here was an intestine whose viability was questionable. It was highly desirable that it be replaced, if this could be safely done. Plummer accordingly applied hot compresses, wet with normal salt solution, for fifteen minutes. Not only was there no improvement in the circulation of the parts which had been strangulated, but the adjacent normal intestine was becoming edematous and of a darker red color than before. Realizing that it was the traction which he was making that interfered with the circulation, Plummer temporarily reduced the affected parts, at the same time delivering some of the adjacent intestine, so that he could again withdraw the affected parts for inspection. After allowing the previously strangulated parts to remain in the abdominal cavity three minutes, he withdrew them. The change was striking. All swelling had left the intestine, the color was normal and the furrows at the two constricted points could scarcely be seen. All that was left of the evidences of circulatory disturbance was an area of venous stasis, one

inch long and one-quarter of an inch wide, on one side of the mesentery, close to the bowel. The hernia contents were at once reduced for the second time, this time permanently, and the operation completed, the patient making an uneventful recovery. Plummer recommends the further trial of this procedure of temporary reduction.

Colic and Cholecystitis Without Gall-Stones.

Dr. S. Solieri, in *Deutsche med. Woch.*, reports a case in which hemorrhages in the gall-bladder induced typical gall-stone colics, although there were no concretions in the bile passages. The patient was a girl of 20, who was convalescing from typhoid when the first colic was experienced, accompanied by signs of cholecystitis. The colics recurred once or twice a month, and in the fifth month a laparotomy revealed an ulcerative hemorrhagic affection of the mucosa of the gall-bladder. The efforts of the gall-bladder to expel the accumulated blood had evidently been the cause of the colics, as was confirmed by observation of a recurring attack of the kind during convalescence from the operation. The fistula into the gallbladder was kept open for a time to permit complete healing of the lesions, which had evidently been persisting since the typhoid fever, but the patient was finally entirely cured by the end of three months.

Acute Pancreatitis.

N. C., at the annual meeting of the North Carolina Medical Society, June, 1911.

A man, aged 46, had enjoyed excellent health, with the exception of occasional mild attacks of indigestion. In the last six or seven months he had suffered acute colicky pains in the abdomen, usually at night, lasting a few hours, and coming on at intervals of ten days or two weeks. For a long time his general health had not seemed to suffer, except for the last few weeks, when he began to lose some flesh. The attacks bore little, if any, relation to food taken. Last attack began the night of February 17. Pain was more violent than usual. Abdominal wall was rigid. Temperature, $99\frac{1}{2}$ F. Some vomiting, but not marked. No jaundice. Pain was referred to the epigastric region just below the ensiform and to the left side of the abdomen. Examination of appendix and gall-bladder, negative. Two days later patient's condition unimproved. Blood-count at this time showed hemoglobin, 70 per cent.; red cells, 4,000,000; white cells, 15,600; no nucleated reds; no malaria. Kidney tests, negative. Patient had slept very little since beginning of attack. Facial expression bad. Tender spots on left side of abdomen.

On February 22, abdomen was opened through right rectus muscle, with a view of being accessible to either gall-bladder, stomach or pancreas. On entering the cavity there were abundant signs of pancreatitis. Adhesions to anterior abdominal wall on left side, and to the body and tail of pancreas. Omentum and fat around bowels, especially in vicinity of pancreas, showed whitish patches of fat necrosis. Pancreas was greatly enlarged, tail extending far over to the left, but contrary to usual rule, head of pancreas was not noticeably swollen, which probably accounts for the absence of jaundice.

Gall-bladder appeared normal and no stones could be felt. Patient showing indications of collapse, capsule of the pancreas was torn through at one point and drainage tube inserted, abdomen being closed with through and through silkworm gut. For the same reason, and because no gross pathologic condition as found, the gall-bladder was not drained. For several days after operation but little hope of recovery for patient was entertained. Pulse was weak, color bad, and respiration difficult. After a few days there was considerable discharge of a thick, chocolate-colored pus. Drain was kept open as long as possible. Patient made a gradual recovery, and at the present time is attending to his duties, although he has not entirely regained his flesh and strength.

Case of Bronzed Diabetes.

Reported by Dr. George Blumer, New Haven, at the annual meeting of the Connecticut State Medical Society, May, 1911.

This case showed the triad of symptoms and signs that characterize typical examples of bronzed diabetes. The form of diabetes associated with this condition is usually acute. The skin pigmentation, which is entirely lacking in about one-sixth of the cases, varies greatly in both color and situation. In many of the reported cases, disease of the liver was present years before the appearance of the other manifestations. Some patients enter the hospital with gastro-intestinal disturbances. The occasional occurrence of the clinical evidences of blood destruction may be noted. The disease is confined almost exclusively to males, usually between the ages of 30 and 60 years. Alcohol plays an important part in the etiology of many cases. The amount of iron that is present in some of the organs, as well as the skin lesions, is very considerable. The blood destruction taking place within the portal zone may lead to the deposition of pigment, with its maximum deposit in the abdominal organs, much like that which occurs in hemochromatosis. The differential diagnosis may be simplified by pointing out that a combination of pigment with an enlarged, hard liver and glycosuria is not liable to occur in any other condition. While the possibility of the occurrence of diabetes or of an enlarged liver as a complication of various diseases associated with pigmentation of the skin cannot be denied, the likelihood that this triad of symptoms and signs will occur outside of bronzed diabetes is very small.

Two Cases of Pulmonary Syphilis.

Reported by Dr. C. E. Jensen, in *Ugeskrift for Laeger*, Copenhagen, May 11, 1911.

Dr. Jensen's first patient was a girl of 6, who was under treatment for an apical process for eighteen months after operative treatment of a tedious suppuration on the left side of the nose, supposed to be of a tuberculous nature although the microscope failed to confirm this assumption. There was no history of syphilis or tuberculosis in the family. The physical signs of mischief at the left apex were accompanied by slight evening temperature, but there was no sputum. The Pirquet reaction, however, was negative, while the Wassermann reaction proved positive, and under antisyphilitic treatment the child soon was restored to health. The tem-

perature became permanently normal three weeks after commencing the inunctions and iodid. The Wassermann test applied to the parents elicited a positive response in the mother alone. The congenital syphilis had evidently induced a chronic pneumonic process at the apex and checked the physical development of the child which took a turn for the better at once under the specific treatment. The second patient was a healthy young woman who contracted syphilis at the age of 25 and the disease ran a severe course with a tendency to repeated suppuration in spite of vigorous specific treatment. About eighteen months after the infection, the middle lobe of the right lung showed signs of infiltration and fever developed with great impairment of the general health. Under mercury and iodid the symptoms retrogressed but returned two years later, subsiding anew under another specific course of treatment. In both cases the distressing paroxysmal cough was not accompanied by expectoration. The localization of the process in the middle lobe on one side also spoke for syphilis; Grandidier has reported that in twenty-seven of thirty cases of primary syphilis he found on record the lesion was located in the middle lobe of the right lung.

Infantile Cerebral Paralysis.

Presented by Dr. M. Neustadter, of New York, at a meeting of the Eastern Medical Society.

These cases seem very ordinary but they present some facts that are more or less interesting. The first boy is 18 years old. His mother died of tuberculosis. He is an only child. The step-mother does not know about the early history except that he was two years old before he began to walk. His health was good up to the time he was eight and a half years old, when he had diphtheria. After two weeks he had a convulsion lasting ten minutes and was for twelve hours in a comatose condition. Then he had attacks of fainting for two weeks for two or three hours daily. After that time he suddenly became paralyzed and had complete aphasia. He also was unable to swallow for two weeks during the aphasia. Control of the sphincter ani was lost. As you will see, he now presents a very marked degree of contraction of the wrist, with marked extension toe reflex.

The second case which is identical in every way is that of a girl, twelve years old, who was perfectly well until six years old, when she had scarlet fever. After one week, she became cedematous which was attributed to a nephritis which she had had for three months. After it subsided she one day had high fever, attended by hematemesis and bloody urine. This lasted twelve hours, following which she was comatose for two hours. After this she was paralyzed on one side but showed no aphasia. The characteristic of these cases is that neither of these cases has had any epileptic seizures which is the rule in infantile cerebral palsies.

These cases come to the physician for treatment and usually they care little for diagnostic finesse. They want to get well.

Lately I have had some experience in cutting the posterior roots and believe I have obtained some benefit in that way.

Society Meetings.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

No meetings of this society are held during the summer months, which is entirely responsible for the absence of a report from this County in the July and August issues of the Journal.

The selection of Atlantic City again as the meeting place of the American Medical Association is an honor which is very greatly appreciated by the members of the Atlantic County Medical Society, and we trust the meeting next year will be even more successful than that of previous years.

The health of the residents of Atlantic City has been unusually good this summer. But few cases of gastro-intestinal diseases have occurred and this we think is due to the marked improvement in the quality of the milk sold here and as a result of a more careful and more rigid inspection by our health officers. Since June 1st twenty-two cases of measles and eleven cases of diphtheria, largely among residents, are reported, but only six cases of scarlet fever and two of these were visitors and undoubtedly contracted elsewhere. We are especially proud of the fact that not a single case of typhoid fever has been reported among residents since June 1st and only four cases among visitors.

Dr. Lewis R. Souder, County Physician for Atlantic County, who was operated on in the St. Agnes' Hospital a few weeks ago, is making a very good recovery.

The Society regrets the loss of Dr. Emory E. Howard, of Somers Point, N. J., who died in Sorrento, Florida, where he went last April in hopes of being restored to health. The doctor had been suffering from chronic brights disease for several years and finally succumbed.

The next regular meeting of the Society will be held on the evening of September 8th and a good program is promised.

American Ophthalmologic Society.

At the annual meeting of the American Ophthalmologic Society held in New London July 11-12, the following officers were elected: President, Dr. Edward Jackson, Denver; vice-president, Dr. Myles Standish, Boston; secretary-treasurer, Dr. William M. Sweet, Philadelphia; Arnold Knapp, New York City.

Military Surgeons' Annual Meeting.

The annual convention of the Association of Military Surgeons of the United States will be held in Milwaukee, September 26 to 29. The headquarters will be at the Hotel Pfister and Dr. Gilbert E. Seaman is chairman of the committee on arrangements.

Pennsylvania State Society.

The Medical Society of the State of Pennsylvania will hold its annual meeting at Harrisburg, Pa., September 25-28, 1911. Delegates from the Medical Society of New Jersey will note the date. Our Society should be represented.

Miscellaneous Items.

The First Female Doctor of Athens.

It is interesting to note from an article which appeared in the *Frauen Rundschau* that the practice of impersonating men is not the exclusive prerogative of nineteenth-century women. There existed a law at Athens forbidding the exercise of the art of healing by women. The story goes that one day a good-looking youth presented himself before the famous physician, Hierophytes, demanding to be enrolled among those to whom he taught the science of medicine. Since he seemed to possess every qualification demanded of those desirous of becoming students of that science—namely, legitimate birth, celibacy, and the masculine sex—the youth was accepted and very quickly earned the approbation of the old physician by his extraordinary zeal. It was noticed, however, after a time that he rigidly confined his ministrations to patients of the gentler sex, with whom he became so popular that his brother practitioners began to feel that his success was reflected on their pockets. Believing that his powers of fascination were to blame for this, they haled him before the magistrates on a charge of seducing his lady clients. The victim of their prosecution was perfectly cool when face to face with his judges, merely smiling and remarking that the charge was ridiculous, inasmuch as he was a woman! The prosecution broke down completely, but matters could not remain at a standstill, since, by exercising the art of medicine as a woman, the "youth" had let himself in for a death penalty, according to Athenian law. He was, however, not deserted by his clients, for the women of Athens formed a league to defend him, and ultimately obtained his release. Later the law itself was altered, and the first female physician of Athens allowed to resume her profession.—*Hospital Monthly Cyclopaedia*.

Warning Students Against Taking Up the Study of Medicine.

At the seventy-fifth meeting of the Central Union of German physicians in Bohemia, Dr. Fischel, the president, moved a resolution, that the students just about to enter the university should be warned against turning to medicine. "They should be informed that within the last five years the number of medical students in this country has risen from 2,500 to 5,319, that is, 112 per cent., while the number of all university students has increased by barely 40 per cent. They should also consider that fully one-third of all practitioners in Bohemia earn less than 2,000 kronen (\$400) a year, and that the number of doctors has increased in the last two decades by 76 per cent.; the population, however, has increased only by 19 per cent. The new social insurance act, which will become a law within a few years, will further contribute to diminish the scope of a doctor by turning a large percentage of possible private patients into the domain of practice served by the clubs. "Therefore, the representatives of the Bohemian practitioners earnestly advise against selecting a profession which even now does not give a satisfactory outlook for those engaged in it,

and which tends to become still less remunerative and satisfactory for at least twenty-five years to come." The resolution was adopted, suitable leaflets were distributed among the students and information given out to the public through the newspapers and lay publications.—*A. M. A. Journal*.

The Club Doctor an Incompetent.

From the standpoint of a medical practitioner the contract physician is regarded in precisely the same light as any other worker who lowers the wage scale. From the standpoint of the laity his service is usually unsatisfactory because, with few exceptions, the man who accepts any form of contract at a loss will not discharge his obligations in good faith, and acceptance usually implies incompetence or the disposition to advertise himself.—*Benedict in the A. M. A. Journal*.

Medical Impressions of America.

By Dr. F. Lange, in *Munchener Med. Woch.*
Lange of Munich pays high tribute to the orthopedists of America and the many points in which they lead the world. He describes his visit here as guest of the annual meeting of the Orthopedic Association in Washington last year, and extols a number of features of medical education and institutional work. He remarks that the students of a good school like Harvard and Johns Hopkins are much better informed and better skilled in surgery and orthopedics than the corresponding students at the German universities—stating that he had ample evidence himself of this. Even in most of the other branches, he continues, according to the judgment of professors who have taught both at German and American universities, the average American student is superior to the German, and he thinks that this fact should cause the Germans to pause and ponder.

Ban on Nostrum Advertising.

In the New York City surface cars appears the following notice: "Fraudulent misrepresentation of the curative value of Nostrums not only operate to defraud passengers, but are a distinct menace to the public health (President Taft in a recent message. No patent medicines are advertised in the surface cars of New York City.

To the physician who would succeed there is only one way open: The practice of medicine is a profession which offers the largest and best opportunities for service. Exactly as any physician is of large service to his people, so may he and the profession he represents be esteemed, while every failure in whatever way contributes to lowering the standing of our work as a whole. The field is ripe for the harvest, the opportunities for service are great, the facilities with which the physician may work were never equal to those we have at present. Let us reach out for the knowledge at our command; let us grasp our opportunities to use this information; let us be of the greatest possible service to the many who need our help and need it badly. So will the critics of our profession grow less and our friends increase.—*Dr. A. C. Stokes, Omaha, Neb.*

THE JOURNAL

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

The reason why some of our subscribers do not receive their Journals regularly is because they change their addresses and do not notify the Publication Committee, Dr. William J. Chandler, chairman, of such change. Our Journal has the benefit of second-class postage and the United States postal authorities do not forward such matter unless additional postage is paid by the addressee. Whenever any subscriber wishes the address of his Journal changed he should send the new address, with the old, to Dr. William J. Chandler, South Orange, N. J., and state for how long a time he wishes the new address continued.

We are pleased to note that by the death of Hon. Smith Ely, formerly Mayor of New York city, and for many years past a resident of Livingston, N. J., some of our New Jersey Hospitals and other institutions will receive handsome legacies. The will itself contained many bequests aggregating a large amount to several churches, the Morris County Children's Home, the Fresh Air Home for Crippled Children at Coney Island, the West Side Nursery of the City of New York and the East Side Mission of the Madison Square Presbyterian Church.

The codicil to his will added the following among several bequests: \$50,000 apiece to the Orange Memorial Hospital at

Orange, the Morristown Memorial Hospital at Morristown, and the Overlook Hospital at Summit, to endow in perpetuity as many beds in each of the respective hospitals as their by-laws permit.

SELECTING LEGISLATORS.

We call our readers attention to the fact that the time is at hand for the selection of State Senators and Assemblemen, and that it is a matter of vast importance that there shall be a few physicians of experience and sound judgment, who will be governed by patriotic and altruistic rather than by partisan motives, in each branch of the Legislature, to guide legislation affecting the health interests of our State and its citizens.

We again emphasize the fact that *intelligent physicians have not in the past and will not in the future advocate legislation for the pecuniary benefit of the profession.* The record has been and must continue to be for legislation that will prevent sickness and protect our citizens against quacks and incompetent practitioners. No argument is needed to show that such legislation helps the physician *only as it helps every other citizen*, while it means to him as to no others, loss of income.

HOSPITAL DISCUSSION.

We insert three communications in this issue of the THE JOURNAL discussing Dr. Marcy's paper on "The Use and Abuse of Hospitals," sent in response to our request. These are from able surgeons of extensive experience, who discuss the paper in an interesting and practical manner. We believe the expression of their views will be helpful in solving difficult problems concerning this highly important subject.

But we call attention to the fact that the views of Dr. Marcy were "From the General Practitioners' Viewpoint," so that while we should by all means hear from the surgeons, and we would like to hear from more of them, intelligent judgment cannot be expressed on the discussion of the particular phases of the hospital question presented in Dr. Marcy's paper, until we also hear

from the general practitioners. The columns of THE JOURNAL are open to them and to Dr. Marcy for his reply.

The subject is worthy of earnest study and thorough discussion, not as to the surgeon's or other specialist's interests versus the interests of the general practitioner, but as to the highest interests of the patients who need and should have the best services of both, working in harmony in their proper respective spheres for the patient's highest welfare always. As a natural consequence of such harmonious cooperation, both the specialist's and the general practitioner's reputation and success are enhanced, and the scientific advancement of and public respect for the profession are increased.

DOCTOR'S VACATIONS.

We extend our congratulations to those of our readers who have been able to take and enjoy seasons of vacation rest during the summer months, either abroad or at our home resorts. Returning with renewed strength, we wish them all success during the coming fall and winter months in their efforts to prevent or cure disease and alleviate suffering.

To those who have been unable to take a season of rest, we extend our sympathy and express our admiration of the many who have thereby exhibited devotion to duty or submission to unfavorable conditions. We commend to their consideration the following views, though we are not fully prepaid to endorse them without emphasizing the words "for many individuals."

Just as everybody who can gets away from office, shop or factory for a vacation comes a warning from Dr. Dudley A. Sargent, of Harvard, who says that many of the vacationists would be better off if they stayed at work. Harvard's physical culture expert points out that in a large number of cases vacation means simply loafing, over-eating, gossiping on hotel verandas and making desperate efforts to kill time. "To abolish vacations," says Dr. Sargent, "would be an unpopular measure, I know, but it would be better for many individuals. In many cases the vacation is more harmful than beneficial.

"The people who devote a fortnight or more each summer to idle loafing and over-eating come back to work more tired than when they went away."

The editor has indulged in only three single day outings, but has found them restful and enjoyable. One that gave him most pleasure included a brief visit to the handsome home most beautifully located, overlooking Barnegat Bay at Island Height, of his greatly esteemed friend and co-worker in The State Society, Dr. Edward J. Hill, of Newark, and the cordial and hospitable reception given by the doctor and his family will abide in our memory. We were glad to find him convalescing from a slight illness. For a busy man our belief and experience has been that change of thought and work, with such brief rests, is far more conducive to strength of mind and body, than the throwing off of all care and work, and indulging in the exacting rounds of pleasure—sometimes of perfect dissipation—at many of our fashionable summer resorts.

OUR PUBLIC SCHOOLS.

We believe that Governor Wilson made an excellent selection in the appointment of Prof. Calvin N. Kendall as New Jersey's Commissioner of Education, under the new Frelinghuysen law. We are not in sympathy with the criticism that the appointment should have been made of a New Jersey man. We doubtless have many able educators who would have filled the position with credit to themselves and the State, but some of the ablest would not accept it and for other reasons it was probably wise to select one from outside, and the best man procurable, regardless of locality, decided the choice of a man whom and whose excellent record the Governor knew.

The Commissioner has an able Board of Advisers who are thoroughly acquainted with the past record of our State's educational work and the needs of our State—that we shall have the best approved methods of conducting this most important branch of our State's work—of properly educating those who are to perform the duties and bear the responsibilities of life and represent the intelligence and good citizenship of New Jersey in coming years.

We are especially pleased that the Governor has reappointed Dr. William G. Schauffler, of Lackewood, one of our Society's active and honored members, as a member of the new Board of Education and that the Board has chosen him as its chairman, because he was not only an intellegent and efficient member during the past few years of the old Board, but it is also a matter of vast importance that there should be a physician on the Board who knows the effects of educational methods in their bearing on the existing health of the pupil and on the preservation and promotion of such physical serength as shall best qualify them for the performance of their future life work intelligently and successfully.

We have in the past expressed our decided conviction that there should be on the State Board the ablest physician and educator who could be procured. We mean one who has made special study of our educational problems as related to health; who has given close observation to, or had considerable experience in, the application of past methods and has the ability and forcefulness to correct the errors and perfect the methods—a man of sound judgment, thorough system in planning and executive ability. Such a man should give his entire working hours to the work and such work intelligently and thoroughly performed would yield the State and its citizens results that would abundantly justify the payment of a ten thousand dollars salary. A man of the ability we have indicated should have a commanding voice in deciding the curriculum of the various grades of schools as it is calculated to effect the present and future sound, mental and physical conditions of the pupils—*mens sana in corpore sano*; he should have entire control in outlining and supervising medical inspection of schools, should pass upon the work of medical inspections and through the local boards seek to have the incompetents removed or decide as to their re-appointments as the character of their reports in his judgment require. We believe that his presence and words at our

medical society meetings, at occasional meeting of the local boards of education—possibly a public meeting of either body, would be helpful to him and to the State Board. If Dr. Schauffler could afford to give his time to this work as we have indicated, we need not go outside the State for another appointee.

We cannot now dwell on the need of thorough revision of our educational methods, which seem to us to lose sight of the meaning of the word *Educo*—to draw out, rather than to cram, filling the mind with facts and figures instead of training the mind to think. Nor can we take time and space to favorably comment on the position taken by the President of the Carnegie Foundation, that "American education from elementary school to college is suffering from the attempt to teach too many subjects to the same student at the same time;" or to refer to the great mistakes of neglecting the fundamental branches—arithmetic, spelling, grammar, history, etc., or to the serious effect of severe examinations on a multiplicity of subjects, on the growing child, at delicate periods in its life. These and other problems need most careful thought and the adoption of the wisest conclusions for their solution. We are glad that the new Frelinghuysen law, adopted this year, authorizes the Commissioner of Education to prescribe uniform examinations throughout the State for graduation from grammar schools and to "confine such examinations to arithmetic, writing, spelling, English grammar and composition, history and geography."

The members of the medical profession in New Jersey are naturally in deep sympathy with the work of the Commissioner and Members of the State Board of Education and we express our congratulations to them on their appointment with the assurance that they will have the sympathy and co-operation of the medical profession in their great work which so vitally concerns the welfare of the citizens of New Jersey.

STEPHEN PIERSON, M. D.

The editor expresses his deep sorrow in recording the death of Dr. Stephen Pierson, of Morristown. He was a man of decided ability, respected as a citizen, and was greatly beloved by all who knew him, as a man of beautiful Christian character. His departure causes us special sadness from the fact that his was the second death within eight months from the membership of the Prize Essay Committee of our State Society, Dr. C. J. Kipp having died in January last, leaving the editor the only surviving member of the committee as it existed, prior to Dr. Kipp's death, for two years. Dr. Pierson was a man who will be greatly missed by patients, by the citizens of Morristown generally and by his many friends outside.

The Official Transactions of the one hundred and fortyfifth annual meeting of our State Society are inserted in this issue of THE JOURNAL, and they occupy so much space we have, while increasing somewhat the number of pages, been compelled to defer the insertion of some other matter. Some papers read at the annual meeting are deferred insertion because their authors or those discussing them, are away on their vacations, and so their correction of proof could not be had.

Editorials from the Lay Press.

Investigating Dr. Doty.

From the New York Tribune, August 19.

If the proceedings regarding quarantine conditions have been an investigation in good faith of the work of the Health Officer of the Port, Dr. Doty is distinctly fortunate, for the burden of testimony has merely heightened the general opinion that he is an efficient and valuable public servant. If these hearings, as many suspect, have been merely a preliminary to the ousting of Dr. Doty for political purposes, he is still more fortunate, for the manner of the attack will remain fresh in the public mind contrasted with the matter favorable to him which it produced.

In the general scramble for jobs which followed the birth of this Democratic State administration Dr. Doty's was not overlooked. Candidates backed by the "organization" and others without that valuable asset presented their claims to Governor Dix. Dr. Doty continued to perform his duties. Next came accusations of something or other, indefinite but heinous, and repetitions until the Governor appointed Commissioner Bulger to investigate. Immediately there sprang into prominence a lawyer who exercised all the prerogatives—and more—of a prosecutor. Persistent inquiry brought to light the

fact that he was not retained by the commissioner and had no official standing, but was a representative of some of the people who were making complaints against the Health Officer. The general impression theretofore had been that he was chief investigator. His activities have not diminished sensibly since, though his supply of witnesses with garish tales about desecration of dead men's ashes, midnight revelries of employees and atrocious cruelties to immigrants at Quarantine has fallen off notably. On the other hand, there has been presented testimony to Dr. Doty's ability and fidelity and efficiency by physicians of the eminence of Dr. Jacobi and Dr. Flexner and Dr. Brannan and Dr. Bryant. Even higher testimony has been given by the people of this city and the State. With all materials for a sensational, nerve-rendering "cholera scare" at hand, they have refused to become scared. They knew there was no danger when the man who for years has safeguarded the city against all kinds of epidemics from abroad was at his post.

If this inquiry was organized to furnish an excuse for removing Dr. Doty it seems to have failed notably of accomplishing its purpose. It appears to have developed the best of reasons for his retention, despite the hunger of Tammany aspirants for his job.

A Reorganization Needed.

From the New York Tribune, August 19.

Dr. Wiley's confounding of his enemies gives great satisfaction to the public, which regards him with favor as a particularly zealous and efficient public servant. Upon the original charge that the chief chemist had violated the law regarding the compensation of experts in order to obtain the services of a pharmacologist whom he regarded as indispensable in the enforcement of the pure food law it is impossible yet to pronounce an opinion, but it appears now that this charge was based at least in part upon a garbled letter that was never sent. But aside from disposing of or almost disposing of this charge the inquiry has resulted in the complete discomfiture of those who sought to get rid of Dr. Wiley and who hampered him in the enforcement of the pure food law.

The case as it has developed seems to show the operation within the Department of Agriculture of a cabal to reduce the power and influence of the chief chemist, which finally sought to compass his dismissal for a technical offence the cause of which at the worst was excess of zeal and the evidence regarding which appears to have been flimsy and garbled. Whether the enemies of Dr. Wiley were actuated by a desire to serve the food manufacturers whom a strict and zealous enforcement of the law would embarrass, or whether they were moved only by their dislike of the chief chemist, there can be no doubt that the interests of the public suffered. The enforcement of the law was in the hands of men who were either half-hearted about it or who were indifferent to everything else than reducing the chief chemist into insignificance. The system under which the determination as to whether food was chemically pure and safe was in practical effect taken out of the hands of the chemist and put into those of a law officer who knew nothing of chemistry is preposterous. For the actual en-

forcement of the law and the punishment of its violators harmony and co-operation are necessary between the law officer of the department and the chief chemist, whose business it is to discover violations. Co-operation was lacking; on the contrary, there was hostility. And the enormous number of instances in which prosecutions recommended by Dr. Wiley were not undertaken by Mr. McCabe justifies the belief, even when due allowance is made for the difference of opinion between a lawyer and a chemist as to the value of evidence, that the protection of the public against unsafe and impure foods and drugs has been neglected.

The usefulness of Dr. Wiley's enemies in the department is ended, even on their own admissions before the investigating committee. A reorganization is needed which will restore the chief chemist to his proper place in the enforcement of the pure food law and which will place the rest of the work of enforcing it in the hands of men who believe heartily in its enforcement.

Smitten with Their Own Boomerang.

From the Oil, Paint and Drug Reporter.

The boomerang thrown by the anti-Wiley cabal has not only failed to scathe the quarry, but the weapon has returned and smitten them sorely. The end is not yet. Just what it will be no one not gifted with the power of prophecy can say. That one result of the turmoil which has been stirred up will be a reorganization of at least that portion of the Department of Agriculture which is most directly concerned with the administration of the food and drugs act seems settled. That this reorganization will be in the interest of the honest men in the food and drug business, which means in the interest of the public, and not that of those opposed to the provisions of the law, we may safely assume, and give thanks accordingly. That Dr. Wiley will not be forced to resign we believe; that those of his fellow-officials who have been consistently and persistently endeavoring to frustrate his efforts to give the public a square deal will go, we have good reason to predict.

There is a better day coming, and it is being hastened by those who have over-reached themselves in an endeavor to accomplish evil. No member of the drug trade who takes a just pride in his business can compare conditions which he sees around him to-day with those in existence prior to the passage of the food and drugs act, without being thankful for that act, feeling under obligations to those who have so diligently striven to enforce its provisions and experiencing a sense of relief at the prospect of the removal of the cause of much unseemly friction which the administrators of the law have had to contend with in their work.

An Efficient Board of Health.

From the A. M. A. Journal, July 29, 1911.

We have previously commented favorably on the work of the Montclair (N. J.) Board of Health. The sixteenth annual report of the board recently issued is worthy of its immediate predecessors, and deserves wide circulation. It shows what can be accomplished by a progressive and well-informed board of health, even with a modest regular annual appropriation of \$5,000 (for a population of about 22,000). Chemical and bacteriologic work is carried on, vital

statistics are carefully collected and recorded, inspection of certain sources of food-supply is frequent and evidently thorough, and outbreaks of communicable disease are carefully investigated.

Especially does the supervision of the milk-supply seem to have reached a high degree of efficiency. As in previous reports, a complete survey of the milk station is given and the merits and demerits of the different milk dealers and sources of supply are discussed with the fullest frankness. Dairies are rated according to the plan adopted by the United States Bureau of Animal Industry and the comparative ratings for both equipment and methods are published in full. The bacterial counts are also given, and altogether the data supplied furnish the physicians and other interested citizens of Montclair with a good basis for forming a judgment as to the purity and wholesomeness of the individual milk-supplies. The outspoken methods employed are shown by the following excerpts:

"Borden's Condensed Milk Company: This supply has already been referred to in connection with the refusal of this company to have its herds tested for tuberculosis. We have no criticism to make as to the manner in which the Borden Company handles the milk after it comes into its possession. * * * Before the milk is received by the Borden Company, however, it is not handled under such favorable conditions. The milk is not from tested cattle, proper care and cleanliness are not enforced at the time of milking and the milk is not properly cooled."

"Canfield, M. H.: This supply was uniformly high in bacterial count and steps will be taken to exclude it from the town unless improvement is shown."

"Crook Bros.: This supply was from an excellent dairy, but owing to careless handling the bacterial counts were excessive."

It is by publicity of this sort as well as by inspection and instruction that really noteworthy results have been reached. The average bacterial count of all the milk sold in Montclair in 1910 was only 46,000. Two dairies throughout the year delivered milk with a maximum bacterial count of less than 20,000. One dairy reduced its average from 80,000 in 1909, to 9,700 in 1910. Conditions like this are naturally not reached all at once, but are the result of persistent endeavor extending over several years. Montclair is certainly to be congratulated on possessing so efficient a board of health.

Wonderful Surgical Operations on Dogs.

From the Newark Evening News.

The official obituary of the dog which had both kidneys removed and one of them replanted in the interests of science is published in a recent issue of The Journal of Experimental Medicine by Dr. Alexis Carrel, of the Rockefeller Institute for Medical Research. The dog lived two years and five months, raised two litters of pups and died from causes in no way related to the momentous operation to which it was subjected to prove the possibility of replanting and grafting vital organs.

The first experiment was made on February 6, 1908. The dog was put under an anæsthetic at 10:12 A. M., and the left kidney was taken out and dissected. The kidney was washed with

Locke's solution and immersed in the solution until the surgeons were ready to replace it at the end of fifty minutes.

At 4 o'clock that afternoon the dog was able to walk and drink. The next day the animal appeared to be in normal condition. Thirteen days later the dog's right kidney was extirpated, but the organic functions were performed perfectly by the remaining kidney which had been taken out and replaced.

The dog continued to live in comfort under the surgeon's eyes.

An intestinal obstruction suddenly appeared in July, 1909, and the dog died.

Dr. Carrel also records the successful patching of the abdominal aorta of a dog with a piece of rubber, resulting in the complete regeneration of the extirpated tissue by the adjacent parts of the vessel. The caliber of the aorta, examined fifteen months after the experiment, had not been modified, and the function had not been impaired. Dr. Carrel's conclusion is that, under certain conditions, a foreign inert substance can be used in reparation of the walls of a large artery.

Hospitals and Sanatorium.

City Hospital, Newark.

At a meeting of the Board of Health held August 1st, Dr. James T. Wrightson, as chairman of the Hospital Committee, stated that he had been authorized by the committee to go before the Committee on Finance of the Common Council to-night to appeal for an addition to the appropriation of \$160,000 made in the tax levy for this year. That the affairs of the City Hospital are such that a hard and fast rule in the appropriating of money for its maintenance cannot be followed was Dr. Wrightson's contention.

Demands of an unusual nature are being made upon the hospital funds this year. Dr. Wrightson pointed out. He called attention to the fact that a bill for insurance of \$4,200 has to be met, the elevators are in such state that insurance on them has been denied and they will have to be replaced. The laundry machinery also must be replaced, being worn out.

Dr. Warren and Dr. Corwin also expressed the conviction that the hospital will require additional funds unless the city is willing to have its usefulness diminished for lack of funds. The board sanctioned the plan of going before the aldermanic committee.

Dr. Wrightson quoted from the records to prove that up to July 1, 5,714 persons have been treated since the first of the year against 4,720 for the similar period last year. The total number of days' treatments this year to July 1 was 72,178 against 65,864 for last year. There were 2,494 ambulance calls this year as against 2,164 for the corresponding period in 1910.

Of major operations there have been 451 up to July 1, this year, while for all of last year the total number was but 507. The expense of the institution must increase with the increase of surgical work, the doctor pointed out, and there must be more added cost when the number of patients of all kinds that receive treatment increases. He stated that the average for this year up to the present has been 331 patients per

day, while the capacity of the hospital was designed to be about 300.

Jersey City Hospital.

The Jersey City Hospital staff held its second open meeting Monday evening, August 21. Papers were read by Dr. Frank D. Gray, attending surgeon to the hospital, on "Hospitals, Their Uses and Abuses," and by Dr. Gustav F. Boehme, Jr., on "Mediastinal Lymphatic Enlargements." The assistant county physician, Arthur P. Hasking, spoke on "Autopsies." Interesting surgical and medical cases were presented from the wards of the hospital by Drs. Mueller and Boehme, of the staff. The usual social session followed.

St. Barnabas' Hospital, Newark.

Improvements to cost in the neighborhood of \$15,000 are being effected in St. Barnabas' Hospital. They will consist in the reconstruction of the old entrance on Montgomery street and other betterments. The entrance has been found inadequate. Heretofore the ambulances have been able to proceed no further than the curb. As a result of the work under way a porte cochere leading to the entrance will enable the vehicles to come up to the door. This is also expected to enhance the appearance of the building.

The entrance will be enlarged and constructed according to the Gothic style. The old oak staircase will be replaced by one of steel and slate. Several new exits will be installed on the third floor and all of these, it is planned, will lead to fire escapes.

St. Francis Hospital, Trenton.

Three new resident physicians have been added to the staff at St. Francis Hospital, the terms of three others having expired. The three added are Drs. Arthur H. Coleman, of Titusville, N. J.; Fred J. Tobey, of Brockton, Mass., and William H. McCormick, of Perth Amboy, N. J.

St. Michael's Hospital, Newark.

Work on the addition to St. Michael's Hospital is progressing rapidly. The walls of the building have reached the second story and the iron work is slightly further advanced. The building will contain the operating-rooms and clinic in addition to wards. It is estimated that the cost will exceed \$130,000 by the time the building is completed.

New Hospital in Bergen County.

A meeting regarding the organization of a new hospital was held at the office of Dr. Edwards, Leonia, July 21, at which twenty-five physicians were present. The committee on management outlined a plan which was approved and the committee on incorporation replied that incorporation would soon take place. The corporation will be known as the Bergen County General Hospital and the incorporators will be Drs. Max Wyler, Fort Lee; Samuel T. Hubbard, Edgewater; John Edward Pratt, Dumont; Frederick S. Hallett, Hackensack; Michael J. Sullivan, Englewood; J. R. Edwards, Leonia; Ellsworth E. Conover, Hasbrouck, and Frank Freeland, Maywood. The following trustees were elected for the first year: Dr. J.

Finley Bell, Englewood, president; Dr. George P. Pitkin, Schroon Lake, N. Y., Bergenfield, secretary, and Drs. Ellsworth E. Conover, Hasbrouck; Philip Edwin Brundage, Grantwood; Max Wyler, Fort Lee; Joseph S. Van Dyke, Palisades Park; James Malcolm McKellar, Tenafly; Charles Albert Richardson, Closter; Frederick S. Hallett, Hackensack; J. R. Edwards, Leonia; John Edward Pratt, Dumont; Frank Freeland, Maywood; James Talmage Wyckoff, Leonia; Samuel T. Hubbard, Edgewater; Guy Otis Brewster, Grantwood; Henry Charles Elsing, Ridgefield Park, and Edward Newell Huff, Englewood. The committee on location was continued and the committee on management was enlarged and instructed to prepare a constitution and by-laws.

New French Hospital Plans.

The erection of a large general hospital in Lyon has just been decided upon by the municipal council of that city to take the place of the old Hotel Dieu, founded in the sixth century.

The hospital will contain 1,300 beds, and all the clinics of the medical department of the University of Lyon will be connected with the new institution. Great care is being taken to have the hospital thoroughly modern in every particular. A special commission of architects, physicians from the university and from local hospitals has considered the matter in detail. Special attention will be given to the separation of different wards. A section for contagious diseases, with individual isolation, will be on the model of the Pasteur Hospital. Extensive laboratories are planned besides the adjoining university clinics. The new hospital, situated on the outskirts of the city, will occupy about forty acres, and the total cost may approximate a million dollars.

North American Sanatorium.

This Sanatorium for the Treatment of Surgical Tuberculosis, in Ventnor, near Atlantic City, is about ready for reception of patients and will be open the entire year. The institution will be under the direction of an executive committee composed of three Philadelphia physicians, Drs. H. Augustus Wilson, John Carnett and William L. Rodman. Dr. John C. Tull, of Atlantic City, will be the resident surgeon and the consulting staff is composed of physicians of Camden, Philadelphia and Atlantic City.

Deaths.

BUTTLER.—In Paris, France, August 17, 1911, Dr. Charles Voorhees Buttler, of New Brunswick, N. J. Further notice will appear in the October Journal.

PIERSON.—At Morristown, N. J., August 10, 1911, Dr. Stephen Pierson, aged 67 years.

Dr. Pierson was born in Morristown in 1844. He was the son of Edward and Elizabeth (Guerin) Pierson.

He prepared for college in the Morris Academy, a local preparatory school, and entered Yale in the year 1861. At the close of his

freshman year he left that institution to go to the defence of his country, which was then engaged in civil war. He enlisted in nine months' service in 1862 as a member of the Twenty-seventh New Jersey Volunteer Infantry. He participated in the Fredericksburg campaign under General Burnside and was in service in Kentucky.

In July 1863, he was mustered out with rank of second lieutenant but in August of the same year he re-enlisted, becoming sergeant-major of the Thirty-third New Jersey Infantry. Under General Hooker he took part in the campaign against Chattanooga, and was in the Atlanta campaign. He went with Sherman in the celebrated march to the sea. The story of this part of his war career was Dr. Pierson's favorite.

He participated in the campaign through the Carolinas and was present at the time of General Johnston's surrender. He became adjutant of the regiment and was brevetted captain and later major for gallant conduct on the field of battle. On the 1st of July, 1865, he was mustered out as one of the youngest officers of the brigade and returned home with an honorable record—one which, for valor and fidelity, was not excelled by that of any time-tried veteran.

At the close of the war Dr. Pierson entered Yale again. He later took up study in the College of Physicians and Surgeons, of New York City. He was graduated from that institution in 1869 and became house physician of Bellevue Hospital. In 1870 he went to Boonton, where he practised his profession until 1873, when he returned to Morristown.

Dr. Pierson was president of the local Board of Education. He had been a member of the board for over thirty years. He was vice-president of the Washington Association of New Jersey. He was connected with two military organizations, being past commander of A. T. A. Torbert Post No. 24, G. A. R., and a member of the Loyal Legion, U. S. A., New York Commandery. He was medical director of All Souls' Hospital; formerly a member of the State Board of Education; formerly director of the Morris County Board of Chosen Freeholders; a trustee and elder of the First Presbyterian Church; director of the Morris Aqueduct.

He was founder of the Morristown Medical Society, which has been organized over ten years. He was a member of the Morris County Medical Society; the New Jersey State Medical Society; the New York Academy of Medicine, and the Bellevue Hospital Alumni Association. He was a member of the Prize Essay Committee of the Medical Society of New Jersey.

In 1880, twenty years after leaving Yale, Dr. Pierson received from that college the honorary degree of master of arts.

Dr. Pierson married in 1870 Amelia T. Cory. He had two sons, Edward, who was born in 1872 and died in 1886, and Stephen, who was born in 1886 and died in 1893. His wife died in 1894. Two brothers, Dr. Samuel Pierson, of Stamford, Conn., and Philander B. Pierson, of Morristown, and a sister, Miss Laura Pierson, who lived with Dr. Pierson, survive him.

HOWARD.—At Somers Point, N. J., August 10, 1911, Dr. Emory E. Howard.

Dr. Howard graduated from the University of Vermont Medical College in 1884. He was a member of the Atlantic County Medical Society and of the Medical Society of New Jersey.

WILLIAMS.—At Jersey City, N. J., August 4, 1911. Dr. Thomas D. Williams, aged 55 years.

Dr. Williams graduated from the Medical Department of the University of Pennsylvania in 1885. He served as a physician for the Pennsylvania Railroad several years. He kept a drug store in Jersey City for many years.

Personal Notes.

Dr. Charles F. Abraham, East Orange, was a guest at the Hotel Traymore, Atlantic City, in August.

Dr. Peter Boysen, formerly of Riverton, is now located at Pelican Rapids, Minn.

Dr. Richard G. P. Dieffenbach, Newark, and wife, who have for three months been touring abroad, have recently returned home.

Dr. Levi W. Halsey, Montclair, has been enjoying a fishing trip in Canada.

Dr. Edgar Holden, Jr., Newark, and wife spent the month of August at the Belgrade Lakes, Maine.

Dr. Charles H. Jennings, Merchantville, and wife took a two weeks' trip to Bermuda in August.

Dr. Clifford R. Neare, East Orange, and family were registered at the Pentucket House, Asbury Park, in August.

Dr. Clinton H. Read, Trenton, has returned from his vacation at his bungalow, at Fortesque Beach. He reported fine fishing there.

Dr. J. Boyd Risk, Summit, and family were at Cape Cod, Mass., during August.

Dr. Frederick W. Sell, Rahway, was granted by the local Board of Health a two months' leave of absence as health inspector. He will go to England this month to visit his father.

Dr. Theodore E. Townsend, Westwood, was registered last month at the Panacci, Seabright.

Dr. Henry Allers, Harrison, deputy surgeon-general of the National Guard of New Jersey, has reorganized the medical corps as a separate organization at Camp Wilson, Sea Girt.

Dr. George H. Balleray, Paterson, at the meeting of the New York Academy of Medicine, discussed Dr. Rabinowitz's paper on "Ectopic Gestation."

Dr. Duncan W. Blake, Jr., of Gloucester City, has been reappointed medical inspector of the local schools.

Dr. William S. Branner, Hoboken, made an automobile trip to Atlantic City in August and spent a week there.

Dr. William R. Broughton, Bloomfield, and family spent several weeks at Bass Rock, Mass.

Dr. James S. Brown, Montclair, and family spent the month of August at Mallett's Bay, Lake Champlain.

Dr. Henry A. Cotton, Trenton, at the meeting of the American Neurological Association, at Baltimore, May, 1911, discussed the paper on "The Early Symptoms of General Paralysis."

Dr. Henry B. Epstein, Newark, enjoyed a two weeks' vacation on Long Island in July.

Dr. Richard P. Francis, Montclair, and family have been spending several weeks at Peseco in the Adirondacks.

Dr. Carroll H. Francis, Camden, enjoyed his vacation rest at Wildwood, during August.

Dr. Theodore B. Fulper, Hampton Junction, spent a week last month at Atlantic City.

Dr. E. L. B. Godfrey, Camden and Pasadena, has been elected a director of the First National Bank of Pasadena, Cal.

Dr. Anthony Gruessner, New Brunswick, spent two weeks in an auto trip through parts of Pennsylvania.

Dr. Benjamin Gutmann, New Brunswick, and family occupied a cottage at Asbury Park during July and August.

Dr. James T. Hanan, Montclair, and wife spent the month of July in Maine.

Dr. H. Crittenden Harris, Glen Ridge, and wife spent two weeks last month in Atlantic City.

Dr. Edward J. Ill, Newark, spent two weeks in Colorado, and subsequently with his family at their Island Heights cottage.

Dr. William H. Kensinger, Camden, and family occupied their new bungalow at Island Heights during August.

Dr. W. Oscar La Motte, Riverside, recently spent two weeks in Maryland.

Dr. John F. McWilliam, Somerville, spent a few days recently at Lake Hopatcong.

Dr. Watson B. Morris, Springfield, and wife spent two weeks last month at Racket Lake, in the Adirondacks.

Dr. Ralph Opdyke, Montclair, and wife have been spending several weeks at Long Beach, L. I.

Dr. William H. Pratt, Camden, and family spent the month of August at Ocean City, N. J.

Dr. Herbert E. Riddell, Branchville, has been appointed borough physician by the local Board of Health.

Dr. James H. Rosenkrans, Hoboken, spent several weeks traveling in the West. An interesting account of his trip recently appeared in the Hudson Observer.

Dr. Leon T. Salmon, Lambertville, and family spent the month of August at Asbury Park.

Dr. Charles H. Scribner, Paterson, and family occupied Fern Lodge Cottage, Culvers Lake.

Dr. H. Genet Taylor, Camden, and family spent the month of August at Lake Placid, N. Y.

Dr. George T. Tracy, Beverly, returned recently from his vacation trip through the New England States.

Dr. Herbert B. Vail, Belleville, and family spent the month of August in Digby, Nova Scotia.

Dr. Gustav A. Becker, Morristown, and wife have just returned from a three weeks' vacation trip through the Thousand Islands and Canada.

Dr. George B. Gale, Newark, was registered at the Beach House, Sea Girt, last month.

Dr. George E. Galloway, Rahway, and wife spent two weeks last month at the wife's former home, Greenport, N. Y.

Dr. Henry A. Henriques, Morristown, and wife were registered last month at the Kineo House, Mt. Kineo, Maine.

Dr. Egbert MacKenzie, assistant surgeon, U. S. Navy, recently made a brief visit with his father, Dr. Thomas H. MacKenzie, Trenton.

Dr. Watson B. Morris, Springfield, and wife returned recently from a two weeks' vacation spent in the Adirondacks.

Dr. George H. Sexsmith, Bayonne, and wife were registered at the Mt. Kineo House, Me.

Dr. Joseph A. Stites, Springfield, has been appointed surgeon for the Rahway Valley Railroad.

Dr. William J. Burd, Belvidere, has been elected a director of the Belvidere National Bank.

Dr. Alfred M. Elwell, Camden, made a brief sojourn in Ocean City last month.

Dr. Robert H. Hamill, Summit, who has been traveling during the past few months for the benefit of his health, has returned much improved.

Dr. H. Crittenden Harris, Glen Ridge, spent a week at Atlantic City last month.

Dr. Frank B. Lane, East Orange, recently was privileged to pay \$5 to teach his fellow automobilists the importance of replacing the license numbers on the machines after they had been repainted.

Dr. Edward L. Bull, Jersey City, and wife, who have been traveling through Europe the past three months, are expected home early in September.

Dr. William E. Ramsay, Perth Amboy, has been suggested as a candidate for Senator, in Middlesex County.

Dr. Joseph F. Stack, Hoboken, has been suggested as a candidate for Mayor of Hoboken.

Dr. Francis H. Glazebrook, Morristown, and wife spent the last two weeks of August at Seabright, N. J.

Dr. Walter B. Johnson, Paterson, at the annual meeting of the American Ophthalmological Society, New London, July, 1911, discussed Dr. Samuel Theobald's paper on "The Indiscriminate Use of the Organic Compounds of Silver, in Ophthalmic Practice."

Dr. Grant E. Kirk, Camden, recently made a brief trip to Atlantic City in his automobile.

Dr. Paul M. Mecray, Camden, and wife spent the last two weeks of August touring in their motor car in the New England States.

Dr. Joseph L. Nicholson, Camden, has made several brief visits to Pitman Grove during the summer months.

Dr. Harris Day, Chester, was elected president of the Chester Library Association recently organized.

Dr. Edward F. Fitzpatrick, Newark, spent his vacation in August at Block Island.

Dr. George L. Johnson, Morristown, recently returned from a few weeks' vacation spent in Vinalhaven, Maine.

Dr. Evan T. Steadman, Hoboken, and family occupied a camp at Rangeley, Maine, in August.

Dr. Herman C. H. Herold, Newark, has been spending August in his cottage in Sunset Park, in the Catskills.

Dr. Fred C. Webner, Newark, and wife have been sojourning in the Catskills.

Dr. Edward T. R. Applegate, Trenton, and family recently spent a week with his parents at Hightstown.

Dr. Josiah W. Crane, Trenton, and wife are to be congratulated on the arrival of a baby boy. The doctor is State prison physician.

Dr. A. Clark Hunt, Metuchen, and family will continue to occupy their cottage at Mantoloking until the later part of September.

Dr. Peter Hoffman, Jersey City, and wife recently returned from their three weeks' trip through Northern New York State.

Book Reviews.

A MANUAL OF CLINICAL DIAGNOSIS BY MEANS OF Laboratory Methods. For Students, Hospital Physicians and Practitioners. By Charles E. Simon, M. D., Professor of Clinical Pathology and Experimental Medicine in the College of Physicians and Surgeons, Baltimore. Seventh edition, enlarged and thoroughly revised. Octavo, 780 pages, with 168 engravings and 25 plates. Cloth, \$5.00 net. Lea & Febiger, Philadelphia and New York, 1911.

This work is divided into two parts—a technical and a clinical. As the author states in his preface, "the medical student at graduation may be a very fair technician, but his ability to interpret laboratory findings correctly is often at fault." The technical part of the book has been revised and condensed. To it is now added a second part in which the laboratory diagnosis is combined with the clinical picture so as to materially aid in the formation of a correct clinical diagnosis.

WHAT TO EAT AND WHY. BY G. CARROLL Smith, M.D., of Boston, Mass. Octavo 310 pages. Cloth, \$2.50 net; 1911. W. B. Saunders Company, Philadelphia and London.

The author describes the fundamental elements of food and the principles underlying its proper use. He gives reasons why in certain diseases a change of diet is advisable and wisely points out that the kind and proportion of food depends on the individual case. We regard this as the most practical volume we have seen on this subject and commend it to our readers as meeting the requirement for safe dietetic treatment of the important diseases which it discusses.

ONE HUNDRED SURGICAL PROBLEMS. BY JAMES G. Mumford, M. D., Visiting Surg. Mass. Gen. Hosp. W. M. Leonard, Boston, 1911.

Next to personal observation of clinical cases an accurate description of the diagnosis, treatment and results is the most valuable method of imparting instruction. This is what Dr. Mumford most admirably does in his "One Hundred Surgical Problems." Each case history is well written and the reader will find many suggestions for the solution of his own problems.

HANDBOOK OF SUGGESTIVE THERAPEUTICS. Applied Hypnotism. Psychic Science. By Henry S. Munroe, Omaha. Third Edition. C. V. Mosby Company, St. Louis, 1911.

This is a most interesting statement of the principles and benefits of suggestion and auto-suggestion in the treatment and management of patients. It will be read with benefit by all physicians.

THE PRACTICAL MEDICINE SERIES COMPRISING Ten Volumes on the Year's Progress. Under the general editorial charge of Gustavus P. Head, M. D., and Charles L. Mix, A. M., M. D. Vol. IV., Gynecology, by Emilius C. Dudley, A. M., M. D., and C. von Bachellet, M. S., M. D., series 1911. Vol. V., Obstetrics, by Joseph B. de Lee, A. M., M. D., and Herbert M. Stowe, M. D., series 1911. The Year Book Publishers, Chicago.

BOOKS RECEIVED.

Thirty-fourth Annual Report of the Board of Health of the State of New Jersey and the Report of the Bureau of Vital Statistics, 1910, 607 pages.

Religion and Medicine. The Moral Control of Nervous Disorders. By Rev. Drs. Worcester and McComb and Isadore H. Coriat, M. D. 405 pages. Moffat, Tard & Co., New York.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Arizona, April.....	8	6	2
*Arkansas, May.....	7	6	1
Delaware, June.....	15	15	0
Florida, May.....	51	46	5
Kentucky, May.....	96	69	27
Minnesota, June.....	28	27	1
Montana, April.....	28	20	8
Nebraska, February..	6	4	2
Nebraska, May.....	55	47	8
New Jersey, June....	77	66	11
Ohio, June.....	162	152	10
Washington, July....	85	53	32
Wisconsin May.....	69	68	1
Wyoming, June.....	2	2	0

*Homeopathic State Board report.

The next meeting of the New Jersey Examining Board will be at Trenton, October 17th.

Changes in Law Concerning State Boards.

California.—By recent changes in the law the State board may issue a certificate to any person who has practised a special branch of medicine and surgery for not less than thirty-five years, if he give satisfactory demonstration of his qualifications. It is also provided that any applicant for a certificate obtaining 75 per cent. each in seven subjects shall be subsequently re-examined in those subjects only in which he failed. Every person is guilty of a misdemeanor who commits fraud in connection with a certificate or diploma or assumes the title of M. D. or doctor without right. Any surgeon honorably discharged from the medical department of the United States Army or Navy, regular or volunteer, is authorized to practise medicine on payment of a \$50 fee.

Pennsylvania.—The new one-board bill goes into effect on January 1, 1912.

South Carolina.—There is a bill before the Senate requiring members of the State Board of Medical Examiners to pass "a strict examination before the faculty of the Medical College of the State of South Carolina as to their qualifications for the position."

Neurasthenia and Movable Kidney.—Movable kidney is proved to be a cause of neurasthenia by the following facts: 1. There is no doubt about the very great frequency of movable kidney in neurasthenia patients, male and female. 2. When these movable kidneys are supported by a proper belt great relief is experienced. 3. Nephropexy cures neurasthenia. Not one relapse has been observed in 150 cases.—C. W. Suckling, in the Practitioner.

Public Health Items.

Trenton's Health Report.

Health Officer Fell reported for the six months ending June 30, 1,066 deaths, 206, or approximately 20 per cent., resulted from pneumonia. Other diseases that were prevalent were: Scarlet fever, with 84 cases, and no fatalities; diphtheria, with 73 cases and 14 fatalities; typhoid fever, with 113 cases and 16 deaths; tuberculosis, with 161 cases and 102 deaths, and measles, with 37 cases and 7 deaths. The Eleventh Ward led the fatality figures, with 121 deaths for the six months.

The deaths according to the various ages during that period were as follows: 284 deaths under 1 year; 23 between 1 and 5 years; 25 between 5 and 10 years; 11 between 10 and 15 years; 20 between 15 and 20 years; 80 between 20 and 30 years; 92 between 30 and 40 years; 112 between 40 and 50 years; 118 between 50 and 60 years; 110 between 60 and 70 years; 83 between 70 and 80 years; 50 between 80 and 90 years, and 3 between 90 and 100 years.

Typhoid at Clayton, N. J.

Clayton is a borough of about 2,000 population, in the centre of Gloucester County. Its location would naturally lead to the supposition that it is a town in which country air is pure and plentiful, and good health is the rule with few exceptions.

But Clayton is suffering from an epidemic of typhoid fever, and as yet the cause does not appear to be known. A month ago a dozen cases were reported by the authorities, and since then several new cases have appeared and some have resulted fatally.

The State Board of Health made an investigation, visiting every house, inspecting every drain and sewer and making tests of the drinking water, but neither their discoveries nor the skill of the local physicians has been efficient thus far to check the disease.

Street Dust as Menace to Health.

That street dust is far less full of tuberculosis germs than is commonly believed is the conclusion of Seymour H. Stone, of the Boston Association for the Control of Tuberculosis. There are tubercle bacilli enough to form a real danger, however, and, while they may be killed in twenty minutes when exposed to the sun's rays, they are fostered in shaded and filthy places.

The risks of the street are indicated by the fact that one-third of the 5,000 street cleaners of New York are infected with tuberculosis, the number being greater among workers in the narrow and dirty streets of the East Side. Even sterile dust may promote tuberculosis, as it is a direct irritant, lacerating the air passages, and thus making them less able to resist the planting, and growth of the germs when they arrive.

The great danger from spitting on the sidewalks—lies in the fact that sputum may be so easily carried into our homes on shoes and skirts. Smoke in the air tends to disease by clogging the air passages, and since the anti-smoke crusade began in 1895, London, Liverpool and Manchester have reported a decrease

of tuberculosis as well as bronchitis and pneumonia. Perhaps the most efficient distributor of disease is the common housefly, whose breeding places—rubbish and garbage—should be quickly removed from the streets.

Clean Streets and Tuberculosis.

By Dr. S. H. Stone, of Boston, in the Boston Medical and Surgical Journal. It is emphasized by Stone that there are at least three conditions of street management for which those interested in the campaign against tuberculosis should strive. (1) The smooth-paving and regular cleaning of all streets, not by dry sweeping, but by flushing, or, if this is not possible, by sprinkling before sweeping. Exactly what can be done in winter, when flushing or sprinkling is not feasible, is a problem not yet fully worked out. (2) A minimum height of buildings and a maximum width of streets wherever possible, in order that those unequaled germ-destroyers, the sun's rays and fresh air, may have a chance to do their excellent work. (3) The immediate removal of all rubbish and garbage with the consequent lessening of danger from flies.

Pennsylvania State Department of Health.

Dr. Samuel G. Dixon, Pennsylvania State Health Commissioner, claims that his State is doing more to aid the country practitioner of medicine in his daily work than any other Commonwealth. Since 1906, 48,760 examinations of water, sputum, blood, tissues, etc., have been made by the State laboratories for physicians practising outside of municipalities. Widely distributed throughout the State at convenient points are 65 stations where diphtheria antitoxin can be procured gratuitously for indigent patients. Also there are 67 stations where tetanus antitoxin can be obtained under the same conditions for a like class of patients. Further the department furnishes on request of attending physicians printed directions as to the sanitary precautions to be observed by those in charge of cases of communicable disease. Finally, the State is doing successful work for the tuberculous poor at Mount Alto Sanatorium and through the 115 dispensaries conducted by the department in different parts of the State.

Health Conditions in Australia the Best in the world.

Health conditions in Australia are better than in any other country of the globe if the low death rate of 10.95 a thousand a year may be accepted as an index.

The death rate from tuberculosis has steadily been declining during the last twenty-five years and now is less than nine per cent. of the total deaths, which is a lower percentage than any published by any other country which compiles its statistics in an equally accurate manner, states The Medical Record.

In New South Wales the notification of cases of pulmonary and throat tuberculosis has been compulsory for over ten years. The walls and ceilings of houses in which cases occur are sprayed with a solution of formalin and the floors are washed with a solution of corrosive sublimate.

The effectiveness of the educational campaign

is shown by the fact that open-air sleeping is more general than in any other country. There is scarcely a dwelling-house constructed nowadays in Australia, even a laborer's cottage, which is not provided with a suitable veranda for outdoor sleeping. There is very little expectorating on the sidewalks or other public places.

Ordinances to prevent the contamination of milk and other foodstuffs are well observed. In shops where fresh meat is offered for sale it is customary to find sheets of water running over the front windows and walls for the purpose of catching dust. All like cities, like Sydney, Melbourne, Adelaide and others, have tuberculosis sanatoria and also a large number of beds for chronic cases. The Greenvale Sanatorium, near Melbourne, will compare favorably with similar institutions in Europe and America.

Gratifying progress has been made in isolating chronic and more particularly open cases of tuberculosis. In New South Wales, Victoria and South Australia it is estimated that at least fifty per cent. of these cases have been placed in hospitals and a good proportion of the remainder under supervision. The health officials believe that only a few years will elapse before every case of pulmonary and throat tuberculosis will be under such control as to reduce the danger of transmitting the infection to a minimum.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, July, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending July 10, 1911, was 2,706. By age periods there were 511 deaths among infants under one year, 190 deaths of children over one year and under five years, and 780 deaths of persons aged sixty years and over.

The mortality for the monthly period covered by this report continues normal, with a slight decrease from communicable diseases. Infantile diarrhoea is less than the corresponding period last year, due no doubt to the cool weather which prevailed during the month of June.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending July 10, 1911, compared with the average for the previous twelve months, the averages being enclosed in parentheses:

Typhoid fever, 16 (35); measles, 19 (27); scarlet fever, 24 (18); whooping cough, 28 (39); diphtheria, 33 (59); malarial fever, 4 (2); tuberculosis of lungs, 280 (339); tuberculosis of other organs, 55 (50); cancer, 159 (157); diseases of nervous system, 306 (368); diseases of circulatory system, 316 (372); diseases of respiratory system (pneumonia and tuberculosis excepted), 147 (243); pneumonia, 106 (270); infantile diarrhoea, 158 (245); diseases of digestive system (infantile diarrhoea excepted), 168 (182); Bright's disease, 219 (225); suicide, 39 (37); all other diseases or causes of death, 631 (641). Total, 2,706 (3,309).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis:

Specimens examined from suspected cases of

diphtheria, 183; tuberculosis, 340; typhoid fever, 278; malaria, 32; miscellaneous specimens, 43; total, 876.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending July 31, 1911, 679 samples of food and drugs were examined in the State Laboratory of Hygiene, with results as follows:

There were found below the standard: 57 of the 449 samples of milk; 5 of the 24 of cream; 1 of the 2 of lemon extract; 3 of the 4 of olive oil, 3 of the 13 of cider vinegar, and 5 of the 6 samples of tincture of iodine, and 1 of the 71 of ground spices.

All the samples of ice cream (89), molasses, hop beer and hop beverages, paprika, vanilla extract and white vinegar were above the standard.

Fifty-four suits were entered against parties whose goods were found to be below the standard.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 137 dairy inspections were made. We give the number inspected and the number of those found 60 per cent. above and 60 per cent. below the perfect mark, as follows:

County.	Number inspected.	Above 60 %.	Below 60 %.
Burlington	3	2	1
Mercer	3	1	2
Middlesex	9	6	3
Monmouth	67	23	44
Morris	33	16	17
Ocean	12	2	10
Passaic	4	1	3
Somerset	5	4	1
Sussex	1	1	0
Totals	137	56	81

Number of dairies, first inspection.....	69
Number of dairies, reinspection.....	68
Number of milk depots inspected.....	3
Number of letters sent to dairymen.....	49

Inspections were made at the request of the following local boards of health: Asbury Park, Dover, Metuchen, New Brunswick, Paterson and Point Pleasant.

CREAMERIES INSPECTED.

Allamuchy, Andover, Atlantic City, Baleville, Baptistown, Beemerville, Blairstown 2, Branchville, Changewater, Chester, Clove, Flanders, Great Meadows, Hainesburg, Haledon, Hamburg 2, Hixon, Hope, Huntsville, Lafayette, Marksboro, Monroe 2, Mulfords, Newark 3, New Egypt, Newton, Papakating 2, Paterson 2, Pemberton, Quarryville 2, Roys Crossing, Sharptown 2, Sparta, Stillwater, Sussex 5, Swartswood 2, Tranquility, Vails 2, Warbasse, Woodruff's Gap, Woodstown 3, Wrightstown. Total, 60.

ICE CREAM FACTORIES INSPECTED.

Arlington 2, Asbury Park, Atlantic City 4, Bay Head 2, Bayonne 9, Bernardsville, Blairstown, Bloomfield, Boonton 4, Bradley Beach 3, Cape May 3, Dover 3, East Orange, East Rutherford, Englewood 3, Frenchtown, Guttenberg, Harrison 2, Hightstown, Hoboken 9, Holly Beach, Jersey City 42, Long Branch, Madison, Morristown 2, Newark 16, New Brunswick 6,

New Egypt, Ocean City 3, Orange 9, Plainfield 5, Point Pleasant 2, Rutherford 2, South Orange 2, Summit 3, Trenton 4, Union Hill 11, West Hoboken 7, West New York 3, Wildwood 4. Total, 178.

Number of creamery licenses recommended.	3
Ice cream factory licenses recommended....	20
Ice cream samples collected for examination	47
Samples used in the manufacture of ice cream	12
Letters sent to creamery and ice cream factory operators	87

During the month ending July 31, 1911, 127 inspections were made in 72 cities and towns.

The following articles were inspected during the month, but no samples were taken:

Milk, 631; butter, 302; food, 604; drugs, 65.
Other inspections were made as follows:
Milk wagons, 205; drug stores, 16; milk cans, 73; milk depots, 56; butter wagons, 16; creameries, 4; grocery stores, 279; confectionery stores, 2; slaughter-houses, 37.

Division of Sewerage and Water Supplies.

Number of samples analyzed in the laboratory, 163; Public water supplies, 99; dairy supplies, 1; sewage samples, 6; State institutions, 2; private supplies, 45; spring waters, 3; proposed public supplies, 8; miscellaneous, 5.

INSPECTIONS.

Public water supplies inspected at Island Heights, Midland Park, South Plainfield, Roebing, Raritan, Bridgeton, Allentown, Haddonfield, Rockaway, Millville and Skillman.

Proposed public supplies inspected at Ocean Gate, Bridgeport, Sewell and Mountain Lakes.

Special inspections at Belmar, Kenilworth, Pompton Lakes, Neptune Township, Ocean Grove, Secaucus, Woodstown, Hightstown, Lake Hopatcong 2, Maywood, Woodbridge, Hackensack, Glen Gardner, Paterson, Hackettstown, Passaic and Hawthorne.

Spring water supplies at Morsemere and Midland Township.

Sewage disposal plants and systems inspected at Allenhurst, Atlantic City, Avon, Belmar, Bordentown 2, Bradley Beach, Deal Beach, Freehold, Island Heights, Keyport 2, Loch Arbour, Manasquan, Midland Park, Morristown 2, Ocean Grove, Pemberton, Pine Beach, Point Pleasant, Red Bank 2, Riverside, Roebing, Sea Girt, State Camp, Toms River, Washington 2, Burlington, Woodstown 2, Thomas Devlin Company, Burlington, Pleasantville, Morris Plains, Ccllingswood, Haddonfield, Riverside, Ross-Fenton Farm, Lakewood, Ventnor 2, Margate 2, Merchantville, Chatham, Madison, Roebing, Millville, Stone Harbor, Bridgeton, Vineland, Flemington, Neshanic, Plainfield, Ridgewood and Newton 2.

Stream inspections on Rahway River, Raritan River, Delaware River, Shrewsbury River, Passaic River, Shark River, Hohokus Brook, Maurice River, Walkkill River, Atlantic Ocean, Lake Hopatcong, Green Pond and Whippy River.	
Number of pollutions reported.....	36
Reinspections made	227
Pollutions abated	52
Ten-day notices to cease pollution served..	1
Cases referred to the Attorney-General....	11
Plans for sewage systems, disposal plants and extensions approved.....	4
Plans for public water supply plants approved	2

OFFICIAL TRANSACTIONS

OF THE

ONE HUNDRED AND FORTY-FIFTH ANNUAL MEETING

OF THE

MEDICAL SOCIETY OF NEW JERSEY

At Spring Lake, N. J., June 13-15, 1911

FIRST DAY.

June 13, 1911.

SESSION OF THE HOUSE OF DELEGATES.

The meeting was called to order at 11 A. M., the President, Dr. Thomas H. Mackenzie, of Trenton, in the chair. Dr. Mackenzie made a few appropriate remarks, and then called for the report of the Committee on Credentials. This was read by the chairman of that committee, Dr. Harry A. Stout, of Wenonah, and was as follows:

REPORT OF THE COMMITTEE ON CREDENTIALS.

Your committee has examined the credentials of the delegates in attendance and find the same to meet the requirements of the by-laws. Each component society is represented and a quorum is present.

This report was received and filed.

READING OF THE MINUTES OF THE LAST MEETING.

Dr. William J. Chandler, of South Orange, made a motion that the reading of the minutes be dispensed with and that they be adopted as printed in the Journal. The motion was seconded and carried.

REPORT RELATING TO PERMANENT DELEGATES.

To the Medical Society of New Jersey:

At the beginning of the year there were enrolled the names of 119 permanent delegates. Of these three have since died—Henry C. Neer, of Bergen County; Isaac S. Cramer and William S. Creveling, of Hunterdon County.

There are presented to-day for election eight nominees from five component societies, as follows: Burlington County nominated J. Boone Wintersteen, of Moorestown, in place of Enoch Hollingshead, resigned; Hudson County nominates Arthur P. Hasking, of Jersey City, to fill the vacancy caused by dropping from the roll the name of Samuel A. Heller; Hunterdon County nominates George L. Romine, of Lambertville, and George N. Best, of Rosemont, to fill the vacancies caused by the deaths of Drs. Cramer and Creveling, above mentioned; Monmouth County nominates William B. Warner, of Red Bank, and Daniel E. Roberts, of Keyport, to fill the vacancies caused by the resignation of Henry Mitchell and the death of D. McLean Forman. The basis of representation of Monmouth County is 46, on which basis it can have but four permanent delegates. It already has three. Therefore, this society can

elect but one of the nominees. If, next year, the basis of representation of Monmouth County Medical Society is fifty or more it can present an additional candidate. Morris County nominates Abram E. Carpenter, of Boonton, to fill the vacancy caused by the death of Calvin Anderson, of Madison. Union County nominates Stephen T. Quinn and John P. Reilly, of Elizabeth, to fill the places of Norton L. Wilson and Elihu B. Silvers. Passaic County nominates William H. Carroll, of Passaic, and Joseph V. Bergen, of Paterson, to fill the vacancies in their delegation.

Next year is the regular time for the election of permanent delegates and all component societies, whose quota is not already full, will have an opportunity to elect nominees for permanent delegates. The number of candidates to which each society is entitled will depend on the basis of representation established for that society by the reports sent in one month before our next annual meeting.

This basis cannot be absolutely determined until that time and then only by correspondence between the county society secretary and the secretary of the Medical Society of New Jersey. This basis depends on the number of members reported by the county secretary and fully paid for by the county treasurer at least one month before the next annual meeting. If the county secretary fails to make his report or if the county treasurer fails to make his payment at the appointed time no basis is established and that county society would not be entitled to present the names of any nominees nor to be represented by but one annual delegate, to which it is entitled by the charter. Such a society might later send its dues and make its reports and thus escape suspension, but having no basis of representation established it would be unable to make any nominations for permanent delegates or to send more than one annual delegate. Its permanent delegates previously elected could act and all of its members would have the rights of associate delegates. It is, therefore, important that every secretary and treasurer should see that his reports are made as complete as possible and at the appointed time.

A component society should elect its annual delegates and its nominees for permanent delegates at its annual meeting and leave the exact number to be presented to be determined by its basis of representation established at a later time. If a secretary cannot make a full report at the appointed time, he can at least at that time make his reports sufficiently full to establish a basis of representation and avoid any risk of suspension.

These technicalities may seem to some to be unimportant, but in a society as large as ours

it is necessary to have an orderly course of procedure mapped out and to follow it closely in order to avoid confusion and errors. A careful and attentive secretary will find no trouble in making out his reports at the proper time, but a careless or negligent one may bring to his society great annoyance and needless disgrace.

Wm. J. Chandler, Secretary.

It was moved and seconded that the report be received and placed on file. Carried.

ELECTION OF PERMANENT DELEGATES.

Dr. Chandler made a motion that the candidates which he had just announced as eligible, with the exception of those from Monmouth County, be elected, the Secretary being authorized to cast a ballot for their election. The motion was seconded and carried. *Dr. Chandler* then reported that he had cast the ballot in their favor, and they were declared elected.

REPORT OF THE COMMITTEE ON HONORARY MEMBERSHIP.

Dr. H. Genet Taylor, of Camden, stated that no names had been presented to the committee for honorary membership.

REPORT OF PROGRAM COMMITTEE.

Dr. Chandler, as chairman of the Program Committee, said that the program had been printed, as usual, and was presented as the report of this committee.

REPORT OF THE COMMITTEE ON SCIENTIFIC WORK.

Dr. Joseph M. Rector, of Jersey City, chairman of the Committee on Scientific Work, had been called away from the meeting, but had left the report. This was read by *Dr. John C. McCoy*, a member of the committee, and was as follows:

To the President, Members and Guests of the
New Jersey State Medical Society.
Gentlemen and Ladies:

It is with pleasure that the Committee on Scientific Work presents to you, as its report, the literary portion of the program which has been distributed to each and every one of you. It is gratifying to us that we have been enabled to offer, for your sanction, a series of papers covering so many different subjects, in the hope that we may interest you in some portion of this program, if not in its entirety. To medical gentlemen, scattered as you are, over this broad Commonwealth, many following a special line of medicine, it is impossible to hold your entire attention; so, for whatever success which may have been achieved we ask your commendation, and for our failures we beg your leniency. For some reason, the members of this society do not take an active interest in preparing contributions to our yearly meeting. It has been my individual experience, while a member of this committee, to find that year by year the number asking for places upon this program is rapidly growing less. The fault does not lie in any lack of interest or objection to writing papers, but to the reception which the writers receive at the

annual meeting of this society. Let it not be forgotten that much time, study, experience and research are necessary to the successful production of an important paper. It is manifestly unfair to the contributor that his audience should be composed of a corporal's guard and a multitude of empty chairs.

Every county society was asked to contribute to this program. Many replies, especially from the smaller counties, indicate a surprising lack of interest in literary work. Several counties meet only to welcome foreign productions and hold annual elections. We believe this State Society should adopt some method to further the interest in original literary work throughout the year.

There is plenty of good material in our State from which surprising returns would be received if some concerted action would be taken. Inactivity is usually the result of carelessness and lack of co-operation. Many men require constant prodding and continual stimulation, while others press on and on, eager to reach the goal and receive the author's crown of glory.

It is only by research, personal communication, exchange of views and friendly greetings that a general advance in any subject can be obtained.

The reporter of each county received notice from me to forward the report of his county to this committee in accordance with the requirements of our constitution and by-laws.

Reporters from the following counties replied: Atlantic, Bergen, Burlington, Cape May, Cumberland, Essex, Gloucester, Mercer, Salem, Somerset and Sussex. The delinquent reporters should be rewarded by retirement to private life for their neglect.

We thank you all for your kind indulgence.

J. M. Rector, Chairman.

Alex. McAlister.

John C. McCoy.

On motion, this report was also received.

Dr. Alexander McAlister, of Camden, another member of this committee, said that he had written to the secretaries of all the southern counties, ten or twelve, and had received only one or two replies. He thought that the society should formulate some plan to induce the men to write more papers. He said that it had been suggested that less time be devoted to business and more to the scientific work. If only one day were devoted to business, symposia could be arranged that would interest the members and insure larger audiences.

Dr. Walter B. Johnson, of Paterson, who had formerly been on this committee, said that if this committee and the Program Committee would work together, there would be an improvement. The Committee on Scientific Work would then be able to keep promises made to the writers of papers in regard to their places on the program. He hoped that some way might be found by which the Committee on Scientific Work might have a little more voice in arranging the program.

Dr. Talbot R. Chambers, of Jersey City, did not agree with *Dr. McAlister* as to the advisability of confining the business to one day. The morning of the first day was taken up with a business session, but the rest of the time was pretty much devoted to scientific work. He thought the trouble was that there was a lack of interest, and said that every Committee on Scientific Work had found the same difficulty in securing papers. While he agreed that this committee was the proper one to arrange that part of the program devoted to papers and discussions, he believed that the Secretary had been much embarrassed by a want of proper attention on the part of the committee in this respect. He suggested that the Committee on Scientific Work should send to the Secretary an arrangement of the papers by days and hours, in that part of the program left open for the committee's use.

Dr. McCoy said that if what *Dr. Chambers* and *Dr. Johnson* had said was true, this was all that the committee wanted.

Dr. Frank W. Pinco, of Newark, had tried to get papers from the members from Essex County, and had found that they criticized the Journal of the State Society because they were not treated as liberally by it in regard to reprints and illustrations as by other journals. He had brought up his subject at the last meeting, and thought that the action taken then would help to overcome this difficulty.

Dr. Chandler said that it would be the wish of the Program Committee that the Committee on Scientific Work should arrange the scientific part of the program, because they knew when the speakers that they had invited could be present, and could place their papers on the program at a convenient time. He had written to *Dr. Rector*, asking for information concerning this matter, and had received merely a list of the names of the authors and the titles of their papers, without any intimation as to when they preferred to read them. The Program Committee had, therefore, been obliged to do the best it could. He thought that if the Scientific Committee would give the Program Committee this needed information, the two committees could work together harmoniously.

Dr. McAlister suggested that the Scientific Committee for the coming year should bring before the society at this meeting some plan by which the work could be conducted in future.

REPORT OF THE JUDICIAL COUNCIL.

This report, including the reports of the five councilors, was read by *Dr. William H. Iszard*, of Camden. It was as follows:

FIRST DISTRICT.

East Orange, N. J., June 7, 1911.

William H. Iszard, M. D.,
Chairman Judicial Council,
New Jersey State Medical Society.

Dear Sir—The counties composing the First District have had a good year and have increased their membership.

Essex County held five scientific meetings during the year, giving its members the opportunity of hearing the following: Original Investigations on Pellagra and the Hook-Worm Disease; a man of large experience in tuberculosis; a forcible paper on the Physician and the Pharmacopœia, by the president of the American Pharmaceutical Association, and an instructive lecture on Gastric Carcinoma, by one of New York's best surgeons.

In addition, in May, *Miss Laura B. Garrett* spoke to the society on her method of instructing school children in sex hygiene. As a result of this lecture, the society will, without doubt, at its next meeting, take a stand in favor of such a course of instruction in the public schools of the county.

Beginning January 16, and ending May 1, the Public Health Education Committee of the society gave a series of six lectures in the Newark Free Library, the topics being: "Food Fads," "The Eye, in Health and Disease," "Clean Streets for Health," "Care of the Teeth in Relation to Health," "The Causes and Prevention of Nervous and Mental Diseases" and "The Social Evil and Its Effects on Public Health."

The program for the year 1911-12 will give the members the same high class of entertainment and instruction, and the Public Health Education Committee will hold a second series of lectures.

During the year two members have realized the benefit of defence against charges of malpractice, which the State Society gives. One case was withdrawn from court before the date fixed for trial, the other is in the hands of competent counsel. There is no doubt but what the moral force coming from the knowledge that the State Society will stand behind its members, with the announced dictum, "No compromise," will lead to a diminution in the number of black-mailing suits in the near future.

Morris County held three scientific meetings. All were of high character, and were thoroughly enjoyed by the members. The society is wide awake and active, and takes a leading part in matters pertaining to public health. Notable among its doings was a strong presentment to the Board of Freeholders of the necessity of a county hospital for the care of those suffering with tuberculosis.

Warren County woke up during the year and held three extra meetings, one of which was devoted to the discussion of the good and welfare of the society, which resulted in the determination to go out and hunt for members, instead of waiting for members to come to it. The action was efficient, resulting in several additions to the membership.

Sussex County has but one meeting a year,

but it is always a good one. And the wonder of their councilor is that, enjoying as they do, the hour of scientific discussion and the hour of sociability, the members do not get together more often, instead of remaining neither "hot nor cold." True, they are widely separated, and for a good part of the year, because of this, the bad roads make it practically impossible to meet; but there are months in the fall and spring when this does not apply.

At the annual meeting in May, September was fixed as the time to make another try at special meetings. The members say previous trials have proved failures, but I am sure there are enough good men in the society to make extra meetings successful, if they will but put their shoulders to the wheel.

Very truly yours,

Thomas N. Gray,
Councilor for First District.

SECOND DISTRICT.

Paterson, N. J., June 1, 1911.

Dear Doctor Iszard—As councilor for the Second District I desire to report as follows: The particular recommendation of the Judicial Council with regard to the elimination of contract practice throughout the State met with no success. The Hudson and Bergen and Union County Societies took no action at all, while Passaic County first adopted the recommendation and then, on reconsideration, voted against it. The work of the component societies of the Second District has been generally good. There were two suits for malpractice, one in Bergen County against Dr. Elsing, of Park Ridge, and one in Union County against Dr. Wilson. The suit in case of Dr. Elsing resulted in a victory for the defendant. The suit against Dr. Wilson is still pending, and will be tried during the October term in Union County. Passaic County has been taking a determined stand against unlicensed practitioners. The increase of these pests during the last few years has led to considerable annoyance to the regular practitioners, and I advise that a concerted movement on the part of the State Society be inaugurated during the coming year, in order to eradicate the evil influence of this class of practice.

Very respectfully yours,

Edward F. Denner, M. D.
Councilor for Second District.

THIRD DISTRICT.

Trenton, N. J., June 6, 1911.

William H. Iszard, Chairman.

Dear Doctor—The councilor from the Third District reports that he visited the Somerset County Society once and the Mercer County Society several times during the year.

Both of these societies are very progressive and doing excellent work. The general good feeling and genial fellowship among the members of these organizations is quite marked.

William A. Clark,
Councilor for Third District.

FOURTH DISTRICT.

Camden, N. J., June 12, 1911.

For the Fourth District, embracing the counties of Burlington, Camden, Monmouth and Ocean, would report having attended two of the four meetings of Burlington County Society this year. There is always a promptness and spirit

of interest manifested at their sessions. At the last meeting held, on the 7th inst., their own talent was used exclusively, Dr. A. Marcy reading a paper on Hospitals, Their Uses and Abuses from the General Practitioner's View-point; Dr. W. P. Melcher a paper on Cholelithiasis, Diagnosis and Treatment; Dr. A. H. Small, on Gastric Carcinoma, Its Surgical Treatment, all of which were liberally discussed. Dr. Daniel Strock, first vice-president, was present at both these meetings. Camden County has held four meetings during the year, at all of which I had the honor to be present. At the meeting held October 11, 1910, we were honored by the presence of Dr. Thomas N. Gray, councilor for the First District. Dr. Gray gave us a very interesting talk on the work being done in his district and a persuasive argument against contract practice, clinching the work that had already been begun, and as a result at a subsequent meeting the following resolution was unanimously adopted:

Resolved, That the system of contract practice as engaged in by fifteen or more members of this society be hereby discontinued; that the secretary of the society be instructed to notify the above mentioned members that they cannot any longer be affiliated with the Camden County Medical Society unless they resign their positions as contract physicians; that the said notification shall take effect at the October meeting of this society, and that if they then refuse to comply with the requirements of this resolution, they shall forfeit their membership in the society.

To me this is the most interesting and important part of my report. For perhaps in no part of the State has medical contract practice been more indulged in than in my own city and society. The fruits of our long labors are being realized and I want to thank my associates on the Judicial Board for their associated effort along this line. Neither can I forget the little journal of the Camden County Medical Society, edited by the secretary, Dr. Daniel Strock. His editorials have been professional and fearless and contributed much toward moulding a healthy sentiment which has culminated in the passage of the foregoing resolution. This little journal is doing good work and very much appreciated by the members of the Camden County Medical Society.

At the December meeting we were honored by the presence of the president, Dr. Thomas H. Mackenzie, and the corresponding secretary, Dr. Henry A. Stout, of the State Medical Society, as well as prominent delegates from Burlington, Cumberland, Gloucester and Salem Medical Societies.

Dr. Grafton E. Day read a very interesting paper on Infantile Paralysis.

At the February social meeting, which was largely attended, the Rev. Dr. Holmes F. Gravatt, of Camden, gave a very interesting address on the Relation of Physician and Preacher to the Public. Interesting addresses and recitations were also given us by Drs. Thomas Lee, Paul H. Markley, William A. Westcott and J. W. Martindale.

These meetings are growing in interest and influence.

Respectfully submitted.

Wm. H. Iszard,
Councilor for Fourth District.

FIFTH DISTRICT.

Westville, N. J., June 9th, 1911.

Dr. William H. Iszard,
Chairman of the Judicial Council,
New Jersey State Medical Society.

My Dear Doctor Iszard—I herewith submit to you my report as councilor for the Fifth District for the year 1910-1911.

Our county medical societies have all been active. Many good meetings have been held at which practical and instructive papers have been read and discussed.

Symposiums upon various medical topics continue to meet with approval, and have in a large measure displaced the hitherto essay.

The topics selected were those best suited to the every-day needs of the busy practitioner. Live medical clinics, the very best type of post-graduate instruction, have displaced the time-worn paper.

These clinics have been held upon nervous diseases, various forms of insanity, idiocy, imbecility, etc. Patients were presented; methods, diagnoses and treatments were discussed from the clinical aspect. Demonstrations in modern laboratory methods, presented by competent men, have supplemented this work.

We feel that such meetings are "live wires." They arouse intense interest because the knowledge obtained is of daily practical use to the busy physician.

Committees upon medical legislation have been appointed by the various county societies to assist the chairman of the Legislative Committee of the State Society.

Contract and the various types of lodge practice have been eliminated by the societies of this district. This work is now being done by those members of the profession not affiliated with our county societies.

Another feature of the meetings in this district is the social session. One is held annually by each society and the ladies are the guests of the members.

The Fifth District is alive and alert in all that goes to make for the good of the profession.

Very respectfully submitted,

James Hunter,
Councilor for Fifth District.

MINUTES OF THE JUDICIAL COUNCIL.

Trenton, September 20, 1910.

At the call of the president a meeting of the Judicial Council was held at the office of Dr. William A. Clark, Trenton, on the above date, at which meeting the council was organized as follows: President, Dr. William H. Iszard; secretary, Dr. William A. Clark.

Present were Drs. Iszard, Gray, Hunter and Clark.

The minutes of the previous meeting were read and approved.

Dr. Gray stated that Dr. Chandler, Secretary of the State Society, had received a communication from Dr. Charles W. Cropper, of 85 Gifford street, Jersey City, asking for protection under the Medical Defence Act against a suit for malpractice which had been instituted against him, the particulars of the suit not being made known at this time.

Drs. Denner and Gray were appointed a special committee to meet a similar committee from the Trustees for this purpose.

It was moved by Dr. Gray, seconded and car-

ried, that the component societies be advised to adopt stringent measures against "lodge contract practice" and to pass resolutions debarring any man from membership in the component societies who is engaged in "contract practice." Adjourned.

Wm. A. Clark, Secretary.

Trenton, N. J., January 6, 1911.

On call of the president, the Judicial Council met in this city on the above date, at the office of the secretary, Dr. William A. Clark, at 4 P. M.

Present Drs. Iszard, Gray, Hunter and Clark.

The minutes of the June and September meetings were read and approved. Dr. Gray reported the committee appointed for the purpose, had employed Alfred C. Wall, Esq., of Jersey City, for \$250, to defend Dr. Cropper in the suit against him for malpractice and that Dr. Cropper had won his suit.

The secretary stated that he had notified all the secretaries of the county societies of the action of the Judicial Council in regard to contract practice.

Dr. Hunter read the following definition of "contract practice," which was adopted by the Judicial Council:

"It is the sense of the Judicial Council that contract practice may be divided into two types: the ethical and the unethical.

"Any contract for professional services to any person or persons, in which the fees for services rendered are below the minimum fees prescribed by the county society for similar services, is unethical.

"To the contrary, all contracts in which the fees for services rendered do not fall beneath the minimum fee prescribed by the county society, is ethical and permissible.

This opinion shall not be construed as preventing any member from attending the worthy poor at a less rate or from giving free service to those too poor to pay anything or from acting as city, town or county physician or health officer or from serving under any political appointment."

A communication from Dr. Strock was received.

It was moved by Dr. Gray, seconded and carried, that the secretary of the Judicial Council be directed to notify the secretary of each of the component societies of the desirability of sending the dates, with time and place, of their society meetings for the year to the editor of the State Journal for publication. The proceedings of this meeting were then adopted as a whole and the council adjourned.

Wm. A. Clark, Secretary.

Trenton, N. J., February 17, 1911.

A special meeting of the Judicial Council was called at the instance of Dr. Gray, to consider the summons of Dr. William H. Shipps, of Bordentown, to answer a malpractice suit. The meeting was held at the office of Dr. Clark, at the above date, at 4 P. M.

Drs. Iszard, Gray, Hunter and Clark were present. Reading of the minutes of the last meeting was dispensed with.

Letters from Mr. Frank P. Shipps, of Bordentown, a brother of Dr. Shipps, and also from Dr. D. C. English, were read and considered part of the minutes of this meeting.

Bordentown, N. J., Feb. 13, 1911.

Dr. D. C. English.

Dear Sir—Will you at once communicate with the Medical Defence Committee of the State Society and ask that counsel be appointed to defend the suit for damages about to be brought against Dr. William H. Shipps, of Bordentown, N. J.

Answer to summons must be made on February 23, at Mt. Holly. The health of Dr. Shipps at present is such as to render it unwise for him to appear at court, and I, as his brother, suggest that when the attorney makes answer on the 23d a postponement of the case be arranged for as long a time as possible.

Dr. Shipps will, in all probability, be compelled to give up his practice for the time being and will most likely go abroad for several months.

The Doctor is unaware of the case coming to trial and it must be kept from him if possible.

Therefore, if you should find it necessary to write us, kindly address same to me.

Will you also kindly provide me with a list of the names composing the Board of Defence and also the chairman thereof?

Very truly,

Frank P. Shipps.

Dear Doctor Gray—I have just received this letter. I thought that, because of your knowledge of the methods of procedure, I had better forward it at once to you. What shall be done?

The Doctor has long been a member of the Burlington County Society and I understand he is not in good health. Suppose we ought to move quickly in the matter.

Hastily and sincerely,

D. C. English

New Brunswick, 2/15/11.

Dr. Clark was appointed a committee of one to procure counsel to defend Dr. Shipps.

Mrs. Dr. Shipps being present, made the following statement, saying that a member of the family bringing suit had come to Dr. Shipps' office on the 13th of November, 1909, for medicine for a sick child. On the evening of the 14th the same family sent for Dr. Shipps to come to the house. The Doctor went and made a regular visit.

During the same night the same family sent for Dr. Shipps to come to the house again, but being tired and sick from overwork, he declined to go, advising them to call another physician.

Dr. Shipps arose early next morning and went to the house. He found that the family had called another physician and that the child was dead.

They would not allow Dr. Shipps to enter the house. After this statement from Mrs. Shipps the Judicial Council adjourned.

Wm. A. Clark, Secretary.

June 6, 1911.

The Judicial Council met at The New Mouth, Spring Lake Beach, on Monday evening, June 12, 1911, at 8 o'clock. Present were Dr. Iszard, president, and Drs. Gray, Denner and Clark.

The minutes of the last meeting were read and approved.

The following excuses from permanent delegates were received and acted upon: Dr. William B. Graves, Essex County; Dr. Fred M. Corwin, Hudson County; Charles F. Adams, Mer-

cer County; Dr. Richard Cole Newton, Essex County.

All were accepted but that of Dr. Richard Cole Newton, which was deemed insufficient and he was, therefore, dropped from the list of permanent delegates.

The following amendments to the Medical Defence Act were offered by Dr. Thomas N. Gray, and, on motion by Dr. Denner, were recommended by the Judicial Council for adoption by the State Society:

Article 2—Strike out the words "year 1907" in line 6 and substitute the words "current year."

Strike out the word "counsel" in line 7 and substitute the words "secretary of the Judicial Council."

Strike out the word "counsel" in the 8th and 9th lines and substitute the word "council."

After the word "secretary" in line 22 add the words "of the Judicial Council."

Strike out all that part of the article after the word "attendants" in line 26 and substitute a period for a comma after said word "attendants." Substitute for the part stricken out: "If the Judicial Council finds the case defensible it shall have the power to employ counsel, the fee to cover the expense of defence in the trial court not to exceed two hundred and fifty dollars. If the case is carried to a higher court the amount which the council may expend, in such further defence shall be fixed by the Board of Trustees."

Article 4—Strike out after the word "for" in line 9, the words "the services of the attorney of the society," and substitute the word "defence."

Article 5—Substitute the words "Judicial Council" for the word "counsel" in line 1.

Article 3—Substitute the word "dues" for the word "arrearages" in the third line.

The secretary reported that he had employed, by order of the Judicial Council, John A. Montgomery, Esq., of Trenton to defend Dr. William H. Shipps, of Bordentown, in the suit for malpractice which had been instituted against him.

Mr. Montgomery has filed a demurrer on the grounds of insufficiency of evidence. This will not come up for final argument until the September or October term of court.

Dr. A. Clark Hunt, of Metuchen, asked to hear the cause of the dropping of Dr. Richard C. Newton, of Montclair. Dr. Hunt thought that Dr. Newton's letter showed that he had tried to be honest with the Judicial Council, in saying that he did not remember the precise reason for his absence.

Dr. Thomas N. Gray, of Orange, thought that Dr. Newton's whole letter betokened indifference. Therefore, the council had thought that he had better step aside and let some one more interested take his place.

It was moved and seconded that the report be received and filed. Carried.

Dr. Chandler made a motion that the changes suggested by Dr. Gray and the council in the medical defence resolutions be adopted. The motion was seconded and carried.

Dr. Gray made a motion that the society

sustain the action of the Judicial Council in dropping Dr. Newton as a permanent delegate. The motion was seconded and carried.

Dr. Gray then moved that he be replaced on the active list as a permanent delegate.

Dr. Chandler said that this could not be done, but that Dr. Newton could be renominated next year.

Dr. Gray then moved that this portion of the report be not accepted.

Dr. Linn Emerson, of Orange, thought that an action of this kind was setting a dangerous precedent. The action of the Judicial Council should be supported, and if the Essex County Society wanted Dr. Newton as a permanent delegate, they could reelect him.

Dr. John D. McGill, of Jersey City, said that the report had already been accepted in its entirety, and he did not see how any part of it could be rejected.

Dr. Mackenzie said that the report had merely been received. Still, he rather thought that Dr. McGill's point of order was correct.

Dr. Chandler said that the constitution stated that those who had failed to attend two consecutive annual meetings should have their names stricken from the roll, and that all excuses for absence should be made in writing to the Judicial Council, whose decision should be final.

Dr. Mackenzie said that Dr. Chandler's point of order was well taken, and that he would rule the proposed action of rejecting that portion of the report out of order.

Dr. William G. Schaufler, of Lakewood, asked whether it would be in order to request the Judicial Council to reconsider its action.

Dr. Mackenzie thought that this would also be out of order.

Dr. Chandler stated that Dr. Newton could be renominated by the Essex County Society as a permanent delegate next year, and the State Society could then elect him.

Dr. William S. Lalor, of Trenton, chairman of the Committee on Business, reported that this committee had had very little business to attend to, other committees having taken the work off its hands.

The report of the Corresponding Secretary, Dr. Stout, was presented verbally. He said that he had, as usual, attended to all the duties of his office.

The Committee on Prize Essay was not ready with its report. Dr. McGill, the chairman, reported progress and asked for a postponement until the next day.

There were no special committees to report.

REPORT OF COMMITTEE ON ARRANGEMENTS.

Dr. Schaufler, the chairman of the Committee on Arrangements, welcomed the society to Spring Lake, and said that the electrical exhibits had been put in the basement, so that the noise could not interfere with the meetings, and that the other exhibits were in various rooms on the same floor as the meeting. He then mentioned various things provided for the entertainment of the members and the ladies, and the times that these would take place.

It was moved and seconded that the report be received with many thanks. Carried.

REPORT OF THE COMMITTEE ON PUBLICATION.

To the Medical Society of New Jersey

The seventh volume of our Journal, which was issued during the past year, contained 656 pages of reading matter and 106 pages of advertising—a total of 762 pages. It has contained more of personal and social notes and local society reports than ever before and for that reason, in addition to its valuable scientific papers, it has become more prized by all of its readers.

Our expenses have been as follows:

Orange Publishing Company..	\$2,104.40
Editor's salary	861.10.
Postage and stationery.....	80.75
Reprints	61.68
Typewriting and assistance....	45.95
Miscellaneous	21.54
	\$3,175.42

Our receipts have been as follows:

Advertisements	\$1,072.06
Sales and special subscriptions	20.31
	\$1,092.37

Net cost of the Journal..... \$2,083.05

Our expenses have been greater, as it was expected that they would be when the committee was instructed to increase its expenditures for salary, reprints, etc. Then, too, the prices of all commodities have increased. Labor is high. The price of printing paper is higher than it has ever been and the expense of issuing a journal is much greater than hitherto.

Our receipts have been somewhat less owing to the fact that the chairman has been unable to devote as much time in soliciting advertisements and more especially because advertisers generally have been cutting down expenses. Several of our most liberal advertisers have withdrawn from all except two or three of the very large journals. In addition to this our requirements are such that we are obliged to refuse some of those who would gladly occupy our space. If we would accept, not the vulgar quack advertising matter, but the insidious and artfully worded "copy" of scheming and unreliable manufacturers, we could easily treble our receipts and our advertising pages would vie with those medical journals, which pride themselves on their large circulation and several of which are subscribed for, and contributed to, by members in good standing in their respective societies.

In our efforts to suppress unethical advertising we would do well to consider the propriety of

discontinuing our subscriptions and contributions to all journals which are thus aiding and abetting a monstrous evil.

One of the most important matters considered by the committee during the past year is the relation of our Journal to the privilege of second class postage. We have always enjoyed this advantage and until last summer supposed that it was indefinitely assured to us. The post office authorities then required of us a full paid subscription list. We adopted some resolutions at our last meeting which were supposed to meet the situation, but the post office decision was against us and we were given until this meeting time to make arrangements to meet their requirements.

They have decided that no society issuing a journal containing advertisements can make its annual dues cover a subscription to the journal. The subscription must be voluntary and the members must have the privilege of deciding whether he will subscribe to the journal or not. We must do one of three things: First, drop all advertising and go on in our present manner. Second, retain the advertising and have a paid subscription list. Third, retain the advertising, send the Journal to every member of the State Society as under the present plan and pay third-class postage.

The first method would cost us from \$1,200 to \$1,600. The third method would add about \$600 to \$700 to our annual outlay for postage. The second method is the best if we can adopt it. The committee has given the matter considerable thought, and the following recommendations are presented to the society for its consideration and approval:

First—That the subscription price of the Journal, to all members in good standing in this society, be one dollar per year, payable in advance.

Second—That a subscription to the Journal by a member of the society in good standing carries with it the benefits of medical defence.

Third—That the resolutions establishing the medical defence be so modified that one of the requirements for eligibility to its benefits be a full paid subscription to the Journal of the society.

Fourth—That inasmuch as the annual dues could not be changed for the current year, and inasmuch also as they have been paid with the understanding that they covered a subscription to the Journal and carried also the benefits of medical defence, that the post office authorities be requested to continue to us the benefits of the second-class rate of postage until these new rules can go into effect.

The result of this is to make a subscription to the Journal entirely distinct from annual dues and at the same time optional with the subscriber. It gives also only to subscribing members the benefits of medical defence. The committee feels assured that this arrangement would make but little if any change in the present list of subscribers and affords the most feasible method of accommodating ourselves to the requirements of the Post Office Department.

Respectfully submitted,

Wm. J. Chandler, Chairman.

Ellis W. Hedges,

Edward J. Ill.

The report, on motion, was received.

Dr. Walter B. Johnson made a motion

that the Committee on Publication or a separate committee appointed for this purpose be requested to draft a form of bill to be used by the treasurers of the various county societies, this bill to include the three following items: Payment for annual dues of the State Society, \$1.00; subscription to the Journal (optional), \$1.00; dues of the county society (whatever each individual county society considers necessary to carry on its work). By leaving payment for the Journal, including medical defence, optional with each member, the society would be in a better position, *Dr. Johnson* thought, to induce the post office authorities to rule in favor of continuing second-class mail privileges to the Journal.

The motion was seconded.

Dr. Archibald Mercer, of Newark, the treasurer of the State Society, asked whether that motion carried with it an assessment of one dollar.

Dr. Johnson explained that one dollar for dues and one dollar for the Journal would make the same amount as at present received. He thought that, taking the medical defence proposition into consideration, every member would be willing to subscribe for the Journal.

Dr. Mercer offered an amendment to *Dr. Johnson's* motion, to the effect that the dues be left open, instead of having one dollar mentioned; because he thought it probable that the assessment for the next year would have to be larger.

Dr. Johnson accepted this amendment.

Dr. Mackenzie said that the amount of assessment must be determined some time during the present session.

Dr. Mercer said that he intended to make a recommendation regarding this matter in his treasurer's report.

Dr. William Buerman, of Newark, suggested that it be inserted in the notice that the subscription to the Journal included the benefits of medical defence.

Dr. Johnson said that the objection to this was that the post office authorities might consider it a bait to draw subscriptions.

Dr. David C. English, of New Brunswick, editor of the Journal, offered another amendment to *Dr. Johnson's* motion, to the effect that this form of bill should be sent to the county treasurers, provided the post office authorities did not change their ruling. He thought that there was some probability of their doing so, in which case this bill would not be necessary. In any case, the action of the post office would not take effect for a year.

Dr. Schaffler said that he was afraid that there would be no change in the ruling. This matter had been brought up in the Association of Military Surgeons, many of whose members reside in Washington, at the meeting of that organization last November. These members seemed to think that it would be impossible to prevail upon the postal authorities to change their decision, so that association had adopted the plan of making separate items on their bills for dues and subscriptions.

Dr. English withdrew his amendment.

Dr. Augustus A. Strasser, of Arlington, said that there might be members who would not subscribe to the Journal, if this action was taken, and asked how much more would have to be paid by each member for dues, if the advertisements were left out of the Journal.

Dr. Chandler said that, as nearly as he could estimate, it would be about a dollar more.

Dr. Mackenzie asked Dr. Johnson to repeat his motion, as amended.

Dr. Johnson said that it was that the Committee on Publication draft a form of bill containing the items: Assessment to the State Society,; subscription to the Journal (optional), including the benefits of medical defence, \$1.00; county society dues,; this form of bill to be used by the treasurer of every county society in the State.

The motion was carried.

The report of the Committee on Hygiene and Legislation was postponed, at the request of its chairman, Dr. Luther M. Halsey, of Williamstown.

REPORT OF THE BOARD OF TRUSTEES.

The Board of Trustees would respectfully report that two special meetings were held during the year, one to take action on the time and place of the annual meeting on account of the generally expressed desire of members not to meet in the same week that the American Medical Association held its annual meeting, and that the invitation of the New Monmouth Hotel, at Spring Lake, for our society to hold its annual meeting there instead of at Asbury Park. In view of the fact that the desire was so general and that but about half a dozen had expressed a desire to meet at Asbury Park, the board decided to change the date of meeting to June 13 to 15, and Spring Lake as the place of meeting.

The second meeting was held in Newark January 16, 1911, to take action on the death of our chairman, Dr. Charles J. Kipp, when suitable action was taken and the board attended his funeral in a body.

At the meetings held here last evening and this morning, Dr. John W. Ward was elected chairman and Dr. D. C. English secretary. The treasurer's report was read, when Drs. John D.

McGill and W. B. Johnson were appointed the auditing committee, who subsequently reported that they found the treasurer's accounts correct. The report showed the balance cash on hand to be \$4,227.49, and also bonds belonging to the society which cost \$2,671.25. Total, \$6,898.74. The bond of the treasurer, \$3,000, was ordered to be renewed. The board heard reports from the Publication Committee, from the secretary on Permanent Delegates, and an outline report of the chairman of the Committee on Hygiene and Legislation.

On motion, Dr. David C. English was re-elected editor of the Journal of the Medical Society of New Jersey for the year beginning July 1, 1911, at the same salary as last year. Drs. Edward J. Ill, D. C. English, C. R. P. Fisher and William J. Chandler were appointed as the Finance Committee. It was ordered that hereafter all bills contracted by the various committees of the society, before payment by the treasurer, shall be endorsed by the chairman of the committee under which they were contracted and that they shall then be referred to the Finance Committee for approval.

A supplementary report will be presented at the closing season of this annual meeting of the society.

John W. Ward, Chairman.

David C. English, Secretary.

It was moved and seconded that the report be received and filed. Carried.

REPORT OF THE TREASURER.

Dr. Archibald Mercer, treasurer, in account with the Medical Society of New Jersey:

Cr.

1910-11.	
June 4—Atlantic Co. additional payment	\$ 2.00
“ 4—Essex Co. additional payment	51.00
“ 4—Essex Co. additional payment	8.00
“ 6—Receipts from the Journal	1,465.09
“ 10—Camden Co. additional payment	2.00
“ 14—Atlantic Co. additional payment	4.00
“ 16—Warren Co. additional payment	2.00
“ 16—Monmouth Co. additional payment	8.00
“ 18—Essex Co. additional payment	6.00
“ 24—Mercer Co. additional payment	6.00
“ 30—Atlantic Co. additional payment	2.00
July 1—Interest, Bond North Pac., Great North, C., B. & Q. Coll.	10.00
“ 1—Interest, Bond Chicago & Alton	17.50
“ 14—Essex Co. additional payment	6.00
“ 15—Essex Co. additional payment	2.00
“ 19—Middlesex Co. additional payment	8.00
“ 27—Middlesex Co. additional payment	2.00

" 28—Essex Co. additional payment	4.00	
Aug. 1—Interest, Bond N. Y. Central, Mich. C. Coll.	17.50	
Sept. 29—Essex Co. additional payment	2.00	
Oct. 1—Interest, Bond North. Pac., Great North., C., B. & Q. Coll.	10.00	
" 15—Essex Co. additional payment	2.00	
Nov. 4—Hunterdon Co. additional payment	1.00	
Dec. 10—Essex Co. additional payment	4.00	
" 12—Atlantic Co. additional payment	2.00	
" 21—Camden Co. additional payment	3.00	
1911.		
Jan. 1—Interest, Bond North. Pac., Great North., C., B. & Q. Coll.	10.00	
" 2—Interest, Bond Chicago & Alton	17.50	
" 4—Hunterdon Co. additional payment	2.00	
" 10—Passaic Co. additional payment	2.00	
" 30—Mercer Co. additional payment	8.00	
" 30—Bergen Co. additional payment	6.00	
Feb. 1—Interest, Bond N. Y. Central, Mich. C. Coll.	17.50	
" 3—Essex Co. additional payment	4.00	
" 7—Essex Co. additional payment	2.00	
" 8—By error in account of society for February ..	2.00	
" 10—Essex Co. additional payment	2.00	
Mar. 2—Hunterdon Co. additional payment	2.00	
" 14—Essex Co. additional payment	2.00	
" 24—Essex Co. additional payment	2.00	
April 1—Essex Co. additional payment	1.00	
" 1—Interest, Bond North. Pac., Great North., C., B. & Q. Coll.	10.00	
" 5—Cumberland Co. additional payment	5.00	
May 10—Hudson Co. additional payment	1.00	
—Atlantic Co. assessment	120.00	
—Bergen Co. assessment	110.00	
—Burlington Co. assessment	66.00	
—Camden Co. assessment	192.00	
—Cape May Co. assessment	42.00	
—Cumberland Co. assessment	60.00	
—Essex Co. assessment	700.00	
—Gloucester Co. assessment	48.00	
		\$1,743.09

—Hudson Co. assessment	408.00	
—Hunterdon Co. assessment	44.00	
—Mercer Co. assessment	140.00	
—Middlesex Co. assessment	80.00	
—Monmouth Co. assessment	92.00	
—Morris Co. assessment	110.00	
—Ocean Co. assessment	26.00	
—Passaic Co. assessment	244.00	
—Salem Co. assessment	44.00	
—Somerset Co. assessment	56.00	
—Sussex Co. assessment	36.00	
—Union Co. assessment	186.00	
—Warren Co. assessment	26.00	
		2,830.00
Balance in bank June 1, 1910 ..	4,254.19	
Bank interest on daily balance ..	64.05	
Check to L. M. Halsey, not presented to bank	125.00	
\$5,000 Bond, North. Pac., Great North., C., B. & Q. Coll., 4% cost	\$972.50	
\$1,000 Bond, Chicago & Alton, 3½% cost	786.25	
\$1,000 Bond, N. Y. Central, Michigan Central Coll., 3½% cost	912.50	
		2,671.25
		\$11,687.58

1910-11.

	Dr.	
June 10—Dr. W. J. Chandler, Committee Publication ..	\$165.60	
July 2—James T. Lewis	155.00	
" 2—Dr. H. A. Stout, Corresponding Secretary ..	20.00	
" 2—Dr. W. J. Chandler, Recording Secretary ..	100.00	
" 2—Dr. W. H. Iszard, Councilor	27.75	
" 2—Dr. E. F. Denner, Councilor	18.00	
" 2—Dr. W. A. Clark, Councilor	3.52	
" 2—Dr. T. N. Gray, Councilor	41.00	
" 2—Dr. James Hunter, Councilor	24.00	
" 2—Dr. A. Mercer, Treasurer	21.15	
" 6—Dr. W. J. Chandler, programs	50.09	
" 6—Dr. W. J. Chandler, Committee Publication ..	186.10	
" 6—Dr. W. J. Chandler, Recording Secretary ..	156.57	
" 11—Fidelity and Casualty Co., Treasurer's bond ..	15.00	
" 14—Dr. J. M. Rector, Scientific Committee	4.90	
" 15—Whitehead & Hoag, badges	129.37	
" 15—L. Gay, stenographer ..	75.00	
" 15—Dr. W. J. Chandler, Committee Publication ..	207.77	
" 15—Dr. L. M. Halsey, Legislative Committee ..	125.00	
" 30—Dr. W. J. Chandler, Committee Publication ..	450.00	

Aug. 1—Dr. E. S. Sherman, prize essay	100.00	
Oct. 1—Dr. W. J. Chandler, Committee Publication	285.52	
" 1—Dr. W. J. Chandler, Secretary	60.85	
" 12—Dr. W. J. Chandler, Committee Publication	165.42	
Nov. 2—Dr. W. J. Chandler, Committee Publication	166.61	
Dec. 21—Dr. W. J. Chandler, Committee Publication	166.66	
" 27—Edwin M. Colie, legal services	250.00	
" 28—Dr. W. J. Chandler, Committee Publication	256.90	
" 29—Vredenburg, Hall & Carey, legal services..	230.00	
1911.		
Jan. 13—Dr. W. J. Chandler, Committee Publication	159.75	
Feb. 8—Dr. W. J. Chandler, Committee Publication	171.58	
Mar. 24—Dr. W. J. Chandler, Committee Publication	164.94	
April 5—Dr. W. J. Chandler, Committee Publication	228.55	
" 17—Dr. W. J. Chandler, Committee Publication	169.76	
" 17—Dr. W. J. Chandler, Recording Secretary..	48.21	
May 10—Dr. W. J. Chandler, Committee Publication	188.27	
		\$4,788.84
Cash balance in bank June 1, 1911		4,227.49
\$1,000 Bond, North. Pac., Great North., C., B. & Q. Coll., 4%, cost	\$972.50	
\$1,000 Bond, Chicago & Alton, 3½% cost	786.25	
\$1,000 Bond, N. Y. Central, Michigan Cent. Coll., 3½%, cost	912.50	
		<u>2,671.25</u>
		\$11,687.58

Respectfully submitted,
Archibald Mercer, Treasurer.
June 1, 1911.

Dr. Mercer made a recommendation that the assessment for the next year, with that of the component societies, should be two dollars, or that the State Society empower the Treasurer to sell a bond to make up the deficiency. He stated that the cash balance in the bank was \$4,227, that the expenses for the last year had been \$4,700, and that there would be much larger bills to be paid during the coming year, probably nearly \$8,000. Therefore, if the publication and other items remained the same as last year, the income would not be sufficient.

On motion, duly seconded, the report of the Treasurer was received and filed.

Dr. Mortimer Lamson, of Jersey City, made a motion that the recommendation of *Dr. Mercer*, relating to the two dollar assessment, be approved.

Dr. Chandler suggested that *Dr. Mercer* might have overlooked the fact that one dollar paid for the Journal and one dollar for assessment, all of which would come into the Treasurer's hands, would practically amount to a two-dollar assessment. Even though, in order to pay a long-deferred bill, the society would need more money this year, they would have more than enough in the bonds, which, if necessary, could be sold. *Dr. Chandler* thought it best to make the assessment one dollar and the subscription one dollar, and, if necessary, sell one or more bonds.

Dr. C. R. P. Fisher, of Bound Brook, thought it would be poor policy to raise the assessment at this particular time, as it would be likely to make the subscriptions to the Journal fall off fifty per cent. The dues would be practically three dollars, including the subscription. If necessary, the dues could be raised next year; but he thought that it would be better, if necessary, to sell a bond.

Dr. English doubted whether it would be necessary to sell a bond, even if the assessment was not increased. He thought that perhaps the Treasurer had not counted in all that would be coming from the Publication Committee, and made a motion that this recommendation of *Dr. Mercer* be referred to the Publication Committee, with power to make the assessment for the ensuing year either one dollar or two dollars, as the necessity of the case might require.

Dr. Mackenzie wanted to know whether *Dr. English's* motion was offered as a substitute for *Dr. Lamson's*.

Dr. Lamson said he would accept that amendment, but that he thought that the Committee on Publication would not have the power to fix the rate.

Dr. English said that the society would be delegating its power to the Publication Committee.

Dr. McAlister offered an amendment that the Treasurer be empowered to sell one or more of these bonds, if necessary, as there was no advantage in keeping them for posterity.

Dr. Chandler, in response to a request from *Dr. Lamson*, read Chapter XII., Section 1, of the by-laws: "An assessment of two dollars per capita on the membership of the component societies is hereby made the annual dues of the society, unless otherwise ordered by the society."

Dr. Lamson said he would accept *Dr. English's* motion as a substitute for his. *Dr. English's* motion was then seconded.

Dr. Mackenzie asked *Dr. McAlister* whether his amendment was to *Dr. English's* motion, and *Dr. McAlister* replied in the affirmative. *Dr. English* said that permission to the Treasurer to sell a bond, if necessary, had been included in his motion. *Dr. McAlister* then withdrew his amendment.

Dr. English then repeated his motion, which he said had been that the recommendation of the Treasurer be referred to the Publication Committee, with power to make the assessment for the next year either one dollar or two dollars, as the necessity of the case might require, bearing in mind that that action had already been taken in referring to this committee the drafting of a bill to be used by the county treasurers.

Dr. Lamson said that this did not include the selling of a bond.

Dr. English replied that the Trustees had power to sell the bonds, if necessary; but that he would include in his motion that the Treasurer be empowered to dispose of one or more bonds, if it should be found to be necessary.

The motion, with this addition, was carried.

Dr. Strasser said that *Dr. English* seemed to think that the Publication Committee had received power to send out bills, but that this committee had merely been empowered to furnish the draft of a bill to be furnished to the treasurers of the county societies for presentation to their members. *Dr. Strasser* did not see how the Publication Committee had any right to make assessments either.

Dr. Johnson said that the idea was that it should be a direction of the State Society to the treasurers of the county societies that this form of bill drafted by the Publication Committee should be used.

Dr. Mackenzie said that this question had already been disposed of, and called for the report of the Recording Secretary. This was read by *Dr. Chandler*.

REPORT OF THE RECORDING SECRETARY.

In reviewing the returns given in the new membership lists we find that our society has maintained its record for steady growth. As usual some counties have gained, while others have lost. The following ten counties show a gain: Atlantic, Burlington, Cape May, Essex, Mercer, Monmouth, Morris, Passaic, Salem and Union. The following nine have lost: Bergen, Camden, Gloucester, Hudson, Hunterdon, Middlesex, Ocean, Sussex and Warren. The following are stationary: Cumberland and Somerset. Passaic County, with its increase in membership of 21, has made the greatest gain, and Essex is a close second with a gain of 18.

Union comes next with 11 additional members. The losses have varied between one and six members and total 24. The total gain is 71, and the net gain is 47. Total membership, 1,435.

There is one difficulty in the management of the membership lists, which occasions considerable embarrassment and labor for the State Secretary. I refer to the enrollment of delinquent and of newly elected members. Reports of the reinstatement of delinquents or of the election of new members are frequently seen in the columns of our Journal or in those of the Journal of the A. M. A., but no official report of such action is made to the State Secretary, nor are any dues forwarded. The names of these members cannot be enrolled on the list of members in good standing nor can they receive any of the benefits of such membership until their names and addresses, together with their dues to the State Society, are forwarded. Generally these dues are not forwarded, because they have not been paid by the member to the county treasurer. But occasionally the county treasurer fails to promptly forward these dues, and in that case the member having paid, and expecting the benefits, feels justly aggrieved. He does not receive his Journal, cannot become eligible to membership in the A. M. A., and is deprived possibly of the benefits of a medical defense. Several such cases have occurred during the past year and have occasioned considerable annoyance and unnecessary correspondence.

In all cases newly elected members and reinstated delinquents should be notified by the county treasurer of the amount of their indebtedness. If they fail to pay promptly, repeated notices should be sent so that the member can blame only himself, if he fails to receive the full benefits of membership.

Again, the county treasurer should promptly forward these dues when paid, together with the full names and addresses of these members. This enables the State Secretary to enter these names on the list of members in good standing, forward the same to the A. M. A. and ensure to these members all the benefits of such membership.

Another point on which there is some misunderstanding is with members, who pay dues only for the county society, but pay nothing for the State Society. Many of these think that they are thus in good standing in the county society. This is a mistake, as no member is in good standing in his county society until his dues to both State and county society are fully paid.

The following permanent delegates have been absent for two consecutive years: Richard C. Newton, Montclair; William B. Graves, East Orange; Fred M. Corwin, Bayonne, and Charles F. Adams, Trenton. Drs. Graves, Corwin and Adams have been excused. The excuse of Richard C. Newton was deemed insufficient and his name was dropped from the roll.

Although our society has increased in numbers, its losses through deaths, removals, etc., have been more numerous than usual. We cannot mention all of these, but one stands out so conspicuously that we must give it just a brief notice.

Those who have attended for many years the meetings of this society will miss the well-known form and face of Charles J. Kipp. He was one of our faithful workers. From the very beginning of his membership he took an active part in the literary and business affairs of the society.

He was our unfailing representative in the meetings of the American Medical Association. He was ever able and willing to aid with his counsel and his money. He was positive in his convictions and always gave them frankly. He was honest, through and through. We shall long miss this wise and genial counsellor.

The work of the secretary has progressed during the year without any serious difficulties. We meet here to-day representing a larger number of the medical men of New Jersey than ever before. The scientific portion of the program is varied and promises much of interest. The social features are sufficiently attractive and not distracting. The outlook is for one of our most valuable and entertaining meetings.

Wm. J. Chandler, Secretary.

The report was approved as read.

REPORTS OF DELEGATES.

Dr. George W. Lawrence, of Lakewood, stated that he had attended the annual meeting of the Connecticut State Medical Society at Hartford on the 24th and 25th of May. There was a very entertaining program, and it was very gratifying to him to get back there, as for a number of years he had belonged to that society. The particular feature that had most impressed him was the president's address, delivered by Dr. Frank K. Hallock, which was one of the finest addresses to which he had ever listened. It swept the hall with enthusiasm, and was the topic of discussion throughout the remainder of the meeting. Dr. Hallock had promised to send Dr. Lawrence a copy of this address, when printed, and the latter intended to send it to the editor of the Journal, so that he might publish excerpts from it.

Dr. Fisher, one of the delegates to the American Medical Association, reported that he had been present at the St. Louis meeting. The New Jersey Society had had a full delegation, including Dr. Halsey, Dr. William F. Ridgway, of Atlantic City, and himself. They had attended all the sessions of the House of Delegates, at which some interesting work was accomplished, and in this the New Jersey delegates hoped that they had rendered good service.

No delegates from other societies were present.

MISCELLANEOUS BUSINESS.

Dr. Alexander Marcy, Jr., of Riverton, offered the following resolutions, which he said had been presented to the American Medical Association by the American Federation for Sex Hygiene, composed of the various State and city organizations:

Whereas, The belief and teaching on the part of some of the laity and possibly on the part of some of the medical profession that sexual intercourse on the part of the adult male is essential to sound health is calculated to en-

courage promiscuous intercourse on the part of those not better informed;

Resolved, By the Medical Society of the State of New Jersey that in the opinion of the society continence is not inconsistent with perfect health on the part of individuals of either sex and promiscuous intercourse seriously jeopardizes the health of the individual and greatly menaces the integrity of the race.

Introduced on behalf of the American Association on Sex Hygiene.

On motion, these resolutions were adopted.

Dr. McAlister resigned as an alternate to the American Medical Association for this year, as he would be unable to attend the meeting at Los Angeles, in order that some one who was going might be appointed in his place, and the State have a full delegation.

On motion, Dr. McAlister's resignation was accepted.

Dr. Ralph H. Hunt, of Orange, offered the following amendment to Chapter V., Section 2, of the by-laws of the society:

On the first day of the annual meeting the president shall ask all delegates present from each component society to meet at the close of the first session to elect members of the nominating committee—one member from each component society and one additional member from each 50 members, or major fraction thereof composing such society, and to notify the recording secretary of the members so elected, and these members, together with the Fellows, shall constitute the nominating committee.

Dr. Hunt wished to place this amendment before the society then, so that action on it might be taken the following day.

Dr. Emerson said that he had been asked by the State Secretary of the Public Health Education Committee of the American Medical Association, Dr. Katherine Porter, to present a report of the work, which, though in a measure it supplemented the council's report, he wished to read. It was as follows:

The resolution creating this committee was passed unanimously by the House of Delegates of the A. M. A. at the meeting held at Atlantic City, June, 1909. A meeting of women physicians of the A. M. A. was called in New York City, July 20, 1909. Women from all over the United States were present, and formulated plans for work in women's clubs, young women's Christian associations, mothers' and teachers' clubs, social settlement clubs, etc., and work is now going on in many States.

The plan of work is to affiliate through this committee the large amount of public health education now being done individually by scattered groups of men and women; to concentrate this work under the A. M. A., giving unity of purpose and co-operation of effort to all work along these lines.

At the annual meeting of the Essex County Medical Society, held April 10, 1910, the following public health education committee was ap-

pointed: Dr. Katherine Porter, chairman, and Drs. R. C. Newton, F. W. Pinneo, Maria M. Vinton and Linn Emerson.

The committee decided to give six public lectures on health and secured the co-operation of the Public Health Committee of the New Jersey Federation of Women's Clubs and the College Women's Club.

The lectures were held in the Newark Public Library in the evening, as follows: January 16, Food Fads, Dr. R. C. Newton; February 6, The Eye in Health and Disease, Dr. Linn Emerson; February 27, Clean Streets for Health, Dr. William Buermann; March 20, Care of the Teeth in Relation to Health, Dr. R. A. Albray; April 10, Causes and Prevention of Nervous and Mental Diseases, Dr. C. C. Beling; May 1, The Social Evil and Its Effect on Public Health, Dr. T. N. Gray.

Although the attendance at these lectures has not been large (averaging about 25), the interest has been great, and it is thought that next year a larger number of people will be reached.

After making this report, *Dr. Emerson* introduced the following resolution:

Resolved, That the Medical Society of New Jersey endorse the work of the Public Health Education Committee, and that the secretary call it to the notice of the various county societies, and urge them to appoint like committees.

Dr. Emerson made a motion that the resolution be adopted.

The motion was seconded and carried.

Dr. William H. Iszard made a motion that the Medical Defence Act, as amended, be published in full in the Journal of the society.

The motion was seconded.

Dr. Chandler said that it had been published in the August number of 1907, on page 121.

Dr. Iszard said that he referred to the amended act.

Dr. Chandler said that before this was passed he wished to be allowed to make one amendment, which would be necessary for this publication: that the thirty-fifth line of the first column of the report of the Committee on Medical Defence, on page 121 of this number of the Journal, be changed by adding to Section 1 the words, "and have paid their subscriptions to the Journal for the current year." It would then read as follows: "That the Medical Society of New Jersey assume the defence of any and all members threatened with prosecution for malpractice, provided they be at that time in good and regular standing in their county societies, and have paid their subscriptions to the Journal for the current year."

Dr. Iszard accepted this amendment. The motion, as amended, was then seconded and carried.

Dr. Chandler then introduced the following amendment to the constitution: "Amend

Article VI. by striking out the words 'first vice-president,' and inserting in lieu thereof the words 'three vice-presidents.'"

The House of Delegates then adjourned at one o'clock.

SECOND SESSION OF THE HOUSE OF DELEGATES

Tuesday Afternoon, June 13, 1911.

The meeting was called to order by the President at 2:30 P. M.

The invocation was delivered by the Rev. Mr. McClellan, of Spring Lake, and was as follows:

"God of all Grace and Truth, Thou Father of us all, give Thy blessings liberally, we entreat Thee, to this New Jersey Medical Association throughout all its sessions in this place. We believe that Thou art the fountain of all wisdom. Grant, our God, unto these members of the New Jersey Society, the wisdom that can come only from Thee. Thou art the source of all truth. Bestow, we pray Thee, the teachings of Thy truth upon them. We remember what we have heard of Thee, Lord Jesus, Thou Master of us all, and our hearts go out to Thee with the memory thereof. We remember what a Physician Thou wert to poor, suffering humanity. The souls of men? Yes. Thou didst cure them that sought Thee for treatment, how liberally, gladly, lovingly! But Thou didst have compassion also for their wounded, bruised bodies and, with Thy healing touch, didst bring them back to health again. Grant, Lord Jesus, therefore, Thy Spirit to each and every member of this association, that they may seek to follow Thee, not only in the letter of their work, but also in the spirit of it, with the compassion born of Thy divine compassion, to heal the hurts of men and bring them comfort again. We believe that they do so follow Thee. Grant that their following may be still closer and closer, and, to this end, bring Thyself home to each of them as Companion, Teacher, Saviour, for Thy name's sake. Amen."

The address of welcome was to have been delivered by the Mayor of Spring Lake. *Dr. Schaffler* explained that the Mayor had expected to be present, but had been called away suddenly. In his name, *Dr. Schaffler* offered a welcome to the Borough of Spring Lake to the association.

Dr. Chandler read a list of names of the members of the Nominating Committee, and the committee was asked to meet immediately after the adjournment of the afternoon session.

The Nominating Committee was composed as follows:

Atlantic County—Edward Guion.
Camden County—Henry H. Davis.
Cumberland County—H. Garrett Miller.
Essex County—Jesse D. Lippincott.
Hudson County—Henry Spence.
Hunterdon County—George L. Romine.
Mercer County—Henry B. Costill.
Middlesex County—John L. McDowell.
Monmouth County—D. Edgar Roberts.
Morris County—Britton D. Evans.
Ocean County—William G. Schaufler.
Passaic County—Robert M. Curts.
Salem County—John F. Smith.
Somerset County—David F. Weeks.
Sussex County—Benjamin Ferguson.
Union County—Theodore F. Livengood.
Warren County—J. M. Reese.

There being no unfinished business, miscellaneous business was taken up. Under this, *Dr. Chandler* stated that he had received communications from the Second Vice-President, *Dr. Norton L. Wilson*, of Elizabeth, and from *Dr. Gordon K. Dickinson*, of Jersey City, expressing regret at their inability to be present.

On motion, *Dr. George N. J. Sommer*, of Trenton, was appointed alternate delegate to the A. M. A. in place of *Dr. Alex. McAlister*.

On motion, the House of Delegates adjourned at 3:15 P. M.

FIRST GENERAL SESSION.

Tuesday Afternoon, June 13, at 3:15.

Oration in Surgery: The Education of a Surgeon, *Joseph A. Blake*, New York City.

This oration was much applauded. *Dr. George H. Balleray*, of Paterson, made a motion that a vote of thanks be given to *Dr. Blake*.

Dr. English made an amendment to this motion to the effect that *Dr. Blake* be invited to sit as a corresponding member and take part in the discussion. The motion, as amended, was seconded and carried.

The next paper was entitled, Splenectomy, and was presented by *Dr. John C. McCoy*, of Paterson. It was discussed by *Drs. R. M. Curts* and *J. A. Blake*.

The third paper was entitled, Chronic Gastritis of Secondary Origin, Presenting the Phenomenon of Achlorhydria Hemorrhagica Gastrica, and was by *Dr. James T. Filcher*, of Brooklyn. *Dr. Pilcher's* paper was discussed by *Drs. Thomas W. Harvey* and *F. D. Gray*.

The fourth paper, on Final Results in Surgery, was by *Dr. Otto Kiliani*, of New York City. The paper was applauded, but not discussed.

Adjourned at five o'clock.

SECOND GENERAL SESSION.

Tuesday Evening, June 13.

The meeting was called to order by the First Vice-President, *Dr. Daniel Strock*, of Camden, at 8:45 P. M.

The first paper read was the Annual Address of the President, entitled "A Plea for Attaining and Maintaining a High Standard of Medical Education, by *Dr. Thomas H. Mackenzie*, of Trenton.

The President's address was much applauded.

It was moved and seconded that the thanks of the society be extended to *Dr. Mackenzie* for his valuable address. Carried.

The report of the Committee on Hygiene and Legislation, postponed from the morning session of the House of Delegates, was presented by its chairman, *Dr. Luther M. Halsey*.

REPORT OF THE COMMITTEE ON HYGIENE AND LEGISLATION.

To the Medical Society of New Jersey.

In making to you this my annual report of the Committee on Legislation, I desire to call your attention to some of the work during the past year, what really was accomplished and what should have been, had the medical profession been a unit in working untiringly for what, in my judgment, is the best bill we have ever introduced in the Legislature. It was far abreast of the times as to the latest thoughts and conceptions of the many able minds who have been giving this intricate problem close and careful study. It gave New Jersey the opportunity to take advanced ground, putting us in the vanguard, far ahead of many States, and would have given us a standard second to none, and the opportunity to say to the union, "Here is a model law, one passed by physicians who demanded a higher standard, who felt the need of reform within their ranks," and by our action, saying to the people of our State, "The time is ripe for the development of better men to take upon themselves the intricate problem of treating diseased conditions." To think that this opportunity was lost in the Senate by one vote. If there had been a little conscientious work along the lines so frequently suggested by your committee and by the Journal, our work would have been done for years to come.

The special committee to act with Committee on Legislation to prepare the bill to regulate the practice of medicine, met jointly with our committee. The bill was gone over very carefully, and we decided to submit it to the Attorney-General for his approval and any corrections he might make, so that it would be constitutional. This was done very carefully by *Mr. Stockton*, of the Attorney-General's office. He devoted considerable time to it, and, when completed, in our judgment, was a model bill. It was introduced by *Dr. Ramsay*, who worked untiringly for its passage. It finally passed the House and was held up in the Senate by the chairman of the Committee on Public Health,

Mr. Brown, of Monmouth, who is a devotee of osteopathy, he making the excuse for its not being reported because he thought we and the osteopaths should get together and make a compromise.

The president of the Osteopathic Association made certain propositions to Dr. Ramsay in writing. First, that we would so amend our bill that it would admit osteopaths to examination who had completed a three-year course in a recognized school of osteopathy in 1911, and up to and including 1912, a course of three years and nine months, after 1912, a full four years' course. The preliminary requirements being the same as in our bill. These amendments we agreed to accept, with the understanding that all oppositions to our bill would cease. This was submitted to the osteopaths and they repudiated the whole thing.

Another marked evidence of their insincerity and their unreliability: The osteopaths had pursued a thorough campaign, the members of the Legislature were well informed as to their demands, and their continued cry was that we were trying to put them out of business. The one weak point in our bill was the fact that we made absolutely no provision for those in practice. Had one-half the energy been expended by the medical men of the State in trying to explain what we desired to accomplish by our bill—first, to raise the standard, and second, to give every one practicing the healing art in New Jersey the opportunity to come in upon the same level (the absolute fairness of the proposition should have appealed to every broad-minded man)—we would have passed our bill without question. Many members of the Legislature told me that their physicians had told them our bill was too drastic; that it required a preliminary standard entirely too high and should be defeated. The draft of this measure was submitted to the State Medical Society in annual session and approved. It should have had the unqualified support of every physician.

The homeopaths opposed the elimination of *materia medica* and therapeutics, and threatened to defeat our bill if not so amended as to include these subjects. This we did, but it was antagonistic to our best judgment as it was the unanimous opinion of the committee to eliminate those subjects, which relate to special doctrines in medicine, and to require every applicant to show his general fitness for the practice of medicine.

We held numerous conferences during the closing days of the session, but were unable to devise any plan to get the necessary votes to pass the bill. Senators Gaunt and Silzer worked untiringly to the very last, using their best endeavors to get it through, but we were one vote short. To Dr. William E. Ramsay the profession of New Jersey owes a debt of gratitude. He has devoted his time and labored night and day for this measure and felt it very keenly that it did not pass. He passed or assisted in passing several bills which were very valuable measures, notably the one to emasculate confirmed criminals, introduced by Mr. White, of Burlington, as suggested by Dr. Chandler's paper; the bill for the commitment of all acute cases of insanity to State institutions, where a more careful and systematic study can be made. The drinking fountain bill, one for the further purification of water supplies, also some changes in

the pure food laws, a measure for the more careful regulations of marriages.

We also favored and had several valuable amendments inserted in the new Bovine Tuberculosis bill, which greatly strengthened it, and will do much to prevent the shipment of tubercular cattle into New Jersey. It also provides for a longer test period for cattle injected with tuberculin and so regulates the inspection and injection of cattle that it reduces to a minimum the danger of dealers contaminating or bribing the inspectors.

After consultation with the president of the society and the committee, we employed the Hon. Frank S. Katzenbach, who made the argument before the Public Health Committee at the hearing on the osteopathic bill. He also rendered your committee valuable service during the session, as we consulted him frequently in regard to various measures.

The defeat of the optometry, neuropathic and osteopathic bills was largely due to his energy.

While your committee has sent out during the last year over five thousand letters and circulars, the replies or suggestions, inclusive of criticisms received, have not been over one hundred.

Our homeopathic brothers, through their legislative committee, did good work and were represented at our conferences and their chairman, Dr. Cornell, of Trenton, was present almost every week during the session. During the session of 1910 they contributed \$100 toward the expenses of this committee, demonstrating their loyalty.

The more I study this problem of osteopathy, the more convinced I am that it is the personification of fakism. A careful and unbiased study of the report of the Carnegie foundation will convince the most skeptical that only the commercial side appeals to those men. There is absolutely nothing which the osteopaths accomplished that cannot be done by a skillful masseur under the guidance of an able physician. Their absurd foundation stone that all diseased conditions are interdependent upon perverted conditions of arteries or nerves or both and then claim to teach advanced bacteriology and that germs are a factor in developing disturbed physical condition is the par excellence of absurdity. The contention of one Dr. Lewis, who represents the osteopaths of the Board in New York State, that the physiology taught in their schools was years ahead of the teachings of medical schools to-day was equally ridiculous. Their system of instruction, their laboratories, their inadequate clinical facilities, their egotism and bluff are so pre-eminent, that I am firmly convinced that there is only one thing that all conscientious physicians can do if we are willing to do our duty and are united in protecting our brethren. That is to continue a systematic warfare against this most marked specimen of charlatanism of modern times. If each and every one of us study its claims and then make it a sacred duty to explain to our constituents its limitations, its dangers, the absurdity of allowing the osteopaths to treat infectious and contagious maladies, the dangerous possibilities in abdominal diseases, the absurdity of osteopathy to treat pneumonia, gonorrhoea, tuberculosis, malignant growths by "removing pressure from nerves" or "replacing arteries" or "properly bringing into alignment vertebræ," which for some unexplainable reason have

drifted from their moorings. How an intelligent public can accept such a monstrosity and be willing to grant them all the privileges of physicians to care for their loved ones, when the greatest skill is required, is beyond my conception.

Various measures have been presented to us from time to time tending toward an honorable compromise. These have been presented by your representatives to the osteopaths, keeping in view the idea of not allowing ourselves to take any steps which would generally lower our standard, yet there has been continual talk on the part of members of the Legislature and by many physicians, some of whom are members of our society, on the question of a further compromise. It is said that before the will-o-wisp expires it has a moment of exceeding brightness, and just now throughout this country of ours, there are teachers political and teachers moral, sending afresh the flame of that old debt re-entered, which they call the power of compromise, that want us to go softly, that want us to go slowly, which is a positive indication that they desire us to stand still. There is no such thing as the power of compromise. Compromise is inherently ugly, it is unethical and extravagant, politically and socially. It has always been bought at the expense of our own souls and of our own pocketbooks. It is a perfectly creditable legend that pictures Judas as quieting his conscience by the argument that if his master were God, betrayal would reveal him to all the world, whereas if he were not God, betrayal would be merited. Judas compromised. What Judas did, others have a disposition to do.

From 1787 to 1863 this nation compromised with slavery. Such a compromise cost us eight billions of dollars and nine hundred thousand lives. We compromised with the panic of war. Compromise is the means of postponing an unestablished action until the power opposed to that action has gathered enough bitterness to prevent the action. Since what must be will be, to make the performance of the action a thousand times more difficult and a thousand times more dangerous, compromise is never anything but an ignoble truce between the duty of a man and the terror of a coward. I believe it is our duty for the uphold of the honor and dignity of our profession to stand by a high standard in medicine and to develop an educational movement throughout the State, by physicians, by the press, by ministers of the gospel and by educated laymen, which will convince not only our members of the Legislature, but a majority of the respectable citizens of our States, that it is absolutely necessary that all persons who desire to practice the healing art within our borders, must show that he is qualified not only to diagnose diseased conditions, but that he has had a well-grounded education in those subjects which are absolutely necessary to make a man capable of grappling problems which confront us as physicians in the detection and the eradication of diseased conditions to-day.

I am still further firmly convinced that a high school education, with the addition of two years in college in which chemistry and biology are given considerable time in the course, so broadens a man, so develops his mental calibre, that the physician of to-morrow must be an exceptionally better man than the physician of to-day. Let us all determine that which we know

in our hearts is the proper course to take, that we are trying to maintain and to build up not only a higher preliminary standard, but higher medical standard for New Jersey.

Last year, in my report as chairman of the Committee on Legislation, I called your attention to the fact that in my judgment it was time for our society to take a general stand on the question of sanitary and moral prophylaxis.

The hope of the future lies in the spirit of truth that has been awakened, and countries are banding together to make practical organized efforts to eradicate if possible, and certainly to lessen, the social scourge of the world. In all lands efforts are being made to stay the ravages of the great white plague. Shall the great black plague be left to take the sight from thousands of your children; to make invalids of many of our purest women; to fill our homes and insane hospitals with hopeless degenerates and epileptics? Is it not time we recognized the cause of all the misery and meet it honestly? A few can do nothing; public opinion must be aroused until resentment against these preventable diseases is as keen as it is now against all other preventable diseases.

The first step in the right direction is teaching the children the truth regarding the origin of life. The next is to teach boys as well as girls a true self-respect, a profound respect for others, and a sense of individual responsibility, giving them at the proper time a knowledge of the diseases of which they may become the victims, exactly as you would warn them against leprosy, smallpox or tuberculosis.

Usually such knowledge is acquired by the most bitter experience and it is surely a mistaken kindness which keeps a boy ignorant of diseases to which 60 per cent. of our men become victims, and from which thousands of women yearly become mutilated invalids. Only criminal indifference will permit a thoughtful person to say this is no concern of theirs. It is the concern of every respectable man and woman to do all in his or her power to stamp out this condition. Men have deliberately committed sins, the fruits of which were infinitely worse than those punished by the courts of law, and all this has been passed over on account of a false sense of morality and frequently a double standard of morals. Women have a right to a full knowledge of these subjects. It is not only their right but their duty to demand and acquire this knowledge which may enable them to protect their children. This will place a complete knowledge of conditions which later menaces them with loss of life or serious mutilation of their bodies, for sex has qualified morality, but it does not qualify the laws of contagious diseases, and it is just because it has qualified morality that we have such widespread disease.

To meet these conditions no plan will prove adequate which does not embrace manly measures, but the best results will come through education. The gist of the whole matter is concisely stated by the Bishop of London. He says: "I am convinced that the uplifting of the moralities of our people lies, above all and everything else, in educating the children rationally and morally. I believe that more evil has been done by the squeamishness of parents, who are afraid to instruct their children in the vital facts of life, than by all other agencies put together. I am determined to overcome this

obstacle to our national morality. I have not the slightest hesitation in saying that the right way has been found at last. Thousands of men have asked me why they were not taught the danger of vice in their youth, and I have no reply to make to them. I intend now, with God's help, to remove this reproach from our land." Helen Keller says: "When we rightly consider our bodies and our responsibilities toward the unborn generations, the institutions for defectives which are now our pride will become terrible monuments to our ignorance and the needless misery which we once endured."

In all other infectious diseases no human being has a right to give his disease to another, but a man may infect his wife with syphilis, which ruins her health and kills or maims his children just as certainly as if he instilled poison in their food or drink, or with gonorrhoea, which may blind his child and render it a helpless invalid, and escape all serious condemnation. Such is the irony of fate that he may receive sympathy for having married a woman of such delicate health. Society itself is not awakened to its obligation, is irresponsible, and we as physicians should be active pioneers in this propaganda.

I desire at this time to call your attention to the fact that I have been a member of the Committee on Legislation for twelve years, ten of which I have been chairman. I trust that you will bear with me and not consider that I am egotistical, if I make a rapid resume of the work. During that time in 1900 in the paper which I read before the Medical Society of New Jersey, I advocated the time was ripe for the physicians of this State to take an active part in the warfare against the great white plague. The society thought well enough of this proposition to appoint a committee authorizing them to draft a bill to be presented to the Legislature, authorizing the erection and making an appropriation for the establishment of the State sanatorium for the treatment of tuberculosis. Our late lamented friend, Henry Elmer, was made chairman of this committee and he worked untiringly for its passage. The Legislature at the last moment made an appropriation of fifty thousand dollars, which has since been increased by three hundred thousand additional, and we have an institution in New Jersey which is doing work which compares favorably with any that is being done in this country. I believe that it is an opportune time for us as medical men to demand that our State should make some provision for the advanced cases of tuberculosis, which should be taken care of. At the present time these cases, as you all know, are the most virulent and the most dangerous sources of infection. This committee has advocated the establishment either by the State or by counties or municipalities of camps in the pine belts of New Jersey, on State lands, where patients could probably be kept at a very small expense. The short time that they have to live they would be made more comfortable and the very serious danger of infecting other people would be largely eradicated. The late Charles J. Kipp was a strong advocate of the State looking after these advanced cases, and as chairman of this committee I wish at this time to pay homage to the memory of Dr. Kipp by saying that he was an untiring worker of our State Society, a warm and earnest supporter of the Committee on Legislation, willing at all times

to lend his hand in assisting any measures which were for the benefit of mankind and the elevation of medicine in our State. He will be certainly missed in our councils.

We have on our statute books a mid-wifery bill which is not surpassed by any in this country; a bill to prevent blindness in children; a bill to furnish free antitoxin to deserving poor; measures have been enacted to improve the sanitary and hygienic conditions of the State. The Pure Food law is working very well, but should have some more stringent amendments. It is unlawful at the present time to pollute sources of water supply in New Jersey, the condition of dairies has been wonderfully improved, the more rapid and careful inspection of milk. A measure passed at the last session of the Legislature known as the Ramsay Fountain Bill will be a means of preventing any infectious diseases. The voluntary commitment act for the insane and the transfer of insane patients from this State to where they legally belong are also good bills. We have succeeded for a number of years in defeating the optometry bill. While this was largely the work of Dr. Ramsay, as chairman of the Committee on Public Health, I am sure that this State Society should name a committee to take up this important question and either prepare a bill or offer a solution to us which will control the evils of optometry as shown in the many bills which they have introduced. The Committee on Legislation of the American Medical Association has prepared and asks the adoption by several State societies of a model practice act. The idea is to have the States adopt it this year if possible, and if such a measure was passed it would open the door to general reciprocity and a higher standard of medical education, practically as high as we asked for in our bill of the past winter.

The Committee on Medical Expert Testimony, of which I have the honor to be chairman, made a report at the last session, and while being acted upon favorably by the council on legislation, they felt that it was such an important question that it should be taken up by the House of Delegates at the American Medical Association. A special committee was appointed to thoroughly investigate it and report to the house.

I believe that it would be a marked step in advance if the bill passed in the last session of the Legislature to emasculate criminals should also include degenerates. The interesting statistics which are being compiled in the hospitals for the insane, the epileptic village, the feeble-minded home for children and the feeble-minded home for women at Vineland will be of inestimable value in the future in studying these conditions, but considerable has been done already to demonstrate that these unfortunates are the result in a large measure of factors well known to us all and which must sooner or later be carefully and conscientiously considered by us. The study of insanity and its allied conditions, in which such rapid progress is being made, develops so many positive traces or degeneracy, that it is high time to take radical measures to control factors which are almost positive facts. In my judgment there should be a reorganization in the Committee on Legislation, on less bulky lines. During the past session, two members of the committee were never present, two others were present only once. Dr. Mackenzie, presi-

dent of the State Society, was frequently with us; also Dr. Costill, the newly appointed member, who was an earnest and strong advocate of a high standard of medicine, and urged that our new medical law should entirely do away with the idea of recognized schools and place all applicants on the broad ground of physicians. Dr. Horace G. Norton, secretary of the State Board of Medical Examiners, was an untiring worker for the bill, giving much of his time and sending out many letters in the interest of our measure.

The committee desires that the good work of Senators Gaunt, Silzer and Frelinghuysen be recognized by this board, and also in the House, Leader Matthews, James of Hudson, White of Burlington and McCran of Passaic. I am convinced that a committee of three, if they had the hearty co-operation of the State and county societies, could do better work than five. It will be the same story to tell year after year of defeat unless the profession is aroused to systematic co-operation with your Legislative Committee, in a campaign of work and education. If such were a fact, it would be an easy matter to enact the laws we desire, especially if they are as clean as our bill of last winter.

During the past year that I have been connected with the Committee on Legislation, the desire to pass a medical bill which would raise our standard, which would prevent New Jersey from being overrun with quackery in all its forms, has become very near and very dear to me. I have worked to the very best of my ability to accomplish this end, but unfortunately we are quite a distance from the goal, as yet. I have done this work because of my pride as a Jerseyman, and my love and respect for the Medical Society of New Jersey. As Mark Twain says, it is a good idea for each of us at times to commune with oneself. It cannot but help come to me the thought that probably more honor has been given to me by you all than I justly deserve. As president of our society, as member of its board of trustees, as chairman of its Committee on Legislation, as a member of its committee, as an honorary member and as your representative in the American Medical Association for ten consecutive years, it would seem justifiable of having it said that one person is receiving more than he deserved. However, I have tried to the best of my ability to repay the debt. During all this time I have watched legislation very carefully, and we can at least congratulate ourselves that at the present time there is not a law on the statute books in the State of New Jersey which is detrimental to hygienic, sanitary or medical interest. To my knowledge, many very vicious measures have been introduced. By careful work we have succeeded in either defeating them or they have never been reported from committee. While I have felt many times that there should have been more hearty and sincere co-operation on the part of the profession throughout the State for the various measures in which we were interested, yet I am free to admit that many things have been done by you which have made the work of your Committee on Legislation very much easier and possible of attainment, which could not have been done without your co-operation.

I wish to take this opportunity to again thank you for your noble and conscientious approval of the work of your Committee on Legislation, after the cowardly action of the Governor last

year. I am free to admit that immediately after that hearing I was exceedingly despondent, but the prompt action and approval of the county medical societies and the severe criticism of the Governor for his action gave me a renewed lease of life. However, I feel that the time is opportune for me to ask you to accept my resignation as chairman and member of this committee. I have felt for some time that if new blood and new ideas were incorporated in the make-up of this committee, that possibly more might be accomplished. An incident that occurred during this past winter has possibly more firmly convinced me than ever that this should be done. It was told me during the session of the Legislature that there would be no question that I would be only too happy to retain the chairmanship of this committee as long as the society would give it to me, for the reason that I enjoyed publicity and was exceedingly happy when in the limelight. To dispose of this assertion, I have positively made up my mind to offer you my resignation, possibly not so much for this, but because I have devoted ten of the best years of my life to this work—a task which all of you know has not been easy. It necessitated being away from home a great deal, loss of rest, very often getting a very small amount of sleep and on several occasions my health has broken, largely as a result of very closely watching legislation. At times I feel that I am not capable of continuing this chairmanship longer, giving it the careful and conscientious consideration which it should receive. I trust that what I have done in the past will partially pay the debt to the society. I shall not lose, by any means, my interest in the Medical Society of New Jersey. I cannot express to you how much I have appreciated, at every succeeding session of this society, the many kind things that have been said and the practically unanimous endorsement and satisfaction of the work that we have performed.

In conclusion, I desire to say that I hope, in the reorganization of this committee, that that which we all so much desire may be attained, and I shall be very glad at any time to make suggestions or to help the committee, if they so desire, as I feel that it would not be right for me to sit down and not do anything toward protecting the interest of our society or helping to safeguard the lives of the people of this State. I trust that the many things which have occurred during the past few years will be factors in binding the medical profession of this State more closely together in the future than in the past. We must always be prime factors in all movements to better conditions and I am quite sure that if there is a determination on the part of all of us to conscientiously do our part, the time will come when the people of the State will rise up and bless us in the noble profession of which we are members, for a high standard we have always demanded and which I trust many of you may see accomplished.

Neither the report nor any of its recommendations were acted upon at that time, this being a general session, and not a session of the House of Delegates.

The Oration in Medicine, by Dr. George W. Norris, was entitled *Advances in the Knowledge of the Circulatory System.*

There was great applause when Dr. Norris had finished, and, on motion, duly seconded, the thanks of the association were extended to him for this paper.

The next paper was entitled, *The Advantages of the Autopsy and Other Pathologic Anatomic Examinations*. It was by Dr. Harrison S. Martland, of Newark. It was discussed by Drs. Staehlin, Walter Johnson, Pinneo and Worl.

Dr. Johnson moved that a vote of thanks be given to Dr. Martland for his labor in preparing this paper, which was certainly a valuable contribution to the medical literature of New Jersey. The motion was seconded and carried.

Adjourned at 11 P. M.

THIRD GENERAL SESSION.

Wednesday Morning, June 14, 1911.

The meeting was called to order at 9:30 o'clock, the President in the chair. Before the regular program was begun, Dr. H. D. Corbusier, of Plainfield, asked leave to present a needle carrying a single strand of suture material.

Dr. Corbusier said that this little needle was something on which he had been working for several years. It had also been worked upon by other persons, but, so far, had not been perfected. The advantage in the use of this needle, carrying a single strand of suture material, he stated, is that there is not the double tearing of the tissues that is always caused by pulling through two strands. Also, with a single strand one can work faster, tie more quickly and use less suture material. The needle is composed of a piece of steel with an eye in the base, and a jaw that catches the catgut. The thread is passed into the needle and then cut off close. In passing it through, it is caught in a smooth eye, no suture material protruding in any way. The hole made in the tissues is the size of the needle, the single strand of material not enlarging it. With the old-fashioned needle, the double strand would enlarge the hole made by the needle, and pulling it through would stretch the delicate tissues. Another advantage in using the single strand is that one does not have to stop to bring the other strand through. In taking the suture material out of the needle, one merely has to pull it to one side.

The first regular paper read at this session was one postponed from the previous afternoon, *Some Diseases of the Gall-Blad-*

der, by Dr. Frank M. Donohue, of New Brunswick.

The paper was discussed by Drs. E. J. Ill, F. D. Gray and B. D. Hedges.

The next scientific work was the presentation by Dr. Walter B. Johnson, of Paterson, of two papers, entitled *Excision of the Superior Maxilla for Sarcoma of the Antrum*, and *Report of a Case of Foreign Body in the Eye-Ball in Which the Excessive Pain was Relieved Immediately After Radiography*.

These papers were discussed by Drs. Ryerson, David T. Huston, of Philadelphia; William J. Lamson, E. S. Sherman, W. G. Schaufler, G. H. Balleray, T. Y. Sutphen and Henry Chavanne.

The next paper presented was, *The Early Diagnosis of Tuberculosis; Original Method*, by Dr. Irving E. Charlesworth, of Bridgeton. The paper was discussed by Drs. S. B. English, Philip Marvel, B. S. Pollak, T. W. Corwin, Alex. Armstrong, R. H. Hunt and Henry Chavanne.

The last two papers on the program for the morning, in the absence of their authors, were read by title. They were as follows:

General Edemas of Infancy, by Dr. D. J. Milton Miller, of Atlantic City, and *Rodent Ulcer*, by Dr. Walter P. Conaway, of Atlantic City.

Adjourned at 11:45 A. M.

THIRD SESSION OF THE HOUSE OF DELEGATES.

Wednesday Afternoon, June 14.

The meeting was called to order at 2:45 o'clock, the President in the chair.

The report of the Nominating Committee was read by Dr. Stout. It was as follows:

REPORT OF NOMINATING COMMITTEE.

June 13, 1911.

Nominating committee met in the afternoon in room 17. All counties except Bergen, Cape May and Passaic were represented. Dr. Halsey was chosen chairman, and Harry A. Stout secretary.

The following names were placed in nomination for the offices named:

President, Daniel Strock, Camden.

First vice-president, Norton L. Wilson, Elizabeth.

Second vice-president, Enoch Hollingshead, Pemberton.

Third vice-president, Frank D. Gray, Jersey City.

Corresponding secretary, H. A. Stout.

Recording secretary, William J. Chandler.

Treasurer, Archibald Mercer.

Councilors, First District, Thomas N. Gray; Second District, Edward F. Denner; Third District, William A. Clark; Fourth District, William H. Iszard; Fifth District, James Hunter, Jr.

Publication Committee, Edward J. Ill, Ellis W. Hedges.

Committee on Scientific Work—August A. Strasser, John C. McCoy, chairman.
 Program Committee—F. F. C. Demarest.
 Committee on Legislation—William E. Ramsay.

Next place of meeting, Spring Lake, June 11-13. Committee of Arrangements, the same as at present, with the following names added: Edwin Field, Red Bank; Paul M. Mecray, Camden.

Delegates to A. M. A., C. R. P. Fisher, L. M. Halsey.

Alternates to A. M. A., Edward Guion, W. S. Lalor, Alexander McAlister.

Delegates to the Pennsylvania State Medical Society, W. Blair Stewart, H. H. Sherk, L. M. Halsey.

L. M. Halsey, Chairman.
 H. A. Stout, Secretary.

It was moved and seconded that the report be received, and that the Secretary be authorized to cast a ballot for the persons nominated by the committee.

Dr. English suggested that there might be other nominations.

Dr. Mackenzie announced that nominations from the floor were in order.

Dr. Halsey said that Dr. William E. Ramsay, of Perth Amboy, had assured him that on no consideration would he accept a nomination as a member of the Legislative Committee. This would leave a vacancy in that committee, if it were left at the same numerical strength. Dr. Halsey, in the report of the Legislative Committee, had suggested that a smaller number than six would be less unwieldy and would be able to do better work. He thought it would be a good idea to reduce the number to three, and give the committee power to act for the society. Unless the committee had the hearty co-operation of the members of the society, it would be impossible to accomplish any legislation.

Dr. Johnson moved that the election be proceeded with, that Dr. Ramsay be allowed afterward to resign, if he so desired, and that in that case the committee stand at three members.

Dr. English said that he would prefer to have Dr. Ramsay remain on the committee, and thought that he might be persuaded to do so. If not, the President could then appoint some one else.

Dr. Halsey repeated that Dr. Ramsay would not accept, even if elected.

Dr. Mackenzie ruled that Dr. Ramsay could resign after he was elected, but not before.

Dr. C. R. P. Fisher stated that the by-laws provided that this committee should be composed of six members.

The motion of Dr. Johnson was voted on and carried.

Dr. Chandler reported that he had cast a ballot, and that the ticket of the Nominating Committee was elected.

Dr. Halsey, acting for Dr. Ramsay, said that Dr. Ramsay positively declined to serve on the Legislative Committee.

It was moved by *Dr. Johnson*, and seconded, that Dr. Ramsay's resignation be accepted.

Dr. Henry H. Davis, of Camden, stated that Dr. Ramsay's reason for declining to serve on this committee was not that he had lost interest, but because he realized that the position that he had held in the Legislature of New Jersey would prevent him from doing the good on the committee that he could otherwise do. His appearance on the committee would be like flaunting a red flag before a mad bull, because he had been an aggressive man.

Dr. Johnson's motion was carried.

Dr. English then nominated Dr. Thomas H. Mackenzie to serve on the Legislative Committee in Dr. Ramsay's stead. The nomination was seconded by *Dr. Chandler*.

Dr. Halsey nominated Dr. Edward Guion, of Atlantic City.

Dr. Guion withdrew in favor of Dr. Mackenzie.

It was moved and seconded that the Secretary cast a ballot for Dr. Mackenzie. The Secretary did so, and Dr. Mackenzie was elected.

Under miscellaneous business, *Dr. Hunt*, of Orange, asked for action on the amendment to Chapter V., Section 2, of the by-laws, regarding the Nominating Committee, which he had introduced the preceding day. He then read this amendment, and made a motion that it be adopted. The motion was seconded.

It was moved and seconded that the question be laid on the table. A division was called for, and the motion was lost by a vote of 24 to 33.

The question of adopting the amendment then came up for consideration, and *Dr. Henry L. Coit*, of Newark, expressed himself as being opposed to railroading any such measure through the House of Delegates without its being thoroughly understood. He had not understood it until about an hour before, and during this time he had been making inquiries, from which he had learned that it had emanated from his county. He did not mean to intimate that he owned the county, but, being a loyal member of the Essex County Medical Society, he wanted to be a more loyal member of the State Society. As they had met to

legislate in the interests of the Medical Society of New Jersey, the interests of the Essex County Society should be considered subservient to the interests of the State Society.

Dr. Coit said that the question was regarding the numerical representation in the Nominating Committee, which is the machinery to suggest the officers of the society, and is composed of the Fellows and one delegate from each county society. The Fellows, being the ex-presidents, should be the most loyal members of the society, because their personal interests are to uphold the reputation of the Medical Society of New Jersey. Therefore, Dr. Coit did not feel afraid of any of the Fellows in the nomination of officers. From the engineering going on, Dr. Coit had heard that the Fellows must be considered a menace to the integrity of the State Society, and that they outnumbered the delegates in the Nominating Committee; but he had found that they were a negligible factor. At the most, they would be only eighteen in number, and they were never all present.

Dr. Coit stated that he belongs to several national and one international medical association, and that in none of them is there numerical representation of members of the society on the nominating committee. The members of the committee represent sections, just as do the members of the United States Senate, and not the population.

Dr. Coit said that he was supposed to be instructed to vote for this amendment by the Essex County Society, but that his impulses told him that it was fundamentally wrong. If Essex County had eight men, and Hudson County had seven, and there were three more from Passaic, that would be a majority of the Nominating Committee, because every other county would have but one. Burlington County, which extends from the Delaware River to the sea, would have but one representative on the Nominating Committee. Dr. Coit thought that there should be a territorial representation, rather than a numerical representation based on membership. He was not trying to upset any important legislation that the county society might wish to bring before the State Society, but he was more interested in the State Society than in any component part of it.

Dr. Johnson said that he understood the amendment to mean that each county society should have one member on the Nominating Committee and, in addition, one other member in that committee for every fifty, or

major fraction of fifty, members. This would be two members from each county containing 26 members. Therefore, the major portion of the counties would be represented, to start with, by two members, and this would make 42 members. Then the extra members from Essex and Hudson Counties, with the Fellows, would run the membership of the Nominating Committee up to a very unwieldy number. He thought that it would be better to have no Nominating Committee at all, and have the nominations made in the House of Delegates.

Dr. English stated that when the constitution of the society was adopted, this same proposition was suggested. It was at that time thought rather unfair toward the smaller societies to have numerical representation on the Nominating Committee, and, as a compromise measure, the plan in force was adopted. This gave unanimous satisfaction. Dr. English said that it did not need much arithmetic to see that eighteen Fellows could not outvote twenty-one delegates representing the county societies, and that rarely were there more than twelve Fellows present. Moreover, these eighteen Fellows are distributed all over the State, several coming from the little societies, and a few from the larger ones. They have no object in voting for any candidate for any office, save as it seems to be for the highest interests of the society, which are very near and dear to their hearts. The Fellows on the nominating Committee could, Dr. English contended, have no other object, having attained the highest honor in the power of the society to confer upon them. There could be nothing of personal or united interest in their voting. Such a thing had never happened in the Nominating Committee. There had never been a year when the Fellows had been united.

Dr. Chavanne said that though he came from a small county society, he thought that the larger societies had a right to have representatives according to their number. He did not feel convinced that the representatives of the counties always outnumbered the Fellows.

Dr. Fisher said that the county societies had numerical representation on the floor of the House of Delegates, and that the House of Delegates had the final vote on the recommendations of the Nominating Committee. To make an unwieldy body of that committee would merely complicate matters.

Dr. Hunt said that this was not a personal matter with him, but that, as secretary of the Essex County Society, he was

making a fight for the delegates. In regard to Dr. Coit's remark about railroading the amendment through, Dr. Hunt said that it had been introduced the previous day and read. Every requirement of the constitution had been followed.

Dr. Coit explained that his reference to railroading was not intended for Essex County. He had made the remark because he had received the impression that the amendment was to be voted on by the State Society without discussion.

The vote on the amendment was taken by a roll call. When the Secretary called his name, *Dr. T. N. Gray* explained that he had not arrived at the meeting at which the Essex County Society had instructed the delegates to vote for the amendment until after that motion had been passed. He wished to vote in the negative, if his associates would allow him to do so.

Dr. E. D. Newman asked to have the privilege of voting in the affirmative for the delegates of Essex County not present.

This raised considerable dispute, some men wanting the privilege of voting for others, and it was finally settled by the President by ordering the Secretary to strike out the votes of any delegates not in the room and whose votes had been given by proxy.

The result of the vote was 22 in favor of the amendment and 41 opposed. The motion to adopt it was, therefore, defeated.

Dr. Henry H. Davis then offered the following resolution:

"Resolved, That a committee of three members shall be appointed annually by the President to consider the president's address and recommend any action thereon that may be deemed necessary."

Dr. Davis said that many of the retiring presidents made valuable recommendations, on which some action should be taken by the society, but these recommendations are often overlooked and forgotten.

The resolution was seconded and adopted.

Under unfinished business, *Dr. Elmer Barvais*, of Trenton, suggested that action be taken regarding the report of the Legislative Committee, read by *Dr. Halsey* the preceding evening at a general session, in which he tendered his resignation as chairman.

It was moved and seconded that *Dr. Halsey's* resignation be accepted.

Dr. Johnson rose to a point of order, and said that if *Dr. Halsey* wanted to resign, he should submit his resignation in due form, and not in a report of a committee.

Dr. Mackenzie said that this was *Dr. Halsey's* privilege.

Dr. Barvais said that the only reason he had brought up the matter was because he thought that *Dr. Halsey* was sincere in offering his resignation, and desired action upon it.

Dr. Johnson said that his point of order was that a man could not resign until elected.

It was explained by *Dr. Fisher* that *Dr. Halsey* had been elected before the report was read. His election dated from 1910, and his term did not expire until 1913.

Dr. Chavanne said that it was not wonderful that *Dr. Halsey* should desire to resign, because he had found it more difficult than he had expected for him to be chairman of the Legislative Committee, owing to the absence of sympathy for him and of recognition of the value of his work on the part of the society. It was not the uneducated and illiterate that had been opposing his measures, because the Christian Scientists, the quacks and the members of the Legislature were by no means ignorant.

Dr. Mackenzie said that if *Dr. Halsey* wished to withdraw his resignation, he was at liberty to do so.

Dr. Halsey said that he felt that the Legislative Committee had not, especially during the last year, received the support that it deserved from the members of the society. During the last three years the committee had expended over twenty-two hundred dollars of the society's money; yet, outside of some hygienic and sanitary measures for the benefit of the public, nothing had been accomplished, the main object of the committee—placing on the statute books of the State a model medical practice act—having failed. If this failure had been because the committee had not pursued the proper plan to develop the confidence and support of the medical men of New Jersey, *Dr. Halsey* thought that an infusion of new ideas into the committee might produce better results and save this annual expenditure of money. *Dr. Halsey's* idea was that they should support practically the same bill as presented this year, with some slight modifications as regards a higher preliminary educational standard and a higher medical standard, as this law was on the lines of those adopted by the advanced States and approved by the American Medical Association. He did not want New Jersey to take second place, and hoped that by putting other men on the committee they might in a short time see the end of the fight. Partly

for this reason, and also because it had been hinted that it was very vital to his existence to be in the limelight, as he enjoyed publicity, Dr. Halsey had determined to offer his resignation as chairman of the committee. He thought that it would be unjust to the society for him to continue two years longer in this position, when his plans did not meet with its approval. He wanted the members to feel free to select some other man, to develop some other ideas, to pursue some other plan, in order to accomplish the end so near and dear to all their hearts, the passage of an ideal measure in New Jersey that would place her in the front rank in medical progress.

The motion to accept Dr. Halsey's resignation was then put to a *viva voce* vote, and lost.

Dr. Barzvis then called attention to the fact that the report of the Legislative Committee had contained some other recommendations.

Dr. Halsey said that he would go and get the report, so as to read the recommendations in it, and that in the meantime the society could go on with other business.

The report of the Prize Essay Committee was presented by Dr. John D. McGill, of Jersey City, who said that the committee had received four essays, all of which were of merit and deserved praise, but had decided that two of these were a fraction better than the others. Unfortunately, the envelopes that contained the names of the gentlemen were inadvertently destroyed by a servant in Dr. McGill's house. Therefore, it was necessary to announce the awards by means of the *nom-de-plume* and the mottoes. The first prize was given to the physician signing himself "Benjamin Franklin," and employing the motto "*Veritas*," because the committee considered his essay slightly more original than the other ones in the description of Anterior Poliomyelitis. The winner of the second prize had also presented a very good essay, and deserved great credit for the amount of investigation that he had made. This essay was signed "Fracastorius," and the motto used was "*Una fides, altere commune*" (One faith, a common altar). The other two essays were regarded by the committee with great favor, but they considered these two a trifle better.

Dr. Strock said that he had just opened a letter from Dr. Grafton E. Day, of Collingswood, stating that he had been obliged to leave the State the day before the meeting, which he could not return in time to at-

tend. Enclosed was a little envelope with Dr. Day's name and residence printed on it. On this envelope was written "Benjamin Franklin. *Veritas*." Therefore, Dr. Day was the winner of the first prize.

Dr. McGill said that he would like to know also the name of the winner of the second prize.

Dr. Strock suggested that the report of the Prize Essay Committee be inserted in the Journal. Dr. Mackenzie said that Dr. English would attend to this.

Dr. Halsey, who had returned with the report of the Legislative Committee, read the first recommendation. He then made a motion that the President appoint a committee to act conjointly with the Sanitary Association in taking up the question of moral and social prophylaxis. The motion was seconded and carried.

Dr. Halsey then read the next recommendation. It referred to the Medical Practice Act introduced to the Legislature the preceding winter, not recognizing any school of medicine.

Dr. Hunt said that the Essex County Society, of which he was secretary, had instructed him to say that it was their wish that a Medical Practice Bill similar to the one of 1910 be introduced this year.

Dr. English made a motion that the matter be referred to the Committee on Legislation. The motion was seconded and carried.

Dr. Halsey read the next recommendation, which was that a committee be appointed to draft resolutions indicating the gratitude of the society to Dr. Ramsay for his excellent work during the last winter. Dr. Halsey moved that this recommendation be adopted. The motion was seconded and carried.

The next recommendation of the committee was that the Medical Society of New Jersey should express to the Homeopathic State Medical Society its appreciation of the concerted action that it had taken with the Medical Society of New Jersey during the past year. This was to be put in writing by the Secretary and transmitted to the Secretary of the Homeopathic State Medical Society. This motion was seconded and carried.

Dr. Halsey said that he was desirous that the House of Delegates should take some decided action on the Medical Practice Act, which seemed to have been partially disposed of in a resolution of the society. The Medical Practice Act suggested by the American Medical Association seemed, he

thought, to come nearer to the culmination of their ideas than anything that he had seen, because it led to reciprocity between the States.

Dr. Mackenzie said that all this had been left to the committee.

Dr. Halsey said that he had asked for a consideration of the further introduction of a bill to enlarge the scope of the bill passed the preceding winter, providing for the emasculation of degenerates, as suggested by *Dr. Chandler*.

Dr. Mackenzie said that there was such a law already.

Dr. Halsey said that it referred only to criminals.

Dr. Halsey then read the next recommendation, which provided that the thanks of the society should be transmitted to various persons for their valuable services. He made a motion that the Secretary be instructed to convey the thanks of the society to these gentlemen for their co-operation. The motion was seconded and carried.

It was moved and seconded that the recommendations contained in the remainder of the report be submitted to the committee for further consideration. Carried.

The House of Delegates adjourned at 4:05 P. M.

FOURTH GENERAL SESSION.

Wednesday Afternoon, June 14.

The meeting was called to order at 4:05 o'clock, the President in the chair.

The address by the Third Vice-President, *Dr. Enoch Hollingshead*, of Pemberton, entitled *Our Profession—Its Changes in Forty Years*, was presented.

TRIBUTES TO THE MEMORY OF CHARLES J. KIPP.

The first to speak was *Dr. D. C. English*, of New Brunswick, who said:

At the meeting of the Board of Trustees held immediately after the departure of our deceased friend, *Dr. Chandler*, *Dr. Fisher* and myself were appointed a committee to arrange a brief memorial service to *Dr. Kipp* during the sessions of this society.

Dr. Charles Jacob Kipp became a member of this society in 1862. He was a delegate from the Essex County Society in 1870, and again in 1873, and was then appointed as an essayist for the following year. He was present every year since, with the exception of two. In 1874, he was made a delegate to the American Medical Association, and seven times thereafter he acted in the same capacity, attaining the position first of trustee in that association, and then of second vice-president. In 1875 he was elected chairman of the Committee to Examine Candidates for the Degree of M. D., when this society conferred that degree. He served as chairman

of the Prize Essay Committee for several years, as chairman of the Standing Committee for two years and chairman of the Committee of Honorary Membership for several years. In 1883 he was elected third vice-president; in 1884, second vice-president; in 1885, first vice-president, and in 1886, president of the Medical Society of New Jersey. Since the organization of the Board of Trustees, in 1904, *Dr. Kipp* has been its chairman. In 1906, he was elected a member of the Publication Committee, serving on that committee until his death; and also serving on various other committees during these years.

His contributions of scientific papers to the society have been numerous and valuable. He served the society with marked ability and fidelity, ever displaying excellent judgment and acting in a spirit of modesty and self-abnegation. Recognized as an eminent oculist at home and abroad, he was noted for maintaining strict ethical relations with his professional brethren, for his advocacy of high standards of medical education and licensure, and for a tender consideration of the poor in his professional work. As members of this society, we mourn his loss today—a loss that will be felt for many, many years to come.

Entering this society the same year as *Dr. Kipp*, I was early impressed by his manly character and his faithfulness in service. It has been my privilege and great honor to have been associated with him somewhat closely during the past few years in the work of this society, and to have enjoyed his friendship. His friendships were true. He was incapable of flattery. His praise was genuine and inspiring. His criticism was faithful, kindly, helpful. I desire to bear testimony to-day to his worth, and to express my deep sense of loss in his departure—the one sad feature, to me, of this annual meeting.

Dr. Mackenzie: This society is anxious to do honor to the life of *Dr. Kipp*. I will call on several gentlemen who have been intimately acquainted with him, and knew him better than the rest of us, to speak. I will first call on *Dr. Edward J. Ill*, of Newark:

I never wished more that I was a master of speech than at the present moment. *Dr. Kipp* was a friend of mine since I was a boy, almost as long as I have lived. He was the physician of my family, and looked after me and operated on me. He looked after the children of my wife and my grandchildren. Never have we missed anyone more in my household than *Dr. Kipp*. I do not know what better tribute can be paid to any physician than to say that his patients thought well of him and wonder where they are going to get another to look after them and those dear to them as he has done.

Dr. Mackenzie: I will next call on *Dr. David St. John*, of Hackensack.

Dr. St. John spoke as follows:

It is fitting on this occasion to pause a moment that we may pay deserved tributes to the real man, the ideal physician, the dean of this society, the late *Dr. Kipp*.

The town is better, the State is better, the country of his adoption is better for the life of this upright man.

How uplifting and far reaching for good was

the influence of the living example of this exemplary man.

In the freshness and vigor of his early manhood, his high sense of duty leads him to volunteer as an army surgeon in defence of his recently adopted country. Returning from this duty, well done, he soon becomes, through merited effort, one of the leaders of his profession, as well as a citizen of high respectability in his home city. His growth and advancement continue until he is one of the influential and important factors in the councils and affairs of the State Society, in which the highest honor in the gift of the society was conferred upon him. In later years the American Medical Society honored itself by electing him to a high office, and had his life been spared, still higher official honors might have been offered him.

As a physician and specialist, Dr. Kipp occupied a high rank. Forceful and strong in the carrying out of his convictions, he nevertheless observed the golden rule and was most ethical in his relations with his colleagues, especially so with the family physician.

His example in this respect might well be followed by some other specialists of the present day, who, in their eagerness to secure patients and keep them, too often seem to entirely forget or ignore the attending or family physician, to whom some professional courtesy is justly due.

The kindly face told of the many acts of kindness and benevolence done by this friend of the poor and needy. Perhaps the most beautiful and touching tribute was offered by the once wounded Confederate soldier boy who, in a battle during the Civil War, became a prisoner in a Union camp hospital and was so tenderly and humanely cared for by this young army surgeon, that after fifty years of grateful remembrance and appreciation, he came on from his Southern home to place flowers on the funeral bier of this beloved physician, who, following the injunction of the Great Physician, had "visited and ministered unto him when wounded and in prison."

To the younger members of the profession, to the older, to all, the life and conduct of Dr. Kipp affords a worthy example.

Dr. Mackenzie: Dr. Walter B. Johnson, of Paterson, will now say a few words.

I think that we all feel the loss of Dr. Kipp. I know that I feel his loss myself very much. He was a man of unusual attainments. His activities in this society, in the State, and in the American Medical Association have been spoken of, but he was also active in many other spheres. He was a great oculist and one of the pioneers in ophthalmology. He was a man strong, honest, sincere, and helpful to everybody who came near him. I cannot express the feelings that I have in his loss. He was honored by the great American societies, the American Ophthalmological and the American Otolological. He was a past president of the Otolological Society, and his career has placed a mark upon the affairs of this country in ophthalmology and otology that will not be effaced by time.

Dr. Mackenzie: I will now call on Dr. H. Genet Taylor, of Camden.

I only received word regarding this tribute this afternoon, when I was asked to say a few words regarding the death of Dr. Kipp. I have always thought a great deal of Dr. Kipp, and

can hardly tell you how I felt when I heard of his death, having been so closely associated with him for many years. In fact, I succeeded him two years afterward as president of this society, in 1888, and my intimacy with him has been remarkable. We have been very intimate ever since that time. I have just jotted down a few words, which I will read:

The many kind words expressive of the feelings of all present in the death of our late associate and fellow member, Dr. Charles J. Kipp. I feel the deep sorrow and loss of one who not only endeared himself to the medical profession at large, but by his deep and earnest interest in his profession had the affection and love of the many he was called on to minister to during his life work.

I have been acquainted with Dr. Kipp for the past twenty-five years, particularly since he was elected president of the society—meeting him once a year, at the annual session, where he was always present. There was no difficult problem in the administration of the society that, by his judgment, I felt could or would not be satisfactorily settled. He was, indeed, the wise and careful custodian of our society in all its details, always attending every session until the final adjournment, watching to the end, that the business should be successfully and honorably conducted.

There are others who have earnest interest in our State Medical Society, but few can fill his place with that interest and wise judgment that Dr. Kipp gave to the society during his membership.

Dr. Mackenzie: Dr. C. R. P. Fisher, of Bound Brook.

I became associated with the State Medical Society in 1878, and one of the first friendships that I formed with any of its members was with Dr. Kipp. At my first meeting with him I could not help feeling that here was a man that could be depended upon in every emergency—a man whose friendship would ring true every time, a gentleman in every sense of the word, and an ethical man in every meaning of that term. It was my privilege to be associated with him more and more, as the years went on, and in our Board of Trustees, in the House of Delegates, and in different committees of our society, I worked shoulder to shoulder with him, as well as in the House of Delegates of the American Medical Association. Never did he ring anything else than true. His perception of the right was quick and sure, and if one knew that a certain opinion was right, one could expect to find Dr. Kipp on that side of the question every time.

Here Dr. Mackenzie resigned the chair to *Dr. Hollingshead*, who called on Dr. Theron Y. Sutphen, of Newark, to speak:

Dr. Sutphen spoke as follows:

Thirty-eight years ago I had the honor and pleasure of becoming associated with the late Dr. Kipp in clinical work and was one of his assistants for nearly ten years. During all those years and the years following he has been to me an ideal which it was my duty to follow. Only a few medical men in our city knew him better than I. His intelligence, his judgment, his studies, his ripe and clear conclusions, his faithfulness with his patients and with his fellow prac-

tioner and the confidence he inspired as a result of this, together with a quiet and unassuming nature, all tended to endear him to his associates. I have been with him for twenty years in the councils of the American Ophthalmological and Otolological Societies, and he stood for all that was best and wisest in their proceedings, and whenever it came his turn to speak, there was such a deference shown him as it seemed to me no other one inspired. I have been with him in the sessions of the International Ophthalmological Society abroad, and when he arose to speak there the halls were hushed and every ear listened. To my mind there never was a physician whose influence so permeated the entire medical profession of this State as that of our dear friend, Dr. Kipp, and I esteem it a great privilege to add my little word of admiration at this time for one who was my pattern in all that stood for medical honor and medical progress.

A scientific paper, entitled *Significance of Pain in the Diagnosis of Disease of the Lower Abdomen*, was then read by Dr. Thomas B. Lee, of Camden. It was discussed by Drs. Martindale, Balleray and Corson.

The next paper was entitled *Calcium Sulphide*. It was by Dr. John E. Pratt, of Dumont, and was discussed by Drs. Sherk, E. B. Rogers, H. L. Rose and B. Van D. Hedges.

Adjourned at 5:30 P. M.

BANQUET AND ENTERTAINMENT.

Wednesday Evening, June 14, 1911.

SPEECH OF THOMAS H. MACKENZIE AT THE BANQUET.

Ladies and Gentlemen of the New Jersey State Medical Society:

I think that I can include the ladies. They have been with us all the time, and their presence has made it very pleasant for the gentlemen. Let me tell you that we are greatly indebted to the chairman of the Committee of Arrangements for the very able manner in which he has arranged for the meeting of this society. I think that I voice the sentiments of all those present, when I extended to him the thanks of the society for the manner in which he has conducted the work of his committee.

I want to say, before I sit down, that we have a great pleasure in store for us. You have been enjoying yourselves with the good things of the gods. You have in store, however, something more pleasant still. I have reference to a speech that is to be made by my friend, Dr. Johnson, who is going to address you on the subject of the State Medical Society. We have had to put a limit on the length of this speech, owing to the fact that we have so many other things on hand for to-night, otherwise he would speak all night. We will give him about fifteen minutes.

SPEECH OF DR. WALTER B. JOHNSON.

Mr. President, Permanent Delegates, Annual Delegates, Associates, Guests, Ladies and Gentlemen:

I am sure that you are about to undergo a

very serious and terrible disappointment, if you have placed any confidence in the statement of the president of this society. I do not pose as an orator; I pose only as a loud-voiced fellow who can make everyone hear him, but cannot say anything. I heard the doctor speak favorably of our friend, Dr. Schaufler, and certainly he is to be spoken of with pride for his work in connection with the Committee of Arrangements, but I think that this hotel, laboring under the difficulty that it has labored under, with the sudden influx of many more visitors than were expected, deserves a great credit for having carried out to such a termination, or nearly a termination, the gastronomic part of this meeting. I assure you, gentlemen, that the science of gastronomics as related to the stomach of the individual is of vital importance. Let us all take it to ourselves and consider what those celebrated gentlemen said to each other (and I notice a great absence of what they alluded to on that occasion) when the Governor of North Carolina made that remark to the Governor of South Carolina. It was an epoch-making occasion!

Now, gentlemen, I feel very much like a certain lady that I have read about. I feel very full, as if there was a great deal inside that I should like to get out and let you have. This reminds me of a story that a doctor told me to-day, and asked me to repeat to you to-night, because I do not know how to make a speech, but only how to make a noise. This story is about a celebrated vaudeville monologist, who was giving a performance in one of those theaters to which ladies and children are admitted. There was a lady sitting in the second seat from the front who had a small baby on her lap, and the artist was continually interrupted by the squealing of the baby. He made various forms of nods and winks and gestures to attract the baby's attention and quiet its noise, but, failing in this attempt, he got angry. Finally he stepped a little forward and said: "Madam, can't you keep that baby quiet?" The woman was a little angry herself, because the attention of the audience had been drawn to her by the actor, and she replied: "No, I can't." "Why can't you keep it quiet?" he asked. "Because," said she, "my dress is buttoned up the back." That is the way with me, gentlemen; I know that I have a good deal in me, but I can't get it out, because I am afraid that the horn that Dr. Schaufler has threatened to blow if I speak too long might go off.

However, that brings us to another situation, and that is a consideration of the question—what is the subject of the toast? I think it was the Medical Society of the State of New Jersey. Up to now, I really have not got started to talking. I had intended to say something about the Medical Society, but every one here is a member of it, or a near member; and those that are not actually members are married to those that are members, and those that are not married to members are the children of them, or possibly the younger ladies have serious expectations of becoming the wives of members. I think that that covers pretty nearly all the ground, except that for the benefit of those that do not know it, I might say that this meeting is the one hundred and forty-fifth meeting of the oldest medical society in the United States of America. (Applause.) I can rise to my peri-

ods, when I have to. The only trouble is that I cannot find out when to make the periods. Dr. English has suggested that I do not fly. I do not mean to fly, unless it may be into realms of oratorical bliss. How one who has not the ability to fly can reach such realms of bliss, I do not know; but I do know that I have a great feeling for every one here who has to suffer the agony of the discourse that they are now undergoing. It reminds me of a sufferer that another medical brother told me about. He is a doctor who can tell a story better than I can, and I should like to hear him tell it now, so as to be further relieved.

This gentleman had a feeling such as the feeling that I have for you is. He was an Irishman, and was in a state entirely foreign to that of any of us, from what I can see about me; that is, he was in a state of more or less inebriety. He was going down a street and a heavy rain started up. (Some one said it started down.) I hate to be corrected when I make a statement. I said that the rain started up, and the Irishman, who was coming down the street and was a little bit unsteady, tilted over against the side of a house. He touched the side of the house just where the rain was coming down a rainpipe, the rain having deposited itself, prior to its exit from the pipe, on the roof. He leaned under the pipe, with first one shoulder, and then the other. Then it struck him on the back of the neck, and he commenced making motions as if swimming. A police officer came along and said, "I will help you out." "Don't bother with me," Pat replied. "Save the women and children first." I feel that you are all in that condition where it is necessary that you shall be relieved, and relieved quickly.

Is there any danger of the horn's going off? I have done something altogether foreign to all expectation. If I can only remember, I will recite something. I can never remember anything I learn. If I try to learn anything and then come here and undertake to say it to you, I always forget it, but I will try to gather myself together on this:

Speeches are great
Speeches are fair;
But most of them
Are all hot air.

Dr. Mackenzie: Gentlemen, we shall now adjourn to the Assembly Room, where we shall hear a paper on mosquitoes.

Dr. Johnson: If I did not sting them, that will.

After all had found seats in the Assembly Room, Dr. Edward A. Ayers, of Branchville, presented a paper entitled *The Mosquito as a Sanitary Problem*, which had been postponed from the morning session because of the lantern slide demonstration accompanying it. Owing to the lateness of the hour the lecturer was limited to thirty minutes in which to present his very interesting slides, although the audience almost demanded that his time should be extended.

Following this, there was a vaudeville and moving-picture entertainment.

FIFTH GENERAL SESSION.

Thursday Morning, June 15, 1911.

The meeting was called to order by the President at 9:50 o'clock.

The first paper, entitled *Certain Juxta-Joint Fractures and Certain Important Mechanical Principles in These Fractures*, was presented by Dr. Fred H. Albee, of New York City. This paper was discussed by Drs. F. D. Gray and Livengood.

Dr. Schaufler stated that as the Legislature had passed a law forbidding the use of public drinking cups after the Fourth of July, the Committee of Arrangements had tried to get some sanitary individual drinking cups to show to the members of the society. The only thing that they had been able to obtain were the paper ones made by Stone & Forsyth, of Boston. He passed these around, and said that he did not know their price.

The next paper on the program was *Direct Transfusion of Blood; Its History and Probable Future; Author's Method*. This was by Dr. A. L. Soresi, of New York City, and was discussed by Dr. F. D. Gray.

The other two papers on the program were read by title, their authors being absent. They were: *The Estimation of the Function of the Kidney*, by John C. Tull, of Atlantic City, and *Erysipelas in the Newly Born*, by Dr. George T. Welch, of Passaic.

The general meeting adjourned at 11:10 A. M.

FOURTH MEETING OF THE HOUSE OF DELEGATES.

Thursday Morning, June 15, 1911.

The meeting was called to order at 11:10 o'clock, the President in the chair.

The concluding report of the Board of Trustees was read by Dr. English, as follows:

TRUSTEES' SUPPLEMENTARY REPORT.

At a meeting of the Board of Trustees held Tuesday evening, June 13, Dr. John D. McGill, chairman of the committee appointed last year to secure Dr. Halsey's bill for expenses of the Committee on Hygiene and Legislation since June, 1908, and up to this annual meeting in 1911, and to examine and report upon said bill, reported that the following sums appeared to be still due (in addition to what had already been paid by the treasurer):

For the year ending June 1, 1909.....	\$579.50
For the year ending June 1, 1910.....	839.83
For the year ending June 1, 1911.....	596.75

Total\$2,016.08

That all but four of the bills—which amounted to about \$150—had been paid by Dr. Halsey. The committee recommended that the bill be paid.

On motion the treasurer was authorized to pay the above amount—\$2,016.08—on the order of the president of the society; the bills which remain unpaid the treasurer was directed to pay to the individuals to whom they are due and the balance of the amount to Dr. Halsey, chairman of the committee.

On motion it was resolved that the Committee on Hygiene and Legislation shall submit to the Finance Committee all propositions for the expenditure of moneys exceeding a total amount of one hundred dollars during the year ending June 1, 1912, and that said committee shall expend no moneys in excess of that amount without the approval of the Finance Committee.

At a meeting held June 15, Dr. John D. McGill, chairman of the Committee on Prize Essays, reported that the committee had received four essays and that they deemed two, which he designated, as worthy of the first and second prizes offered—\$100 and \$50, respectively—and the committee recommended that these awards be made.

The board, on motion, approved of the payment of the amounts offered to the parties designated, and on motion it was resolved that two prizes of the same amounts as above be offered the coming year for essays on such subject as the committee shall designate. On motion, \$100 was appropriated for a room for the storage of the society's property in the care of the secretary, payable to the recording secretary. The question of securing insurance on the society's property and of a safe deposit box was referred to Dr. Chandler with power.

Respectfully submitted,

John W. Ward, Chairman.

D. C. English, Secretary.

It was moved and seconded that the report of the Board of Trustees be received, its actions approved and its suggestions adopted. Carried unanimously.

Dr. English made a motion that a vote of thanks be given to the Committee of Arrangements, and especially to its chairman, Dr. Schauffler, who had contributed so largely to the comfort and enjoyment of this annual meeting; to the management of the New Monmouth Hotel, for the courtesy extended; to the Borough of Spring Lake and to those of its citizens who have contributed to the comfort and pleasure of our members; and especially for the automobile rides and other favors extended to the ladies and guests.

The motion was seconded and carried.

Dr. English then suggested that a vote of thanks be given to the Treasurer, Dr. Archibald Mercer, who had served the society long and faithfully.

It was moved that the society give Dr. Mercer a rising vote of thanks. The motion was seconded and carried.

Dr. St. John moved that the society, by

a rising vote, extend to the retiring President their thanks and appreciation of the marked ability and efficiency with which he had presided over the session. The motion was seconded by *Dr. Chandler* and carried.

Dr. English then made a motion that a vote of thanks be also given to the Recording Secretary, Dr. Chandler, who had certainly been faithfulness itself. The vote should be a rising one, because Dr. Chandler was a rising man. The motion was seconded and carried.

Dr. Chandler expressed his appreciation, and assured them that they had only added to his pleasure in doing this work.

Dr. Chandler then said that he had been asked to read the following resolution:

Whereas, Throughout the United States there is a persistent movement to discredit the splendid work of the United States Department of Agriculture through the Bureau of Chemistry, in safeguarding the lives of the public by enforcing the pure food and drugs act; and

Whereas, A personal and malicious attack is being made on Dr. Harvey W. Wiley, a physician of international repute, and chief of the United States Bureau of Chemistry, by manufacturers of patent medicines and doped food products, because of his courageous activity in the crusade for pure food and against fake medicinal preparations; be it

Resolved, That the Medical Society of New Jersey commend Dr. Harvey W. Wiley for his splendid work and reaffirm its confidence in his honesty, integrity and sincerity; and be it further

Resolved, That as a body of physicians we approve of the work of the Bureau of Chemistry in exposing and driving out of business the charlatan physician and manufacturer of fake "cure-all" remedies; and be it further

Resolved, That this society encourage those magazines and newspapers which, at great financial loss, through withdrawal of advertising patronage, are fearlessly continuing and pushing the national crusade for pure food and drugs.

It was moved and seconded that the resolutions be adopted. Carried.

It was moved that the delegates to the American Medical Association be asked, in case that they should find that New Jersey had been chosen for its next meeting place, to request the association to have due regard for the State Medical Society in fixing the date of the meeting. The motion was seconded and carried.

Dr. Chandler stated that should the date selected by the A. M. A. conflict with that selected by the Medical Society of New Jersey, it would be necessary for the latter to change the place of meeting, because the meeting could not be held at the "Monmouth" after that week in June.

Dr. W. Blair Stewart, of Atlantic City, stated that the Hotel Men's Association of Atlantic City, in sending the invitation to

the A. M. A. to come there in 1912, had specified the second week of June as being the only week that would be convenient for holding the convention, there being other societies going to Atlantic City during the third and fourth weeks of that month.

Dr. Mackenzie said that he thought that the Committee of Arrangements had power to change the time of the meeting.

Dr. Chandler replied that it was the Trustees who had this power.

Dr. Mackenzie said he did not think it would be necessary to have a motion made concerning this, because if the Trustees found that the dates would conflict, they could make other arrangement.

Some one asked whether they could get the Monmouth Hotel for the first week in June, and *Dr. Schaeffer* replied that it would not be possible, because this would leave a week between the close of their meeting and the opening of the hotel for other guests.

Dr. English said that, in view of the difficulties in the way, he would be glad if New Jersey were not urged very strongly for the A. M. A. meeting next year.

Dr. Emanuel D. Newman, of Newark, said that by request he desired to present the following resolution:

"Resolved, That this society strongly approves of a safe and sane celebration of the Fourth of July; and be it further

"Resolved, That this society co-operate with other State organizations advocating this form of celebration."

The resolution was seconded and carried.

Dr. H. Genet Taylor made a motion that the thanks of the society be extended to the Corresponding Secretary, *Dr. Harry A. Stout*, for his arduous efforts in keeping the registration correct.

The motion was seconded and carried.

Dr. Mackenzie suggested that *Dr. English* should not be forgotten.

It was moved and seconded that the thanks of the society be extended to the editor of the Journal for his very efficient services. Carried.

Dr. English thanked the President and the members of the society for this vote of thanks, but said that his actions would speak louder than his words, and asked for their hearty co-operation in getting material to make the Journal what it ought to be.

The society adjourned *sine die* at 11:30 A. M.

William J. Chandler,
Recording Secretary.

APPOINTMENTS BY PRESIDENT STROCK.

The President, *Dr. Daniel Strock*, appointed the following committees:

Committee on Business—*William A. Westcott*, chairman, Berlin; *Henry H. Davis*, Camden; *J. Boone Wintersteen*, Moorestown; *H. Garrett Miller*, Millville; *George B. Gale*, Newark.

Committee on Honorary Membership—*H. Genet Taylor*, chairman, Camden; *John D. McGill*, Jersey City; *Luther M. Halsey*, Williamstown.

Member of Committee on Credentials—*George T. Tracy*, Beverly.

Committee on President's Address—*Henry H. Davis*, Camden; *Alexander Marcy, Jr.*, Riverton; *Edward Guion*, Atlantic City.

Committee on Social Evil—*Luther M. Halsey*, chairman, Williamstown; *William G. Schaeffer*, Lakewood; *John C. McCoy*, Paterson.

ATTENDANCE AT ANNUAL MEETING.

The following persons, whose names are recorded in the registration book were present:

Fellows.

John W. Ward, *H. Genet Taylor*, *George T. Welch*, *John G. Ryerson*, *Obadiah H. Sproul*, *Thomas J. Smith*, *David C. English*, *Claudius R. P. Fisher*, *Luther M. Halsey*, *John D. McGill*, *Henry Mitchell*, *Walter B. Johnson*, *Alexander Marcy, Jr.*, *Edward J. Ill*, *David St. John*.

Officers.

Thomas H. Mackenzie, president; *Daniel Strock*, first vice-president; *Enoch Hollingshead*, third vice-president; *Harry A. Stout*, corresponding secretary; *William J. Chandler*, recording secretary; *Archibald Mercer*, treasurer.

Permanent Delegates.

Atlantic County—*W. Blair Stewart*.

Bergen County—*Samuel E. Armstrong*, *John E. Pratt*.

Burlington County—*Richard H. Parsons*, *William P. Melcher*, *J. Boone Wintersteen*.

Camden County—*William H. Iszard*, *Alexander McAlister*, *William S. Jones*, *Harry H. Sherk*, *John F. Leavitt*, *Henry H. Davis*, *Howard F. Palm*.

Cumberland County—*S. Thomas Day*.

Essex County—*Joseph C. Young*, *William J. Chandler*, *Edward J. Ill*, *George R. Kent*, *Joshua W. Read*, *George A. Van Wagenen*, *James T. Wrightson*, *Theron Y. Sutphen*, *Charles F. Underwood*, *L. Eugene Hollister*, *Charles D. Bennett*, *William B. Graves*, *Thomas W. Harvey*, *David E. English*, *George B. Philhower*, *Henry L. Coit*, *Theodore W. Corwin*, *Edward Staehlin*, *William S. Disbrow*, *Thomas N. Gray*, *William Buerman*, *Jesse D. Lippincott*, *Linn Emerson*.

Gloucester County—*George C. Laws*.

Hunterdon County—*George L. Romine*.

Hudson County—*James A. Exton*, *Joseph M. Rector*, *Fred M. Corwin*, *George E. McLaughlin*, *Mortimer Lampson*, *Talbot R. Chambers*, *Frank D. Gray*, *John C. Parsons*, *John J. Baumann*, *John J. Broderick*, *August A. Strasser*, *William P. Watson*, *Henry H. Brinkerhoff*, *Henry Spence*, *Arthur P. Hasking*.

Mercer County—*Richard R. Rogers, Sr.*, *David Warman*, *Elmer Barwis*, *Charles F. Adams*, *John C. Felty*, *Henry B. Costill*.

Middlesex County—Ambrose Treganowan, Frank M. Donohue, A. Clark Hunt.

Monmouth County—Edwin Field, Samuel Johnson, Daniel E. Roberts.

Morris County—James Douglass, Britton D. Evans.

Ocean County—William G. Schaufler, Ralph R. Jones.

Passaic County—Philander A. Harris, George H. Balleray, Charles H. Scribner, Robert M. Curtis, Frederick F. C. Demarest, Edward F. Denner, Francis H. Todd, Frank J. Keller.

Salem County—Henry Chavanne.

Somerset County—Sewell O. B. Taylor, John P. Hecht, Aaron L. Stillwell.

Sussex County—Benjamin W. Ferguson.

Union County—Thomas H. Tomlinson, James S. Green, Edgar B. Grier, Ellis W. Hedges, Theodore F. Livengood, John P. Reilly, Stephen T. Quinn.

Warren County—James M. Reese.

Annual Delegates and Reporters.

George N. J. Sommer, James T. McGuire, George M. Culver, Charles H. Finke, Arthur Stern, William S. Lalor, Frank W. Pinneo, C. R. Neare, Palmer R. Potter, Ralph H. Hunt, Eugene S. Carrington, S. A. Cosgrove, J. L. MacDowell, James Enright, William E. Ramsay, S. B. English, J. Clifford Haines, David F. Weeks, L. K. Henschell, E. D. Newman, H. Garrett Miller, Alex. S. Ross, James H. Curtis, William C. Raughley, William G. Nash, S. G. Bushey, J. D. Moore, William C. Noble, B. S. Pollak, Benj. H. Rogers, H. D. Van Gaasbeek, John E. Smith, Thomas A. Dingman, C. S. Heritage, W. B. Jennings, Fred S. Hallett, E. S. Corson, W. A. Robinson, H. A. Wilson, J. J. Haley.

Associate Delegates.

William A. Westcott, John K. Bennett, Emma M. Richardson, Edward Guion, H. W. Kice, D. J. Milton Miller, Francis H. Glazebrook, Morgan D. Hughes, Charles H. Schlichter, I. S. Long, C. C. Beling, W. B. Warner, George T. Tracy, J. B. Harrison, Alex. Armstrong, George W. Lawrence, W. H. Areson, Jos. C. Winans, Isidore Topkins, Edward B. Rogers, Irving E. Charlesworth, W. S. Whitmore, William C. Sandy, Henry A. Cotton, H. D. Williams, Eliot Gorton, L. L. Mial, Philip Marvel, E. Z. Hawkes, H. S. Martland, Victor Mravlag, C. B. Phillips, A. H. Lippincott, E. C. Ard, George E. Titus, George B. Gale, H. A. Tarbell, E. E. Worl, T. J. McLaughlin, J. H. Underwood, H. G. Norton, Henry Allers, Helen L. Carter, Harold D. Corbusier, John S. Douglass, E. E. Hubbard, H. H. Lucas, Frank S. Gordon, Peter J. Rapperty, William L. Pyle, Sarah R. Mead, Samuel Barbash, David Berner, S. E. Ashcraft, John M. Craig, E. S. Sherman, H. J. Burnett, Francis R. Haussling, Josiah Meigh, G. V. V. Warner, J. W. Martindale, William G. Parry, E. B. Funkhouser, R. C. Newton, Henry L. Sinexon, Alfred Stahl, H. E. Shaw, W. O. La Motte, M. W. Reddan, P. M. Mecray, Marcus E. Squier, H. B. Slocum, T. E. Dolan, Thomas B. Lee, William J. Arlitz, A. M. Heron, H. L. Goldstein, H. Eugenia Whitehead, William E. Jonah, C. E. Sutphen, Helen E. Upham, L. B. Hollinshead, Fred H. Albee, Hiram Williams, Henry B. Dunham, H. J. E. Wallhauser.

Guests.

James T. Pilcher, Joseph A. Blake, Joseph D. Farrar, George W. Norris, Addinell Hewson,

Otto Kiliani, Edward L. Ives, Robert E. Ringland, W. S. Thomas, John B. Smith, L. E. Bishop, William M. Leszynsky, E. J. Braisley, Frederick Griffith. There were also present the wives and families of many of the physicians in attendance.

Permanent Delegate Absentees.

Atlantic County—Edward A. Reiley, W. E. Darnall, J. A. Joy, E. C. Chew, Emery Marvel.

Bergen County—George H. McFadden, James W. Proctor.

Camden County—William A. Davis.

Cape May County—Randolph Marshall.

Cumberland County—Joseph Tomlinson.

Essex County—Charles Young, Richard P. Francis R. G. B. Dieffenbach, W. P. Eagleton, L. S. Hinckley.

Gloucester County—G. E. Reading, James Hunter, Jr., E. T. Oliphant.

Hudson County—G. K. Dickinson, John J. Mooney.

Middlesex County—John G. Wilson.

Monmouth County—Cyrus Knecht.

Morris County—Cuthbert Wigg, Stephen Pierson, E. W. Flagge, A. A. Lewis.

Passaic County—John T. Gilson, A. F. McBride.

Salem County—William H. James.

Union County—J. Ackerman Coles.

Warren County—G. Wycoff Cummins.

Absent Two Years Consecutively.

Bergen County—George H. McFadden, Hackensack; James W. Proctor, Englewood.

Cumberland County—Jos. Tomlinson, Bridgeton.

Essex County—Charles D. Bennett, Newark.

Passaic County—John T. Gilson, Paterson.

Association of Medical Secretaries and Treasurers of New Jersey.

The annual meeting of this association, composed of the State, County and Local Medical Societies' secretaries and treasurers, was held June 14, 1911, at 8:30 A. M., preceding the general session that morning of the State Medical Society. The members, with President Mackenzie, of the Medical Society of New Jersey, breakfasted together at the New Monmouth Hotel, after which the president of the association, Dr. David C. English, gave a brief address, emphasizing two points:

(1) That the standing and prosperity of the county society largely depends upon the methods and efficiency of its secretary, and (2) that the well-managed and well-attended county society which succeeds in enrolling every legally qualified practitioner they can induce to join, contributes largely to the standing and success of the State Society and of the profession at large to the winning of public respect for the profession and the increase of its influence in securing legislation for the good of our citizens.

The president then called upon Dr. Daniel Strock, who read a short paper, entitled "The Secretary's Relationship to the Non-Attending and the Non-Member."

Dr. William J. Chandler, secretary of the Medical Society of New Jersey, made an instructive address relating to the duties of secretaries and treasurers to the State Society.

President English called upon the president of the Medical Society of New Jersey, Dr. Mackenzie, who commended the work of the asso-

ciation, and bespoke for it a future of great usefulness to the profession of the State.

Brief talks followed by Drs. G. T. Tracy, O. H. Sproul, F. S. Hallett, H. Garrett Miller, E. Guion, C. H. Finke, H. W. Kice, H. Chavanne and James Douglas. Dr. English closed with a few earnest words urging determined and persistent effort to get into the societies the non-members and report every meeting of their respective societies in the Journal.

The following officers were elected to serve for the ensuing year: President, Dr. Obadiah I. Sproul, of Flemington; vice-president, Dr. James Douglas, Morristown; secretary, Dr. Daniel Strick, Camden; treasurer, Dr. Ralph H. Hunt, East Orange.

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Meetings of County Societies.

Atlantic—First Friday of each month except July and August. Annual in January.
 Bergen—Second Tuesday of each month, except July and August. Annual in April.
 Burlington—Second Wednesday in January, April, June and October. Annual in January.
 Camden—Second Tuesday in February. October and December and fourth Tuesday (annual) in April.
 Cape May—First Tuesday in April and October.
 Cumberland—Second Tuesday in January, April (annual), July and October.
 Essex—Annual first Tuesday in April. Others on call, dates not fixed.
 Gloucester—Annual third Thursday in January. Other meetings third Thursday March, May, September and November.
 Hudson—First Tuesday in each month from October to April, inclusive. Annual in April.
 Hunterdon—Annual fourth Tuesday in April.
 Mercer—Second Tuesday in each month except July and August. Annual in May.
 Middlesex—Third Wednesday in January, April (annual), July and October.
 Monmouth—Annual meeting second Tuesday in December.
 Morris—Annual meeting second Tuesday in March. Other meetings second Tuesday in June, September and December.
 Ocean—Annual meeting first Wednesday in November. Other meeting in spring. date not fixed.
 Passaic—Second Tuesday in each month from October to June, inclusive. Annual in April.
 Salem—Annual meeting first Wednesday in May. Other meetings first Wednesday in February and November.
 Somerset—Annual meeting second Thursday in April. Other meetings second Thursday in June, August, October and December.
 Sussex—Annual meeting second Tuesday in May. No other meetings.
 Union—Annual meeting second Wednesday in April. Other meetings second Wednesday in the other months except August.
 Warren—Annual meeting any Tuesday (at option of secretary) in May.
 Tri-County Medical Association—Annual second Tuesday in October.
 Tri-County Medical Society of South Jersey—Fourth Tuesday of January, May and October.

Medical Society Meetings.

American Medical Association at Atlantic City, N. J., June 4-7, 1912.
 Medical Society of New Jersey, New Monmouth Hotel, Spring Lake, June 11-13, 1912.
 Medical Society of the State of New York at Albany, N. Y., April 16, 1912.

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SPLENECTOMY FOR RUPTURE OF SPLEEN, WITH REPORT OF FOUR CASES.*

BY JOHN C. MCCOY, M. D.,
PATERSON, N. J.

Splenectomy is indicated in certain pathological conditions affecting the spleen, causing an enlargement of the organ, interfering with the health of the individual, or for the reason that an enlarged spleen is a source of danger to the patient, owing to its susceptibility to laceration from trauma or even rupture without external violence. The hypertrophy may be due to various pathological changes in the spleen substance or the enlargement may be the result of systemic or infectious processes.

Among the former causes may be mentioned: Tumor of the spleen, due to cysts, parasitic and non-parasitic; malignant growths, usually sarcoma, either primary or secondary; benign growths, abscess of the spleen and contusion. No well authenticated case of primary carcinoma is recorded.

Of the systemic and infectious conditions giving rise to enlargement of the spleen are malarial and syphilitic spleen, amyloid spleen, hypertrophy of the spleen with cirrhosis of the liver and tubercular spleen.

It has been generally accepted that tuberculosis of the spleen never occurs as an independent condition, but is usually secondary to a general tuberculous process and in itself is of very little clinical importance. So far as a differential diagnosis between a tuberculous enlargement of the spleen and a hypertrophied spleen from other pathological conditions is concerned, I believe the dif-

ferentiation would be impossible in the absence of tubercular symptoms in other organs.

That it is possible to have a tubercular condition present in the spleen with no apparent tubercular process elsewhere in the body is illustrated in one of my cases.

It may be classed as one of the blood-producing organs and probably takes an active part in disposing of the broken down blood cells. How far it may exert an inhibiting effect, acting in the capacity of a mechanical filter, upon organisms entering the circulation, we cannot say.

It has been claimed that patients from whom the spleen has been removed are more susceptible to infection. In no cases reported, however, has the removal of the spleen been followed by conditions which could be attributed to its absence.

As to the effect upon the economy, the extirpation of the spleen has, it is hard to say. It would seem that in those cases in which there were no marked pathological changes in the organ, there is no detrimental effect to the individual, as the result of the removal of the spleen.

In two of my cases of extirpation, following traumatism of the spleen, which have been carefully followed since operation, in the one case for a period of sixteen months and in the other for seven months, the general condition of the patients seems to have remained as good as it was prior to the loss of the organ. Both patients have steadily gained in weight, are able to indulge in athletic sports and show no evidence of fatigue, even under severe exertion.

Blood examination demonstrated a practically normal condition sixteen and seven months, respectively, after splenectomy. It has been noticed in both cases that, though there has been a steady gain in flesh, and an excellent capillary circulation, giving an

*Read at the 145th annual meeting of the Medical Society of New Jersey, at Spring Lake, June 13, 1911.

almost florid complexion, there is a faint but evident underlying bronze hue to the skin over the entire body, resembling the early stage of hæmatogenous jaundice of pernicious anemia. Could this be explained on the basis of the absence of the spleen, which prior to its removal, had disposed of the broken down cell elements of the blood?

We know from animal experimentation and observations upon the human subject, following the removal of the spleen, that its presence is not essential to life; neither does its extirpation seem to interfere with the physical well being of the individual. As to how far other parts of the economy, such as the bone marrow or lymphoid tissues, take on increased activity after removal of the spleen, is not definitely known. There has been observed in some instances, after splenectomy, a general enlargement of the lymphatics and enlargement of the thyroid.

It has been stated that the bone marrow assumes increased activity upon removal of the spleen and compensates for its absence. In cases of rupture of the spleen, in which extirpation has been done, the observations and subsequent blood examinations would seem to show, that the changes in the blood elements were more marked and permanent than would be expected from the simple loss of blood. From our own investigations, it would seem to be only a question of time, when the blood constituents again reach a normal state.

Certain changes in the blood appear to be constant following splenectomy.

1. An increase in the number of white blood cells.
2. A diminution in the number of red cells.
3. An increase in the number of eosinophiles.
4. A disproportionate and more persistent diminution in the hæmoglobin.

Cases of rupture of the spleen are not common, 160 cases having been reported up to 1908. A large percentage of ruptures have occurred in pathological spleens, mostly in spleens enlarged from malarial or infectious conditions.

During the past three years, I have seen four cases of rupture of the spleen, two of which could be attributed to direct violence. The spleen was removed in each instance with one fatal result, that of the gunshot case.

The first case was one of gunshot wound of spleen: Case 2, contusion of an apparently normal spleen with subsequent rup-

ture; Case 3, contusion of a malarial spleen, with subsequent rupture; Case 4, spontaneous rupture of a tubercular spleen with absolutely no history of trauma, occurring in a patient while in bed asleep.

CASE 1.—Mrs. M., age 38. Seen in consultation with Dr. George Fischer. During a period of mental depression she placed a 32-calibre revolver against the left hypochondriac region and discharged the ball into the abdomen.

Physical Examination—Large, robust woman, married. Heart and lungs normal. Very fat abdominal wall. Pelvic examination negative. Perforating wound just below the free border of the ribs on left side three inches to the left of the ensiform cartilage, skin surrounding wound showing powder marks. Perforating wound just below border of ribs in anterior axillary line of left side, evidently point of exit of bullet. Abdominal wall rigid on right side and sensitive to pressure over left hypochondriac region, most marked just between the ribs. Temperature 98, pulse 90, and there was nothing apparently alarming about her condition.

During the next forty-eight hours, the abdominal rigidity became more marked, distention more pronounced. There was evidence of general peritonitis. At end of 48 hours, temperature 102, pulse 120, vomiting. Urinalysis negative.

Operation—Median incision, free blood in peritoneal cavity; general peritonitis; rupture of the spleen, bullet having passed directly through the organ. Splenectomy. Death in 36 hours.

PATHOLOGICAL REPORT BY DR. F. R. SANDT.

The specimen measured 12 cm. in length, and 10 cm. in width. Weight, 245 grams.

The organ was but slightly increased in size; it was firm to the touch; the capsule was normal; the surface smooth and the edges sharp. One portion of the organ, about one-fifth of it, was completely detached by the passage of a bullet and the rupturing effects of the resulting hemorrhage.

Microscopical sections gave no pathological changes except in area close to injury, where there was an extensive hemorrhagic infiltration of the splenic tissue.

Diagnosis—Rupture of the spleen and traumatic hemorrhagic splenitis.

As stated, it has been claimed that tuberculous enlargement of the spleen per se does not occur. Dr. W. J. Mayo in 1909 reported a case of splenic tuberculosis in which other than the enlarged spleen,

the physical examinations were negative.

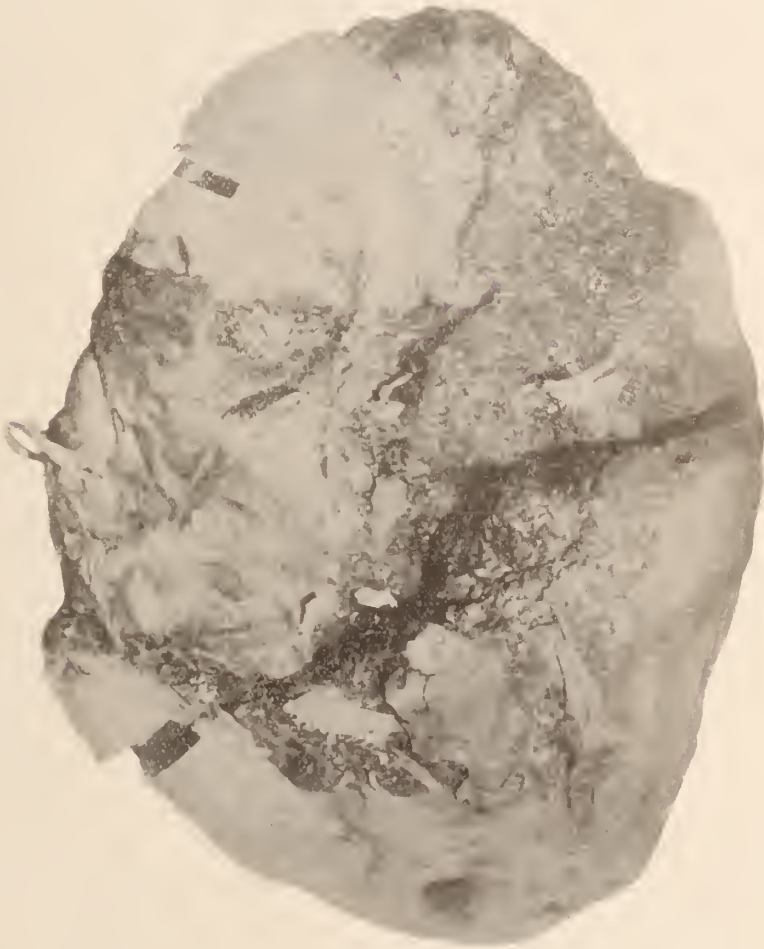
I wish to add the following case of splenic tuberculosis terminating in spontaneous rupture of the organ, occurring in a woman who, up to the time of the rupture of the spleen, had been in her usual health, and showed no evidence of tubercular infection after the removal of the spleen. I am indebted to Dr. Rush Neer, with whom I saw the case in consultation, who had the

"February 9, several evacuations of the bowels, less abdominal distension, less pain. Vomited. Temperature 99.3-5, pulse 104.

"February 10, temperature 99, pulse 120. Severe abdominal pain, more distension."

CASE 2.—Seen in consultation with Dr. Neer, February 10, 2 P. M. Entered hospital 4 P. M.

Mrs. F., German, age 67, married 38 years, 2 children. She states that five or



Case 2.—Acute Hyperplastic Splenitis, secondary to Tuberculous Splenitis.

case under observation for two days prior to her admission to the hospital, for the following statement:

"Patient went to bed February 7, 1909, feeling perfectly well. About 4 or 5 A. M., February 8, awoke suddenly with severe abdominal pain.

"When seen by me, the abdomen was distended, dullness on both sides, especially painful over left curvature of the colon. Purgatives were administered and hot strops applied to the abdomen.

six months ago was conscious of slight pain in the left side particularly upon exertion; also noticed a more frequent desire to urinate. Other than the frequent urination and slight pain in left hypochondriac region previous personal and family history negative. During the past two months the frequency of urination has been more troublesome. Always constipated. Ceased menstruating at 47.

Examination—Well nourished, very anæmic; skin bronze-like hue; conjunctiva jaun-

diced; facial expression anxious; tongue thickly coated and dry. Heart and lungs normal. No enlargement of the lymphatics.

Abdomen—Prominence of the right side, extending from free border of ribs to pelvis. Palpation showed a more or less irregular mass, rather boggy in this area. Dullness extended from near the centre of the abdomen to the posterior axillary line. Pain on pressure was most pronounced over the region of the left kidney. Pelvis negative. Temperature 99, pulse 102, respiration 36.

During the next 24 hours there was an almost constant desire to urinate, patient passing 22 ounces of urine in this time. Urine showed albumin, pus and casts.

February 10 to 12—Temperature ranged from 99 to 101; less pain in abdomen, but prominence more pronounced. Amount of urine for 24 hours did not exceed 26 ounces. Urine continued to show blood and pus.

February 14—Cystoscopic examination showed evidence of chronic cystitis. Ureteral catheter introduced into the left ureter and left in situ 6 hours. Diagnosis of pus kidney made, and operation advised, but refused by family.

February 14 and 18—Patient's condition seemed to improve; began to take light food and bowels moved daily; less abdominal pain and diminution of abdominal distension. The mass diminished in size, extending to within two inches of the umbilicus and to within three inches of iliac crest. Extremely tender over entire left side. Rigidity of right rectus. There continued frequent desire to urinate, which seemed to be relieved when patient was placed in semi-reclining position. The low 24 hours' urine persisted, varying from 18 to 24 ounces, each examination showing blood and pus.

On the morning of February 19, patient had a severe chill, lasting fifteen minutes, followed by a rise of temperature to 102.2-5, pulse 128; tumor in left side more prominent and distension more pronounced; pain excruciating.

Operation at 1 P. M., February 20. Longitudinal incision in lumbar region from ribs to ilium. When kidney was reached, it was found about one-third larger than normal; surface apparently normal. Large intra-peritoneal hæmatoma presented.

Peritoneum opened, when there was evacuated three or four quarts of chocolate-colored blood and clots. When cavity was cleansed, there presented an enlarged spleen having several lacerations of its capsule, upon its outer surface. An incision extend-

ing inward from upper extremity of the original cut was made, giving freer access to the spleen. Spleen was then turned over. Splenic vessels clamped and ligated and spleen removed.

Patient's condition was serious, 1,200 cc. normal salt solution given intravenously. Two days after the operation, the temperature was 99, pulse 86. From this time convalescence was uneventful, the patient leaving the hospital on the thirty-fifth day after operation.

The maximum temperature during convalescence was 99.2-5, and maximum pulse 98. The maximum amount of urine passed in any 24 hours during this period was 41 ounces.

The patient remained in fairly good health for eleven months after leaving the hospital, when she died, from what the attending physician designated as pneumonia. It would seem fair to presume that the cause of death was probably pulmonary tuberculosis. It is also probable that the lesion in the left kidney was tubercular. The peritoneum and intestines exposed appeared normal.

PATHOLOGICAL REPORT BY DR. SANDT.

The pathological report of the spleen signed by Dr. F. R. Sandt, is as follows:

The organ measured 25 cm. in length and 16.5 cm. in width. Weight, 450 grams.

The specimen was uniformly enlarged and the surface smooth. To the touch there was a doughy feeling as if a cystic condition existed. The capsule was thin and stripped easily; three ruptures of the capsule through which the splenic pulp protruded were noted. A longitudinal section of the organ showed a firm periphery, but the central portion was partially destroyed and converted into a number of small irregular communicating cavities, the walls of which were composed of the fibrous tissue of the spleen or the trabecula. Microscopic sections from the periphery gave the picture of an acute splenitis. The capsule was thin, no trabecula and Malpighian corpuscles were visible.

The cells were closely packed together and four types of cellular element were found. First the cells of the splenic pulp, large granular elements similar to the large mononuclear cells of the blood; second, small lymphocytes; third, narrow sickle-shaped cells, and fourth, polymorphonuclear leucocytes.

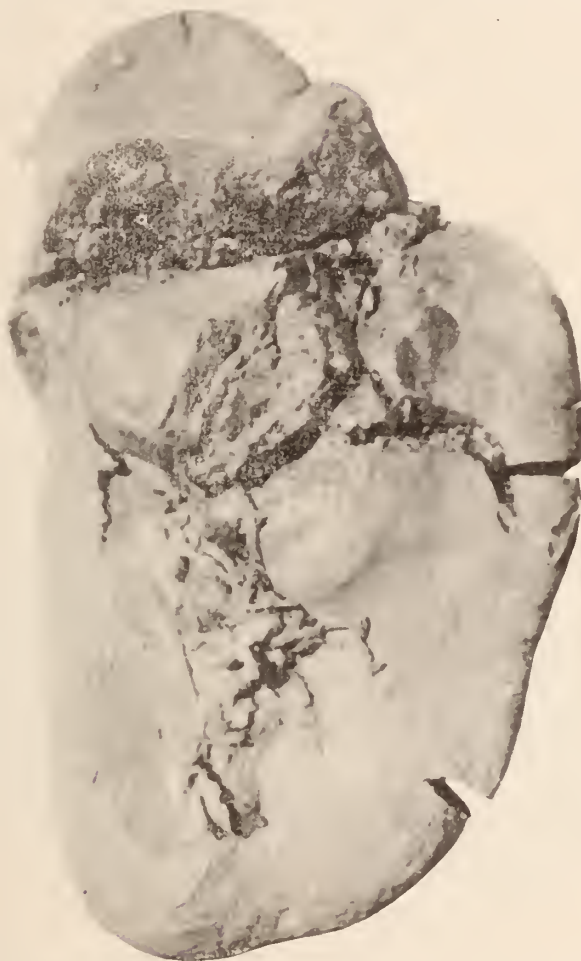
A fatty degeneration of some of these cellular elements was noted. Sections from the deeper portions show a number of im-

perfectly formed and degenerating tubercles. Numerous giant cells were noted. These tubercular processes were surrounded by densely packed lymphocytes. Tubercle bacilli were demonstrated in these areas, within the giant cells and from the broken down material from the interior of the cavities.

Diagnosis—Acute hyperplastic splenitis

Case of a male, 15 years old, American, who was admitted to my service with the following history:

Three days before admittance to hospital, while coasting down a hill of moderate grade, in attempting to avoid a bob sleigh, left side of abdomen was struck by fore runner of sleigh. He was able to arise, walked one-half mile to his home, com-



Case 3.—Contusion of Malarial Spleen; Intracapsular Hemorrhage; Rupture.

secondary to a chronic tuberculous splenitis.

CASE 3.—The case demonstrates the effect of trauma upon an apparently normal spleen. The injury resulted in a contusion of the organ, causing a laceration of the splenic pulp and producing an intracapsular hemorrhage.

The tension upon the capsule becoming more and more intense, finally terminated in a rupture of the organ four days after the inception of the injury.

History of W.—Intracapsular contusion of spleen, followed by rupture of organ.

plaining only of a slight pain in left side of chest and abdomen. This pain, however, gradually became more intense, becoming localized to left superior quadrant of abdomen and was constant.

On account of the increasing acuity of the pain, twelve hours after the accident a physician was summoned, who treated the case palliatively for three days, during which period the patient was slightly prostrated and presented only one symptom, that of pain. Urination was normal. There were no gastro-intestinal disturbances. The

family and past histories are irrelevant to case.

Physical examination showed a young, fairly well-developed man, markedly anæmic, prostrated, restless, respirations thoracic. Head, neck, chest were normal. The abdomen was uniformly distended, abdominal respiration was absent. There was rigidity of both recti, most marked on left side. Tenderness was present over entire epigastrium. Dullness existed on left side, extending anteriorly to within one inch of anterior axillary line and extending upward to the seventh intercostal space.

On the right side of abdomen, dullness reached anterior axillary line. Dullness did not shift. Genitalia, extremities, etc., were normal. Temperature was 102, pulse 98, regular, fair volume, respirations were 22.

About 18 hours after entering the hospital, pulse suddenly rose to 132, became irregular, small and tension was below normal. Respirations rose to 28 and temperature fell to 101. Patient became restless, jumped out of bed, abdomen became suddenly distended and patient went into a condition of partial collapse.

On account of history of injury, of syndrome of symptoms presented, with localization of pain in left superior quadrant of abdomen, a diagnosis of ruptured spleen was made. In view of the fact that the patient had only passed 11 ounces of urine in past 18 hours, the possibility of rupture of the kidney was also considered, although there were no pathological urinary findings.

Four hours after condition of partial collapse had come on, patient was operated upon. A median incision 10 inches long was made over middle abdomen. Abdominal cavity contained large amount of dark blood. The upper angle of incision was prolonged laterally under free border of ribs. Spleen was found lacerated and about twice normal size. In order to control hemorrhage, it was found necessary to extirpate the organ.

Patient, beyond suffering from shock subsequent to operation, made an uneventful recovery, and was discharged four weeks after operation.

June 9, 1911—Examination showed him to be in perfect physical condition, has gained 24 pounds in weight since the accident. During past spring has entered several canoeing contests in long-distance races.

PATHOLOGICAL AND BLOOD REPORT BY DR.

F. R. SANDT.

The specimen measured 16.25 cm. in

length, 11.25 cm. in width and weighed 392 grams. The organ was slightly enlarged, surface smooth, firm to the touch, capsule normal, edges sharp.

A ragged tear extended over the anterior surface of the spleen involving the capsule and splenic tissue to about the centre of the organ. Microscopical examination: No pathological changes were found in the tissue except in the area about the traumatism, where there was an extensive hemorrhagic infiltration.

Diagnosis—Rupture of the spleen and traumatic hemorrhagic splenitis.

Blood Examinations—On admission to the hospital on February 4, 1910, an examination of the blood showed the following condition: Red cells, 3,408,000; leucocytes, 19,000; hemoglobin, 70 per cent. Differential count: Small lymphocytes, 10 per cent.; large lymphocytes, 15 per cent.; polymorphonuclear forms, 74 per cent.; eosinophiles, 1 per cent.

After operation on February 5, 1910, the count was as follows: Red cells, 2,472,000; leucocytes, 15,600; hemoglobin, 30 per cent. Differential count had not materially changed: Small lymphocytes, 16 per cent.; large lymphocytes, 12 per cent.; polymorphonuclear cells, 69 per cent.

On February 8, 1910, three days after operation, the maximum changes were found. At this time the red cells reached their lowest point, 2,300,000; the leucocytes attained their highest point, 30,800, and the hemoglobin was present only to the extent of 20 per cent. Differential count: Small lymphocytes, 16 per cent.; large lymphocytes, 9 per cent.; polymorphonuclear forms, 75 per cent.

A gradual improvement in the blood state now ensued. The red count gradually increased, the leucocytes count fell to the neighborhood of 18,000, and the quantity of hemoglobin slowly increased. One month after operation a count gave 4,320,000 red cells, 19,500 leucocytes and 85 per cent. of hemoglobin. The differential count gave 26 per cent. of small lymphocytes, 18 per cent. of large lymphocytes, 54 per cent. of polymorphonuclears, and 1 per cent. of eosinophiles.

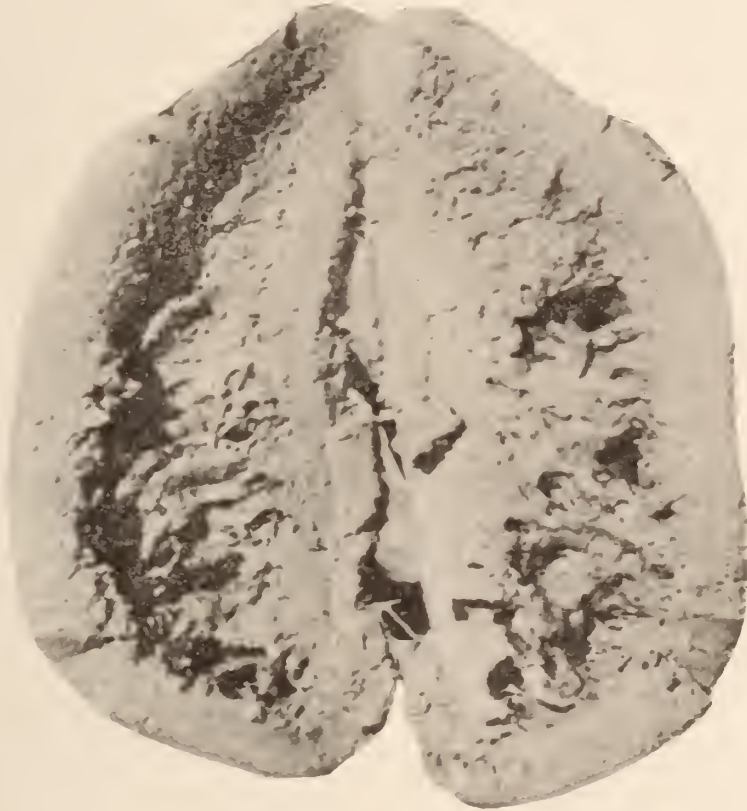
Three months after operation, on April 15, 1910, the count was as follows: Red cells, 4,600,000; leucocytes, 17,200; hemoglobin, 85 per cent. Of the leucocytes, 20 per cent. were of the small lymphocytic variety, 6 per cent. were of the large forms, 3 per cent. were of the transitional varieties, 62 per cent. were polymorphonuclear.

and 9 per cent. were eosinophilic. This count gave us the maximum number of eosinophiles.

On March 9, 1911, thirteen months after operation, a count gave 4,720,000 red cells, 17,200 leucocytes and 90 per cent. of hemoglobin; 18 per cent. of the leucocytes were of the small lymphocytic variety, 10 per cent. large lymphocytes, 3 per cent. transitional, 67 per cent. polymorphonuclears and 2 per cent. eosinophiles. On June 9, 1911, the results were as follows: Red cells, 5-

The eosinophilia, which has been noted by other observers as following splenectomy, was only moderate in this case and developed two months after operation. No structural changes in the red cells were ever noted in any of the specimens examined.

CASE 4.—DeB. Contusion of pathological spleen, intracapsular hemorrhage, rupture. The fourth case demonstrated the effect of traumatism upon a pathological spleen, which was probably enlarged as the result of a chronic malarial infection. The trau-



Case 4.—Tubercular Spleen; Spontaneous Rupture.

560,000; leucocytes, 15,800, and hemoglobin more than 100 per cent. The differential count gave 16 per cent. small lymphocytes, 11 per cent. large lymphocytes, 9 per cent. transitional forms, 63 per cent. polymorphonuclear and 1 per cent. eosinophiles.

Conclusions—No permanent blood changes were found in this case. Sixteen months after operation, a normal condition with a slight increase in the number of leucocytes was found. The leucocytes in this case seem to persist at a slightly higher level than normal. The hemoglobin was restored more quickly and the normal color index was found sooner than in a case to be subsequently reported.

matism causing a contusion and laceration of the splenic pulp and the accompanying intracapsular hemorrhage, the rupture occurring 48 hours after the injury.

It is of interest to note the recurrence of a malarial infection following the injury to the spleen and the fact that, although a short course of malarial treatment was instituted, at this time there has been no recurrence of the malarial trouble since the attack occurring ten days after the splenectomy, nor have the malarial organisms been found at any time during the past four months.

CASE 5.—History, Nov. 9, 1910.—D. Male, Holland, 20 years, painter. While

working on a roof he fell from a height of 40 feet, striking left side on ground. Patient was unable to arise, was semi-conscious; complained of pain in left shoulder. He was immediately taken to hospital.

Family History—Negative.

Past History—Patient has had frequent attacks of malaria, last attack being six months prior to accident. Was treated for chills and fever for two months.

Physical Examination—With exception of slight abrasion about one inch long on forehead, head was normal. Neck and chest normal. The left shoulder drops forward, downward, inward. There is a diffuse swelling over anterior end of clavicle over which tenderness and crepitus can be elicited. Abdomen shows only slight rigidity of left rectus, most marked lower portion where patient complains of pain on pressure. Spleen not palpable. Liver normal. No masses, no fluid made out. Pulse 110, respiration 24, temperature 99.3-5. General condition was fair. Patient vomited few times, vomitus food, bile.

About 18 hours after admission, patient went into a condition of collapse. The pulse became small, rapid (136), tension low, respiration 24, temperature 100.4-5. Abdomen slightly distended, absolutely rigid, tenderness, diffuse over entirety. On account of marked rigidity and tenderness definite signs were not obtainable. Rectal examination showed mass in pelvis, which was soft, fluctuated. A Leiter coil was applied over abdomen and Murphy drip given.

About 48 hours after admission patient went into a condition of collapse, pulse became very rapid and irregular, respirations were shallow, thoracic had peritonitis facies and appeared markedly anemic. Abdomen appeared boardlike. On account of history of injury, of anemia present, together with set of symptoms presented, a diagnosis of rupture of the spleen was made. Urination being almost normal and there being no pathological urinary findings, rupture of kidney was not considered.

Four hours after the symptom complex had become aggravated, or 52 hours after reception of injury, patient was operated upon. Incision about 5 inches long made along border of left rectus in upper two-thirds of abdominal wall, a large amount of chocolate colored blood was found in peritoneal cavity. Incision was prolonged from upper angle of wound along free border of ribs and downward from lower, for distance of 3 inches.

Spleen was found lacerated and about

four times normal size. In order to remove organ, it was found necessary to incise costal cartilage of tenth rib near chondrocostal junction. After ligation of vessels, abdomen was flushed out with warm normal saline. A stab wound was made in flank and cigarette drain inserted.

After recovery from shock of operation, patient made rapid recovery, although fifteen days after operation had a chill, rise of temperature to 103, pulse 128, followed by profuse sweating. Two days later, temperature rose to 103.2-5, pulse 130, preceded by chill and followed by sweating. This yielded to quinine, plasmodia having been found in blood. Forty-two days after admission, patient discharged cured.

From this time convalescence uninterrupted. Plasmodia found in blood 42 days after admission. Have not been found since that time, although there have been frequent examinations of the blood, the last examination made June 10, 1911.

PATHOLOGICAL REPORT AND BLOOD FINDINGS
BY DR. F. R. SANDT.

The specimen measured 20 cm. in length, 12.5 cm. in width and weighed 375 grams. The organ was somewhat enlarged, edges rounded, surface wrinkled, capsule thickened, and adherent. A laceration was noted extending over the middle of the spleen dividing the organ for about two-thirds of its extent. The microscopical sections show a thickened capsule, prominent trabecula and prominent Malpighian corpuscles.

The splenic pulp was not distinct and in sections stained with iodine, very small mahogany brown areas were found. The central artery of the corpuscle was normal but the finer vessels leading from it through the corpuscle show waxy changes. Sections from the area near the traumatism show hemorrhagic infiltration.

Diagnosis—Rupture of the spleen. Beginning amyloid degeneration of the spleen which is probably secondary of a malarial condition.

Blood Examination—A blood count made after admission to the hospital, on November 10, 1910, resulted as follows: Red cells, 4,000,000; leucocytes, 17,000; hemoglobin, 70 per cent.; the differential count being normal, showing 20 per cent. of small lymphocytes, 4 per cent. of the large mononuclears, 5 per cent. of transition forms, 68 per cent. polymorphonuclears and 2 per cent. eosinophiles.

On the morning of November 12, 1910, before operation, the red cells were found to number 3,136,000, leucocytes 37,000 and

the hemoglobin had dropped to 40 per cent. On the evening of November 12, 1910, after operation, there was a further reduction in the red cells to 2,496,000, the leucocytes numbered 25,000 and the hemoglobin was reduced to 35 per cent., which was the lowest point reached in this case. The number of red cells was also lower at this time than at any subsequent time. On this date there was a marked change in the differential count, the average number of cells, as based on the two counts giving 4 per cent. lymphocytes, 3 per cent. large mononuclears, 0.5 per cent. transition forms, 92 per cent. polymorphonuclears, and 0.5 per cent. eosinophiles.

On November 13, 1910, the red cells were found to number 3,000,000, the leucocytes 37,600, and 40 per cent. of hemoglobin, 87 per cent. of the leucocytes being polymorphonuclear. No material changes were found in the blood examination, with the exception of the increase of the hemoglobin to 50 per cent., until November 23, 1910, when the red cells dropped to 2,736,000 and the highest leucocytosis of the series, 39,600, was recorded. At this time the polymorphonuclear cells were present to the extent of 88 per cent.

Nothing unusual was noted on this date, when the stained preparations were examined for the differential count, and the rise in temperature was, when associated with a leucocytosis of 38,600, attributed to a possible infection.

The periodicity and the degrees of temperature elevation on the 24th of November with no local evidence of suppuration led to another examination of stained preparations and at this time the tertian malarial parasite was easily detected. They were so numerous that from four to five organisms could be found in a single microscopic field.

On November 28, 1910, after a daily administration of quinine, the red cells were found to number 3,040,000, the leucocytes 9,200, and the hemoglobin remained stationary at 50 per cent. At the time of this examination, the differential count showed 39 per cent. of small lymphocytes, 23 per cent. large lymphocytes, 2 per cent. transitional forms, 32 per cent. polymorphonuclear and 4 per cent. eosinophiles.

From this date on until January 16, 1911, there was not much change in the blood findings except that the red cells were gradually increased in number and the percentage of the various forms of leucocytes again became normal. The hemoglobin did not

vary but remained constant at 50 per cent. On January 16, 1911, the red cells had increased to 5,024,000, the leucocytes numbered 17,000, and the hemoglobin registered 65 per cent. The differential count at this time resulted as follows: Small lymphocytes, 14 per cent.; large mononuclear forms, 15 per cent.; transition forms, 5 per cent.; polymorphonuclear forms, 55 per cent.; eosinophiles, 8 per cent.; myelocytes, eosinophilic in character, 3 per cent.

The increase in the number of eosinophilic cells reached their maximum on March 6, 1911, when 14 per cent. of the leucocytes were of this form. On this date, the red cells were practically normal at 4,800,000; the leucocytes, 5,880; hemoglobin, 70 per cent.; polymorphonuclear forms, 45 per cent., and 17 per cent. small lymphocytes.

Subsequent counts in the case gave no additional points of interest. The final count in the case was made on June 6, 1911. The results were as follows: Red cells, 5,456,000; leucocytes, 11,600; hemoglobin, 90 per cent.; the differential count showed 15 per cent. small lymphocytes, 6 per cent. large mononuclears, 7 per cent. transition forms, polymorphonuclears, and 2 per cent. eosinophiles.

The points of interest in the blood findings in this case being:

First, the absence of any marked reduction in the red cells following the operation, other than that caused by the hemorrhage resulting from the traumatism and the effects of the dilution of the blood by the saline transfusion, and the absence of any of the abnormal forms of red cells, poikilocytes, nucleated red cells and abnormally large or small cells were not noted at any time.

Second, the slow regeneration of the hemoglobin, a low color index was noted at all examinations up to the date of the last one, when it was found to be .99. For three months following operation, the hemoglobin remained constant at 50 per cent., even though the number of red cells had gradually increased to practically normal.

Third, the occurrence of a moderately severe leucocytosis immediately following the hemorrhage for which operation was performed, which reached its maximum ten days after operation (39,600) and which then rapidly declined to practically normal within another week.

Fourth, the gradual development of a moderate eosinophilia which reached its maximum about four months after operation and which then fell to the normal limit.

Fifth, the appearance in the blood of an active malarial process ten days after operation at a season when there was no possibility of a fresh infection by the anopheles. With the history of an active malaria during the preceding summer, can this be explained on the basis that the parasites were dormant in the spleen and were liberated into the general circulation at the time of the traumatism and hemorrhage?

Sixth, the absolute restoration of the blood in quality as evidenced by the normal count obtained seven months after the removal of the spleen.

In neither of the two cases which have been carefully watched since operation has there been changes in lymph glands, enlargement of the thyroid or pains in the long bones.

The diagnosis of contusion of the spleen causing an enlargement of the organ from intracapsular hemorrhage can only be made upon the previous history of trauma. There is no symptom characteristic of the condition, nor would it be possible to differentiate from a tumor of the spleen due to other pathological changes, which might have been present prior to the injury.

A patient showing a tumor and evidencing pain in the splenic area following trauma in this region, particularly if accompanied by abdominal rigidity, should be carefully observed for subsequent rupture of the spleen.

The diagnosis of rupture of the spleen is difficult, whether the rupture occurred at the time of injury or the traumatism was the result of the contusion and subsequent rupture. When rupture has occurred, the clinical picture does not differ materially from intra-abdominal hemorrhage due to rupture of other organs.

It is not always possible to differentiate between rupture of the spleen and rupture of the kidney. The pressure resulting from the accumulation of blood from a ruptured spleen may cause urinary symptoms closely resembling those found in rupture of the kidney.

In rupture of the kidney we have found in several cases that on careful rectal examination, there could be distinctly felt an elevation of the posterior parietal peritoneum of the left side, due to the hematoma from the ruptured kidney, which symptom is absent in splenic hemorrhage.

I am indebted to Dr. F. R. Sandt for the careful blood observations made in these cases.

DISCUSSION.

DR. ROBERT M. CURTIS, of Paterson, opened the discussion of Dr. McCoy's paper. He said that the number of reported cases of rupture of the spleen had been limited to less than three hundred, although there must have been more cases than this. The most interesting feature brought to his mind by these cases was the well-worn and well-tried unclassical diagnosis of internal injury. He thought that most of those present had been guilty of seeing a patient who had received a very serious injury and satisfying themselves by making a diagnosis of internal injury and, having made this diagnosis, of telling the friends of the patient that it was up to Providence principally to decide as to whether he should recover or not. They ought no longer to hide themselves under that cloak of internal injury as a diagnosis, and then let the patient die. An early diagnosis of the location of the injury should be made, but one should not depend upon that refinement of diagnosis which leads to a positive opinion as to which particular organ in the abdominal cavity is or is not ruptured. If the patient is evidently suffering from internal injury, and there is shock, with the history of direct injury and a rigid abdomen, it is the duty of the attending physician to have the patient's abdomen opened and let the surgeon make the diagnosis after getting inside. Dr. Curtis considers this, in the present condition of surgical technique, a perfectly proper and safe procedure.

Dr. McCoy had spoken of waiting twenty-four or forty-eight hours, and then discovering secondary rupture of the spleen. Dr. Curtis thought that one should not wait until the patients are moribund before opening the abdomen. Regarding the differential diagnosis between rupture of the spleen and rupture of the kidney, he said that the same character of blow might cause either or both of these conditions. In a large percentage of the cases in which the blow has been to the side in the loin, however, it is the kidney that is ruptured; whereas when the blow has been in the abdomen, it is usually the spleen. In most cases of rupture of the kidney, blood appears in the urine. Therefore, in all those cases in which there is blood in the urine, he considered that one would be well justified in making an incision in the loin, provided the condition of the patient warranted it; that is, that the rupture was sufficiently bad. He made this distinction between rupture of the kidney and rupture of the spleen, because many cases of the former recover without operation; while in the latter, it is better to operate in all cases.

With reference to operations for diseased conditions of the spleen, Dr. Curtis said that the surgeon is rapidly relieving the physician of his responsibility—and, incidentally, of his income—regarding surgical procedures in surgical cases or in cases that he calls surgical. One should, however, be conservative with regard to operation on patients for diseased conditions of the spleen. In the reported cases of operation on the spleen for leukemia, the death rate is practically one hundred per cent. In operation for Banti's disease, it is about fifty per cent. The death rate in operations upon spleens for malarial hypertrophies seems to be about twenty-five or thirty per cent. There-

fore, Dr. Curtis thought that it was just as well, under the circumstances, to leave the patient in the hands of the physician.

DR. JOSEPH A. BLAKE, of New York, expressed his pleasure in having heard Dr. McCoy's able paper on this subject, and agreed in the opinion that one should be conservative in operating on a diseased spleen, and said that no surgeon desires to operate when the mortality is over twenty-five per cent. Over ten per cent. would be a bad surgical risk.

DR. MCCOY, in closing the discussion, replied, with reference to the importance of operating as soon as the symptoms show after an accident has occurred and the symptoms point to splenic injury, that in both his cases the operation was deferred because, though the hypertrophy was there, it was questionable whether the enlargement had not been present before the accident. He did not believe that a history of injury and the presence of an enlarged spleen should cause the surgeon to operate. He should wait to see whether the spleen might not have been enlarged previously. He thought it extremely important to watch these cases of splenic enlargement following injury, because in two of his cases there was intracapsular injury as the result of contusion, which subsequently terminated in rupture.

SOME DISEASES OF THE GALL BLADDER.*

BY FRANK M. DONOHUE, M. D.,
NEW BRUNSWICK, N. J.

In presenting this paper to the State Medical Society I do not assume that I shall be able to offer anything novel, but a few suggestions have occurred to me in my work which I think might be of interest to the society.

Prior to thirty years ago, the subject of gall bladder diseases was not very well understood. They were treated in connection, or conjunction, with the other diseases of the liver and received only medical treatment. About that time Lawson Tait, of England, began his work on the gall bladder, and others, in conjunction with him, worked along the same lines and finally developed, or began to separate, diseases of the gall bladder from diseases of the liver, so that now we recognize positively the distinction between gall bladder diseases and liver diseases. Medication (which consisted principally of olive oil, alkalies, salicylates, etc.) were given freely to people who suffered from any disease of the liver attended with jaundice. In many cases the jaundice became deeper and deeper and finally resulted in death, autopsy showing a stone in the common duct, which now would

be safely removed and the life of the sufferer saved.

The diseases which I wish to speak of more particularly, since they are the most common, are cholecystitis, cholelithiasis and cancer of the gall bladder.

CAUSATION.

The causation of these diseases has been very obscure until recently. Thanks to our knowledge of germs, or thanks to our knowledge of other infections, we are now able to understand just why this little organ, situated in the upper portion of the abdomen, should become the seat of infection in so many instances. We know that germs from the intestines, the BCC and other germs of putrefaction, will be carried from the intestines by means of the radicals of the portal vein, or by means of the lymphatics, up to the gall bladder and cause infection. We know, too, that gall stones, by their presence in the gall bladder and by their irritation of the mucous membrane of the gall bladder, will cause cholecystitis; and the continued presence of gall stones in the gall bladder and the continued irritation which they produce of the gall bladder, will cause not only the mucous lining of the gall bladder, but the muscular and peritoneal coats of the gall bladder, to become diseased, to become infected, and so you have parenchymatous cholecystitis with all the attendant serious symptoms. Adhesions to the colon, duodenum, omentum and all surrounding structures are formed, giving rise to great suffering, to malassimilation and bad digestion, causing the patient to lose flesh and lose color, and, in a great many instances, causing the death of the patient.

Acute and chronic appendicitis we know are found associated with cholecystitis. I don't mean particularly acute appendicitis, because that might occur, and does occur frequently, without having any gall bladder complications. But, where you have the appendix in a state of chronic disease, you are almost certain to have the gall bladder in a state of chronic disease. So that, while we have chronic gall bladder diseases, we believe that chronic gall bladder diseases are due in a great many instances to infection from chronic appendical infections. Duodenal ulcer, by causing fermentation of food and the development of bacteria (the result of that fermentation of food) and the ascent of these germs from the duodenum by the bile tubes, may also cause infection of the gall bladder. The infection of the gall bladder from the pneumococcus is an occasional complication of pneumonia.

*Read at the 145th annual meeting of the Medical Society of New Jersey Spring Lake June 13, 1911.

In my experience it has not been a serious complication, but that it does occur there is no question in my mind. In looking over the etiology of the gall bladder diseases, we find that in almost every case gall bladder diseases are caused by infection—infection not only from itself (such as the presence of gall stones would cause), but also infection from the other organs of the abdomen—appendix, intestines, etc.

DIAGNOSIS.

The diagnosis of gall bladder diseases is sometimes a difficult matter. We must remember that in the right half of the abdomen we have many other organs besides the gall bladder. We have the tube and ovary of the right side, the appendix, the kidney and ureter, and from diseases of those different organs gall bladder diseases must be diagnosed.

If a line be drawn from the nipple to the umbilicus, where this line crosses the free border of the ribs is the position of the common duct, and, if pressure is made in this region—steady, continuous pressure—and the patient told to take a long, deep breath, or to breathe long and deeply, as the pressure is increased, you will find the patient unable to take a long breath. Pressure must not be made with the whole hand or with several fingers, but made with one finger pressed firmly and gently down and so establishing the presence of tenderness in that region.

In the case of floating kidney, I have never been able—or, at least, I have very seldom been able—to make a diagnosis of floating kidney with the patient in a recumbent posture. The patient should be made to stand up or lean forward a little and the diagnosis of floating kidney becomes, in many cases, a very simple affair.

Stone in the ureter, or pelvis of the kidney may be diagnosed from gall bladder diseases by the different character of the pain, by the fact that the pain radiates from the kidney down to the groin, and by the fact, also, that in almost every case symptoms referable to the kidney and its secretions are present with kidney stone.

Tenderness from chronic appendicitis is almost always at the McBurney point. Here a line drawn from the anterior spine to the umbilicus two inches inside of the anterior spine, and steady, firm pressure made with one finger will usually determine whether or not the appendix is tender.

In diseases of the right tube and ovary, the pain often radiates upward in the region of the appendix or in the region of the kid-

ney. Here if a line be drawn from the middle of Poupart's ligament to the umbilicus, if pain is elicited by pressure anywhere below this line, it is fair to believe that the disease lies in the pelvis, in tube or ovary. If above this line, it is also fair to believe that the disease lies in the appendix or kidney or ureter.

Moreover, the pain of gall bladder diseases is always referred to the right hypochondriac regions shooting through to the shoulder blade and radiating up to the right shoulder.

The pain of duodenal ulcer always attends, or has always some relation to, digestion of food, and usually comes on about three hours after eating, lasting for two or three hours and then disappears.

The pain of floating kidney is always referred to the lumbar region. It often radiates around toward the umbilicus and down toward the groin.

The pain of chronic appendicitis is usually referred to that portion of the abdomen between the anterior spine of the ileum and the umbilicus.

Symptoms of indigestion—so-called "indigestion"—usually accompany all of these diseases. You have indigestion—so-called "indigestion"—from chronic appendicitis; you have intestinal indigestion from floating kidney; you have belching of gas and eructations from gall bladder diseases, and you have pain and indigestion from duodenal ulcer, so that it is very difficult—in fact, it is almost useless—to attribute any importance to indigestion as a symptom of any of these diseases.

Jaundice as a symptom occurs in about thirty per cent. of the cases of gall bladder diseases. It is caused by interference in the common duct with the passage of bile from the gall bladder and liver to the duodenum. In cases of gall stone colic, where there is a stone passing through from the gall bladder to the duodenum, as it passes down through the cystic and common ducts, it causes irritation and swelling of the mucous membrane of these two bodies, and the swelling and irritation produce temporary obstruction to the flow of bile through these tubes. This temporary obstruction is attended by jaundice. In impacted stone of the common duct jaundice is present, because no bile can flow from the liver or gall bladder into the duodenum; then absorption takes place of the bile and jaundice is the result.

You can readily see that, if the stone becomes impacted in the cystic duct, there

may not be jaundice, because the bile that is formed in the liver would pass down through the hepatic ducts into the common hepatic duct and so into the common duct, and so, to a great extent, accounting for the non-appearance of jaundice. In former times, when so much was not known of gall bladder diseases as now, it was supposed that there could be no gall stones in the gall bladder or ducts without jaundice, but this opinion has been dissipated by our increased knowledge of the anatomy and pathology of gall bladder diseases.

X-RAY DIAGNOSIS.

I have in a great many cases subjected my gall bladder patients to the X-ray, but I have never been able to demonstrate the existence of stones in the gall bladder by means of the X-ray. In many cases a shadow could be seen, but not of sufficiently distinct outline to make out the existence of stones; and yet, on opening the abdomen, the gall bladder was found distended—immensely distended—with stones. So that, while I do not claim to be an expert in X-ray diagnosis, I have been using the X-ray for a number of years and have not been able to satisfy myself that the X-ray will demonstrate the existence of gall stones in the gall bladder in all cases.

PROGNOSIS.

The prognosis in gall bladder diseases is almost invariably good after surgical treatment. Of course, cancer of the gall bladder and tubes is incurable by any means. Cholecystitis and cholelithiasis are almost invariably cured by operation. These cases invariably get well provided the patient is not already too much weakened by suffering and inability to assimilate food. With medical treatment, the prognosis is not so good, because the cause of the disease is not removed.

TREATMENT.

I have long ago ceased to treat well-marked gall bladder diseases with drugs. I know of no drug which has the power to remove or dissolve gall stones in the gall bladder. Nor do I know of any drug which has the power to remove adhesions between the gall bladder and surrounding structures. 'Tis true, we are often able to afford these people some relief by the administration of salicylates and alkalis, by attention to their general health and by attention to their diet. But I have no faith whatever in the ability of these drugs to make a case of well-marked cholecystitis or well-marked cholelithiasis get well. Provided the patient's heart, lungs and kidneys are healthy, I have

no hesitation in advising operations to patients suffering from gall bladder diseases.

Incision.—The incision that I prefer is a straight one through the right rectus muscle. The oblique incision I object to because it crosses the muscles of the abdomen and I would think might seriously dispose the patient to hernia afterward. The incision should be free—a long incision—so as to give room for accurate work, and it should be carried well down so as to explore the appendix and remove the appendix at the same time. Through this incision, the adhesions are separated, if any. The gall bladder is picked up between artery forceps and incised. If any gall stones are found, they are removed. Then the common duct is explored by passing a finger through the foramen of Winslow, and, if a stone be found in the common duct, it is milked back into the gall bladder if possible. If this cannot be done, the common duct is pulled up, the stone removed and a few catgut stitches applied to the wound.

Drainage of the gall bladder I look upon as essential to the recovery of the patient. A diseased gall bladder should always be drained. A tube is inserted in the gall bladder, and, after the incision in the gall bladder is sewed up with catgut, a separate stitch of catgut is run through the gall bladder and through the tube. This holds the tube in the gall bladder. For the peritoneal would I use the Layer Method, Prepared No. 2 catgut. When the end of the incision is reached the catgut is pulled up and the fascia and muscles are sutured without tying a knot in the suture until the suture is complete, when a knot is tied. The skin is sewed up with silk—moderately fine silk—and, when the tube is reached, a separate suture of silk is put through the skin and through the tube. This allows of a perfect drainage of the gall bladder and at the same time, if necessity should demand it, the tube can be removed by simply cutting the silk suture and withdrawing the tube.

In my series of cases there have been a few which have presented more than the usual amount of interest, the histories of which I will relate.

CASE 1.—Mrs. S., 52 years of age. Married. Never had any serious illness during her life. On March 20, 1907, I was asked to see her with her physician, and I repaired to her house and found the following conditions: Patient was lying in bed, having a temperature of 101 in the evening and about 100 in the morning, complaining of pain in the right hypochondriac region.

She was only slightly jaundiced; she had some symptoms of indigestion; her bowels were not constipated; she looked pale and looked generally sick. Upon examination, a mass of about the size of a large coconut was found to occupy the right hypochondriac region. It was tender to the touch and was semi-fluctuating. I made a diagnosis of gall bladder disease and advised operation.

A few days afterward she came to the hospital. The abdomen was opened. Firm adhesions were found between the omentum and the mass, and, in gently separating the omentum from the mass, underneath it I came upon a gall stone. In separating the whole omentum, nineteen gall stones were found between the omentum and the gall bladder. The gall bladder was then opened and was found to contain, besides seventy-two gall stones, a lot of mucus and some pus. The gall bladder having lost its elasticity, it was decided to remove it. The cystic duct was tied, the gall bladder was dissected from the liver and removed. Drainage was instituted by a tube down to the site of the stump of the cystic duct and the rest of the wound sewed up. The patient made a good recovery and went to her home in about three weeks.

The interesting part of this case is: How did the gall stones get in their position between the omentum and the gall bladder without having, at the time they ulcerated through the gall bladder, produced a rupture of that organ. The patient's history told of no such occurrence.

CASE 2.—P. M., age 52. A man. Never had any serious illness in his life. A moderate, but every-day drinker. Began to suffer about seven years ago with a pain in the right hypochondriac region shooting through the shoulder blade and sometimes radiating up to the shoulder. During these attacks he would become only slightly jaundiced. These attacks would last from one day to four or five days, then disappear, but he continued to suffer with eructations of gas, eructations of food, and with all symptoms spoken of as dyspepsia. These attacks would recur every three or four months, would cause him to lose time from his work, and he began to run down. In December of last year he was taken with an unusually severe attack. So much so that he decided to have an operation done, which had been advised by me several years before. I saw the man. It was decidedly the worst attack he had ever had, and he asked to be taken to the hospital for operation

He was admitted and the next day the abdomen was opened. The liver was found firmly adherent to the transverse and hepatic flexure of the colon, the duodenum, omentum, and, in fact, to all the structures within its reach. The adhesions between the colon and liver were separated with some difficulty and the gall bladder looked for. Strange to say, no gall bladder was found. The incision was then enlarged, the liver rotated and the common duct exposed. This could be traced up to the hepatic duct and the cystic duct, but was then lost and no gall bladder could be found. I consulted with my colleagues, who were present, as to the advisability of making an incision into the liver so as to try to find the gall bladder, but this was thought to be very inadvisable. There was placed in between the adhesions some gauze packing to stop the hemorrhage and the rest of the wound sewed up.

The patient has made a complete recovery. He has gained fifteen pounds in weight since December. He looks better than he has looked in seven years, and he expressed himself not only very grateful for the operation, but as being entirely relieved of all his symptoms.

I would like some of the gentlemen present to tell me what the condition was, because I do not know. There certainly was no gall bladder in the usual site of the gall bladder, because the under surface of the liver was very carefully explored and no sign of gall bladder present. What the infection was I am unable to determine.

DISCUSSION.

DR. EDWARD J. ILL, Newark, opened the discussion on Dr. Donohue's paper. He drew attention to the so-called sensitive points in the abdomen as being exceedingly misleading. In some of the important cases of appendicitis a sensitiveness at McBurney's point is absent. For instance, where the appendix is long, the tip end inflamed and situated in the pelvis. In such cases there are no sensitive points in the abdomen at all, and in little children the diagnosis is often difficult. In the male the sensitive point can be only found in the rectum.

The lumbar ganglia is sensitive when there is disease anywhere in the pelvis. When the disease is in the right lower quadrant of the pelvis the sensitive point will be just above and to the right of the navel. When in the left side, it will be just above and to the left of the navel. This is equally true of the female as of the male.

The epigastrium is sensitive in many otherwise normal persons, especially on deep pressure. In cases of movable kidney one invariably finds the lumbar ganglia of the affected side sensitive.

I am glad to have heard Dr. Donohue's paper. There is material for thought in it.

DR. FRANK D. GRAY, Jersey City, referred to the case last mentioned by Dr. Donohue, in which he had asked what could account for the absence of gall-bladder, and suggested the possibility of the condition being congenital. This seemed to him to be the most reasonable explanation. Dr. Gray corroborated Dr. III's statement regarding the misleading character of tender points, and said that while they often help in the diagnosis, they often mislead.

In regard to the differential diagnosis of movable kidney, Dr. Gray took issue with Dr. Donohue as to the greater facility in making the diagnosis with the patient standing, rather than in the supine position. He had never been able to confirm the opinion of Goelett on this point. He had found that patients when standing or stooping slightly became rigid in their abdominal muscles. Although theoretically, this position relaxes the muscles, practically it does not. He had found it easy to make out movable kidney when the patient, while lying on the back with the knees flexed, took a deep inspiration.

As to the question of indigestion accompanying these various conditions, he thought that there was a differential point in the indigestion accompanying gall-bladder cases, in which there often occurs a so-called hunger pain. The gall-bladder attacks in these cases are most likely to occur nocturnally, and most frequently in the latter part of the night. If these two points are established, this will help in deciding that the case is one of gall-bladder disease.

Dr. Gray then related the history of an interesting case that had come under his notice. He had removed a large number of gall stones, and the patient made an apparently good recovery and left the hospital. About three or four weeks afterward she returned with a considerable amount of jaundice, which she had not had before, accompanied with a good deal of pain. Dr. Gray suspected that either he had overlooked a stone, or one had come down from the hepatic duct and blocked the common duct. He advised her going back to the hospital. A few days later she did so, then having an open sinus. The drainage tract had opened, and she was discharging bile. This continued for five days, the jaundice being somewhat relieved. He re-operated out his old incision, and discovered a good many adhesions. He was unable to make out the gall-bladder very distinctly, on account of them. He simply packed the incision, and the patient never drained another drop of bile. She made a complete recovery, and had no subsequent trouble. He could detect nothing in the nature of a stone, so that the only explanation for the condition seemed to be that the adhesions had contracted and produced jaundice. He could not, however, imagine why she should have drained bile up to the time of the operation, why he saw none during the operation, and why she made a complete recovery with no other treatment.

DR. DONOHUE, closing the discussion, said that the relation of Dr. Gray's case showed that in abdominal disease there is nothing more uncertain than the diagnosis. Regarding the diagnosis of floating kidney, Dr. Donohue said that he had never been able to satisfy himself that this could be made out positively in all cases with the patient in the supine position. Of course, if one made direct and firm pressure

while the patient was standing up, the muscles of the abdomen would contract and become rigid, and it would be difficult to make out floating kidney; but if firm and gentle pressure were made and gradually increased until a lump was discovered, and then a slight pressure were made on that and gradually increased, it would almost always be possible to make out the floating kidney. In only a few cases, in which the abdominal walls were thin and the muscles lax, had he been able to make out the existence of a floating kidney with the patient in the supine position.

ADVANTAGES OF THE AUTOPSY AND OTHER PATHOLOGIC AN- ATOMIC EXAMINATIONS.*

BY HARRISON S. MARTLAND, M. D.

NEWARK, N. J.

Owing to the limited time for the reading of this paper, I will speak only of the importance and advantages of the autopsy.

The difficulty in obtaining necropsies in this country is great. This difficulty, I find, lies not so much with the relatives of the deceased as with the undertaker, who objects either because of the trouble in arterial embalming after a complete autopsy, or on account of the unnecessary trouble he is put to, or, in many instances, that during the necessary delay the relatives may send another undertaker for the body. A written permission, signed by the relatives or responsible party, should always be obtained, and it is never wise under any circumstances to steal or perform a post-mortem in any underhand manner. Permission for partial autopsy is always unsatisfactory.

The greatest reverence and dignity should be used both in obtaining and performing the autopsy, so as not to hurt in any manner the feelings of the relatives and friends. With modern autopsy technique the least possible disfigurement to the body should be accomplished. It must be remembered that certain races, some through superstition, and others because of strong ancient religious ties, object strongly to autopsies, and their feelings in many cases should be respected. Practically the charity hospitals are the only sources for large autopsy services.

There is only one technique for the performance of the autopsy, namely the one developed by Virchow, with possibly some few modifications. It consists in the re-

* Read at the 145th annual meeting of the Medical Society of New Jersey, at Spring Lake, June 14, 1911.

moving of the viscera in a definite order and manner, with the important aim of not disturbing any organ until the time for its removal.

The greatest importance of the autopsy is shown in the proper signing of the death certificate. Clinicians who have followed their cases to the autopsy table, all admit that a large percentage of their cases are ones of mistaken diagnoses. Richard Cabot, in an excellent Oration in Medicine, read before the American Medical Association in June, 1910, on "Mistaken Diagnoses," showed that his failures to find the lesion which in all probability contributed to kill the patient, or errors of omission, ranged from 0 in typhoid, to 70 per cent. in acute pericarditis, and 64 per cent. in adult broncho-pneumonia. How amusing, then, is the filing of vital statistics, by the Bureau of Census, for instance, on the causes of death in the United States, since in only a small percentage is a control by autopsy made. Jacobs, in the campaign against tuberculosis in the rural districts of Germany, advises that an obligatory examination of all dead bodies should be required for one or two years, for the purpose of more exact determinations of the mortality from tuberculosis. I believe that the recent increase in cancer might be partly explained by the recognition of latent carcinomata at autopsy. Our clinical diagnoses are too faulty to be accepted for statistical purposes. Vital statistics concerning death would be greatly improved if all the States adopted an appendix to the death certificate, for filing the pathologic-anatomic causes of death in case an autopsy was performed.

The greatest scientific advantage of the autopsy is perhaps seen in the combining of the anatomic lesions at autopsy with the clinical picture of the disease. In order to obtain this, constant commingling of clinician and pathologist in the wards and laboratory is necessary. I know several pathologists, who have told me that they practically never have the opportunity of observing a clinical case from one end of the year to the other. The position of pathologist to many clinicians still signifies a constant grind over the microscope to satisfy their whims.

The combining of clinical data to formulate a diagnosis, and the proof of the correctness of the clinical data is the ideal method of teaching medicine. It can be seen in admirable working order in such clinicopathologic courses as are conducted

by Drs. Richard Cabot and Oscar Richardson at the Massachusetts General Hospital, and Drs. Theodore C. Janeway and Horst Oertel at the City Hospital, New York. Such courses should be required in all medical schools as the basis of the medical training. Pathology and medicine should be taught side by side, in the hospital and morgue, and not by separate didactic lectures. It is with great regret when I see that some of our best medical schools are introducing, in the third and fourth years, courses stimulating special research in experimental surgery and pathology, before they have taught the student properly the fundamentals in medicine. We have, therefore, the flooding of medical journals with articles of apparent scientific worth, but written by men who have never had a clear conception of pathologic lesions. I have seen on numerous occasions our morgue-keeper—a bright and very intelligent layman—diagnose lesions at autopsy when recent graduates of some of our best medical schools stood around completely puzzled.

I believe that another advantage of the autopsy will be in the restraining of the modern idea of specialization. Some years ago I heard an address to a body of medical students by Dr. Butler, of Columbia, in which the main thought of the address was to inculcate into the student's mind the idea that to make a success he must specialize. From a financial point of view, the above advice may be all right; for making good doctors, however, the advice is very poor. Autopsies frequently expose the narrow-mindedness of various specialists, even the most talented of them.

I will now illustrate, in more or less detail, the importance of the autopsy as shown by a few cases selected from 500 consecutive autopsies performed at the Newark City Hospital from 1909 to the present time. These examples will not include cases of primary heart, liver or kidney disease.

Eleven cases of death due to congenital anomalies: Eight cases showing gross defects, such as anencephalus, spina bifida, omphalocele and cyclops; defects inconsistent with life. Three cases in which defects were not so extensive.

Patient, male, aged 4. Clinical diagnosis, pneumonia; pathologic-anatomic diagnosis, cor triloculare biventriculare, enormous hypertrophy of the heart, with single auricle, a deficiency in the membranous portion of the interventricular septum with a fusion of the segments of the tricuspid and mitral valves. Hypostatic congestion of the lungs.

Patient, male, aged 6. Clinical diagnosis, intestinal obstruction; pathologic-anatomic diagnosis, intestinal obstruction due to internal hernia, failure of the cæcum to descend to right iliac region and consequent slipping of the gut in duodeno-jejunal fossa.

Patient, male, aged 72. Man entered hospital suffering from right heart embarrassment, cyanosis, dyspnoea, rapid and feeble pulse. Clinical diagnosis, myocarditis; pathologic-anatomic diagnosis, a congenital false diaphragmatic hernia; the transverse colon had slipped through the deficiency in the central tendon of the diaphragm and surrounded the heart, lying in the pericardial cavity.

Advances in experimental biology and pathology have proven that most monstrosities originate in the earliest periods of the segmenting ovum, and hence the role played by superstition in the past now no longer should exist. It is surprising how in the case of the diaphragmatic hernia, life existed for many years with gross deficiency of the parts. I would like also to call attention here to the presence of patent foramen ovale in numerous adult autopsies; it must be remembered, however, that during life the opening may be practically closed by the blood pressure.

Congenital tumors, or tumors developing from congenital rests or remnants of embryonic structures, are quite frequently encountered and as a large class of tumors are becoming quite important. I refer to the teratomas and teratoblastomas. Ewing has shown that there practically never exists a pure form of fibroma, lipoma, myoma, sarcoma or carcinoma of the testicle; that tumors of the testes are all teratomatous in origin, and consist of one-sided developments of teratomata. I believe that many solid tumors of the ovary, classed as carcinoma, endothelioma and sarcoma by the surgeons according to the age of the patient and the malignancy of the growth are of similar nature. One or two layered embryomata of the kidney are very common tumors in the young, comprising that large group called by many surgeons sarcoma. Below is a case of Wilm's tumor:

Patient, female, aged 12: Clinical diagnosis, Wilm's tumor or primary carcinoma of the liver; pathologic-anatomic diagnosis, two layered embryoma of right kidney, composed mostly of sarcomatous tissue, but containing demonstrable cartilage, muscle and glandular acini with extensive metastasis in the liver.

Fifteen cases of death from birth injury.

Four of these cases showed large subdural hemorrhages. One child showed fracture of the fourth cervical vertebra, case of breech extraction by a competent obstetrician.

Three cases of epidemic cerebro-spinal meningitis. I will cite one:

Patient, male, aged 6 months. Clinical diagnosis, meningitis, cause undetermined. A lumbar puncture in this case revealed clear fluid with a slight preponderance of polymorphonuclears, no germs. Pathologic-anatomic diagnosis, suppurative meningitis practically confined to the base of the brain and in the posterior fossæ. All the exudate was subpial. This, I believe, accounted for the negative lumbar puncture. *Diplococcus intracellularis* found.

It is interesting to note that if the nasal mucous membrane is the portal of entry of the disease, why we do not find more exudate over the inferior surfaces of the frontal lobes. Most of my cases have been rather free from exudate in the anterior fossæ.

Four cases of status lymphaticus.

Patient, female, aged 30; death during chloroform anæsthesia for the removal of tonsils.

Patient, female, aged 16. Clinical diagnosis, tuberculosis and exposure. Pathologic-anatomic diagnosis, Addison's disease, tuberculosis of left adrenal, atrophy of the right; pulmonary tuberculosis; status lymphaticus, lymphoid hyperplasia of spleen, hyperplasia of the lymphoid tissue of the small and large intestine (resembling a leukæmic condition), hypoplasia of the genitals. Thinned walled cerebral arteries. Persistent thymus tissue. This case showed all the anatomic lesions of the lymphatic state. The importance of this constitutional anomaly must not be underrated; these individuals stand hemorrhage, anæsthesia and exposure to cold poorly, and the condition might be an important factor in cases of sudden death. The disease is often associated with tuberculous processes.

Six cases of criminal abortion.

Patient, aged 27. Acute general peritonitis following perforation of the uterus with curette.

Patient, aged 25. Septic endometritis, general sepsis, pure culture of *Bacillus ærogenes capsulatus* isolated from all tissues. Rapid decomposition. Peculiar mahogany red hue of the entire skin, before death.

Patient, aged 30. Death from hemor-

rhage, partial placenta previa in bicornuate uterus. Fetus not found.

Patient, aged 20. Died in midwife's house; midwife stated that she had given a weak carbolic (vaginal) douche with a Davidson syringe preparatory to examination. Pathologic-anatomic diagnosis, death from air embolism, 2 ounces of weak carbolic solution in uterine cavity, with coarse air bubbles in uterus, veins of broad ligament and right heart. Autopsy three hours after death. These cases show the typical lesions encountered in this condition. Death is usually due to peritonitis following perforation, to fatal sepsis, to hemorrhage or to air embolism.

Five cases of puerperal sepsis.

Patient, aged 26. Cause of death, streptococcus sepsis, septic endometritis, septic phlebitis of uterine veins, organized thrombus of inferior vena cava extending almost to liver. Joint pyæmia. Outside of calling attention to the importance of blood cultures in this type of case, both for diagnosis and the preparation of an autogenous vaccine, the rest of the pathology is unfortunately too familiar to us all.

Eight cases of sepsis from suppuration in the accessory sinuses.

Patient, female, aged 30. Clinical diagnosis, uræmia; pathologic-anatomic diagnosis, abscess of the right frontal lobe; cause suppurative ethmoiditis.

Patient, female, aged 30. Clinical diagnosis, cerebral œdema; pathologic-anatomic diagnosis, suppurative meningo-encephalitis; cause, suppuration in the sphenoidal sinus. Acute parenchymatous degeneration in viscera.

Patient, male, aged 45. Extensive suppuration in the antrum of Highmore. Stomatitis. Epithelial necrosis in kidney parenchyma.

Five other cases from acute and chronic mastoiditis, showing the various forms of sepsis. All these cases show the importance of the accessory sinuses as a portal of entry for a fatal sepsis. Chronic suppuration in the mastoid is the most dangerous, as the clinical symptoms of pain and tenderness are often absent, yet a violent sepsis may ensue at any time. They also show how carefully even an anatomic examination must be made before the diagnosis of a cryptogenetic sepsis is justifiable.

Five cases of facial erysipelas.

Patient, male, aged 36. Clinical diagnosis, facial erysipelas; anatomic-pathologic diagnosis, sepsis, facial erysipelas with extension into post-orbital tissue, producing

double exophthalmus; no cavernous sinus thrombosis. Nephritis degenerativa et exudativa.

Patient, male, aged 69. Clinical diagnosis, facial erysipelas, chronic nephritis; pathologic-anatomic diagnosis, facial erysipelas, deep cellulitis of the neck extending into the superior mediastinum; nephritis degenerativa et exudativa.

It has been my experience that no other disease is so neglected in our large hospitals as erysipelas. This is due to the fact that attending physicians and surgeons seldom see the cases because of the fear of infecting other surgical patients. Such cases are too often tucked away in some obscure ward, and through lack of proper surgical attention often die.

Twelve cases of suicide.

Bichloride of mercury 3, morphine 2, methyl alcohol 2, arsenic 1, phenol 1, caustic potash 1, and carbon monoxide 2. I will illustrate one case:

Patient, male, aged 59. Clinical diagnosis, carbon monoxide poisoning, unconscious for 6 days, when he died. During life the opinion was expressed by a New York specialist that probably some other poison was causing the symptoms. Pathologic-anatomic diagnosis, extensive bilateral softening in both lenticular nuclei, a condition which is well recognized in gas poisoning. The spectroscope also showed during life and at autopsy the fixed double bands of CO hemoglobin. Other changes characteristic of gas poisoning were present.

Four cases of rabies.

Patients from 12 to 54 years of age. Shortest incubation period was three weeks, the longest was twenty months.

Patient, male, aged 54. Clinical diagnosis, rabies; pathologic-anatomic diagnosis, active hyperæmia of the brain and spinal cord, small hemorrhagic extravasations throughout brain and cord but most marked in and around the anterior horns of the cord. Punctate hemorrhages in the floor of the fourth ventricle. Negri bodies found, and lymphocytic tubercles of Babes. No other cause of death found.

Patient, male, aged 14. Clinical diagnosis, hysteria changed to hydrophobia on death of patient; pathologic-anatomic diagnosis, rabies, lesions similar to case above. No Negri bodies found.

These cases all prove, to my mind, that rabies is a definite clinical entity, characterized by definite post-mortem changes similar in the gross to anterior poliomyelitis and tetanus, but microscopically different

and characteristic. It was due partially to the occurrence of these cases that the clinic for the diagnosis and treatment of rabies was established at the City Hospital by the Board of Health, under the direction of Dr. Conolly. The only clinic in the State for this purpose.

Twenty-six cases of lobar pneumonia.

Two were complicated by suppurative pneumococcus meningitis, both showing an acute endocarditis. Two cases were associated with an acute endocarditis on the wall of the right auricle. One case was complicated by purpura fulminans, the extremities presenting a picture similar to symmetrical gangrene.

Fifty cases of tuberculosis.

In one case, death was due to a perforating tuberculous ulcer of the small intestine with large hemorrhage. An extensive undiagnosed Pott's disease of the spine, without deformity, was found in another case. One case showed a primary tuberculosis of the sigmoid flexure. Extensive tuberculosis of the pericardium was observed once. The youngest patient was seven months, with extensive tuberculosis of the mesenteric glands; clinical diagnosis was marasmus.

Fifteen cases of cerebral hemorrhage.

These cases represent a variety of lesions. I will illustrate one case to show how an autopsy will often relieve an embarrassing situation.

Patient, male, aged 55. Fell down marble stairs in a saloon and struck back of head. Clinical diagnosis, fractured skull due to fall while drunk. Pathologic-anatomic diagnosis, enormous cerebral hemorrhage in right frontal lobe due to rupture of anterior cerebral artery. Small fracture in posterior fossa. The apoplexy in this case was, from the evidence found, the cause of the fall.

Thirty-four cases of fractured skull.

The etiologic factors in these cases were pistol wounds, blows, falls, railroad, trolley and automobile accidents. All degrees of fractures were encountered; all, however, were quite severe. Three died of subsequent infection of the brain. Thirty from hemorrhage. One case from extensive cerebral edema. In sixteen cases small hemorrhagic extravasations were found in the pons, fourth ventricle and throughout the brain. The hemorrhages in the fourth ventricle were often the cause of quick death, and their cause is probably due to the transmission of the force of the blow to the cerebro-spinal fluid with a consequent hy-

draulic tearing of the delicate vessels traversing the floor of the ventricle. It is these cases which spoil the results of brilliant brain surgery. Personally, I believe that the surgeon can save more lives by not operating.

Six cases of typhoid fever.

All presenting characteristic anatomic lesions of the disease. One case showed a double perforation in the cæcum, with fatal peritonitis.

Three cases of hemorrhagic pancreatitis.

All associated with gall stones and extensive fat necrosis.

Four cases of leukæmia.

Patient, male, aged 45. Clinical diagnosis, cirrhosis of liver with ascites; pathologic-anatomic diagnosis, chronic lymphatic leukæmia with extensive leukæmic infiltration of the liver, producing ascites.

Patient, male, aged 18. Acute lymphatic leukæmia, hemorrhagic pachymeningitis interna. Hemorrhagic colitis.

Patient, male, aged 40. Chronic lymphatic leukæmia, white cells 500,000 per cu. mm.

Patient, male, aged 18. Spleno-myelogenous leukæmia. The patient two weeks before death got a terminal infection, characterized by a high, septic type of fever and a return of the blood picture to normal (as far as the white cells were concerned). An acute splenitis was the only anatomic cause for the fever found. Negative blood culture. No tuberculosis.

Sixteen cases of new growth.

The four following cases were latent carcinomata:

Patient, male, aged 60. Clinical diagnosis, chronic nephritis, uræmia. Pathologic-anatomic diagnosis, carcinoma of the bladder, double hydronephrosis, uræmia.

Patient, female, aged 65. Clinical diagnosis, hemiplegia. Pathologic-anatomic diagnosis, latent adeno-carcinoma of sigmoid flexure. Old cerebral softening.

Patient, female, aged 37. Clinical diagnosis, chronic sepsis, cause undetermined; pathologic-anatomic diagnosis, adenocarcinoma of cæcum, appendix not found. Probably primary in the appendix.

Patient, female, aged 40. Clinical diagnosis, broncho-pneumonia; pathologic-anatomic diagnosis, primary carcinoma of the bronchus, with areas of broncho-pneumonia.

The following two cases are of slight interest:

Patient, male, aged 53. Clinical diagnosis, cerebral arterio-sclerosis; pathologic-an-

atomic diagnosis, telangiectatic glioma of parietal and occipital lobe.

Patient, female, aged 8. Extensive endothelioma of pleura on left side, displacing heart apex to fourth space in right mid-clavicular line.

In conclusion, I might summarize, as follows: The autopsy should be recognized as our chief means in:

- (1) Controlling the proper signing of the death certificate.
- (2) The filing of proper statistics (no clinical statistics should be accepted as final unless controlled by autopsy).
- (3) The education of the medical student and the physician, especially when combined with the clinical data.
- (4) The education of the laity, in importance of hygienic, social and medical problems; giving proper statistics and through founding of anatomic exhibits.
- (5) The careful administration of justice in medico-legal cases.
- (6) The pursuit of pure scientific research.
- (7) The curbing of early specialization and unwarranted surgery.
- (8) The expose of christian scientists, osteopaths and similar fakirs.

I sincerely hope the time will soon come, in this country, when every city of over 100,000 population will support, either from public means or private endowment, a well-equipped pathologic laboratory as an integral part of the city's charity hospital. One or more expert pathologists should be employed at a salary sufficient to ensure a decent living, in order to allow him to devote his entire time to hospital work and the aiding of physicians in the community in diagnoses requiring pathologic work. Such a laboratory should be so equipped that in conjunction with the attending staff, clinico-pathologic symposiums could be given, at least once a week, to any of the physicians in the community who desire to attend, in order that the average physician may come in closer contact with pathologic work. Such an institution would be one of the greatest assets a city could support, and when established in all large cities would do more good to the community and physicians at large, and add more to pure scientific research than all the richly endowed laboratories of the country.

DISCUSSION.

DR. EDWARD STAEBLIN, of Newark opened the discussion on this paper. He said that, associated as he had been with the surgical aspect

of this work, there had been two phases of it that had seemed to him encouraging and profitable, both to himself and other men working in abdominal surgery. In one case, being so unfortunate as to lose his patient, he was able to study the end results of repair in a case of gunshot wound in the intestines. He thought it very helpful to be able to study the sutures in such cases, how they were applied and how they took hold, so as to be able to determine what to do in similar conditions in other cases. Another encouraging phase was the study of severe injuries to the head, traumatism or gunshot wounds, so as to be able to make the differential diagnosis between operable and inoperable cases. He had found that a good many cases deemed to be operable and operated upon had been proven to have been inoperable, or else, what had been looked for, judging from the history of the case, had not been found. Other cases that gave no focal signs died, and at autopsy it was found that something could have been done. This taught him to look on fractures of the skull just as he did on other fractures. He thought that fractures should be carefully studied. One should get a history of the case, and in order to get good results one should over-extend the force that had caused the fracture, and thus dislodge the bone at the point of fracture and get the bone back into place.

DR. WALTER B. JOHNSON, of Paterson, said that it was quite evident that there is a great variation between the clinical and the pathologic anatomic diagnosis, the pathologist having the advantage of a condition in which he is absolutely permitted to determine the state existing; whereas the physician or the surgeon, as the case may be, must have consideration of the conditions that might be existing. While not competent to discuss the parts of the anatomy cited by Dr. Martland, Dr. Johnson said that the extension of disease to the cerebral cavity from the ethmoidal, frontal, antral and mastoid sinuses had in many cases failed of recognition, and had, in consequence of the masking of the symptoms that existed during the onset of the disease—those conditions so easily discovered at autopsy, after their complete development—left the best practitioners and surgeons in a condition of extreme doubt. Dr. Johnson thought that it was only by a study of these conditions at autopsy and their investigation in the pathological laboratory that the possibility of being more certain in one's judgment concerning the conditions that exist during life could be attained prior to the time when the decision to perform an operation might assist in saving the life of the patient. He said the thanks of the society were due to Dr. Martland for his painstaking efforts in making these investigations and for so carefully preparing his report.

DR. FRANK W. PINNEO, of Newark, said that the work done on the large amount of material Dr. Martland had handled proved that the advance in all lines of medicine for which medical men are striving is based on observation. This observation cannot be perfect unless one has followed the case to autopsy and seen what could not be discovered during life. He thought that autopsies are possible in private practice more often than they are obtained; that they are

often not performed, when they might have been, and would have been had the case been in a hospital.

REMARKS ON THE EDEMAS OCCURRING WITHOUT ALBUMINURIA IN INFANCY.*

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Stimulated by several cases observed during the past few years, the writer presents for your consideration to-day this rather brief communication upon a rather obscure affection of infancy. Only those forms of infantile edema will be referred to in this paper that may justly be called essential, viz.: edema without albuminuria or other abnormality of the urine, and in which the cause is more or less obscure or entirely unknown. This variety of dropsy may occur independently of an antecedent affection; i. e., it may supervene in otherwise healthy infants, or may follow in the wake, or during the course, of other diseases, especially those of a debilitating character. In this sense, it may be regarded as secondary; although, since we are ignorant of their origin, the former class of cases may with justice be placed in the same category. The particular variety of infantile edema that we are considering is found associated with a variety of most diverse affections. It is seen in weakly, debilitated and marasmic infants, in congenital syphilis, in the late stage of tuberculosis, in anemic conditions, after severe and prolonged diarrheas and other gastrointestinal disturbances, in pertussis, tetany, in enlarged bronchial glands and in mediastinal growths. In some cases the relation of the edema to the associated disease is quite obvious, as in the extensive edema of the face sometimes seen in pertussis and mediastinal tumors; but in others, the nature of the dropsy is not so clear or easy to explain. In addition to the above, there are three other distinct varieties of essential edema found in infancy: The first, following erysipelas in children under one year—an acute inflammatory edema; the second, that much more frequent type partaking of the nature of an angioneurosis,

and of vasomotor origin. This form may be of sudden onset and circumscribed area, as in the similar condition in adults; or may be more general, involving the face and the extremities, simulating dropsy of renal origin. Closely allied, and of like nature, to the last mentioned form are those curious and interesting cases of persistent, hereditary edema of the lower limbs described by Rolleston¹, Sutherland², and others. In these cases, the edema persists from birth, and there is a history of other members of the family having been affected in the same way. In this connection, we may refer to the remarkable cases reported by Milroy³, in which 22 out of 87 members of one family, in six generations, were affected with an edema of the lower limbs, probably vasomotor in origin. A similar case, with acute exacerbations, has been reported by W. B. Hope and Herbert French⁴. A third distinct variety of edema we cite is that unusual affection, edema neonatorum; a condition seen in weakly or premature infants during the first few days or weeks of life, and characterized by general edema and a subnormal temperature. It is usually attributed to cardiac weakness, especially of the right side, or to some obscure disturbance of the pulmonary, renal or vascular system. Sclerema resembles its closely in many respects; but the two affections are entirely different, and should not be confounded. Finally, it may be stated that scarlet fever is sometimes associated with dropsy without albuminuria or other signs of renal disease. Griffith⁵ refers to cases of this nature, and cites instances mentioned by Quincke, Goodhart and others, quoting the latter's caution against the conclusion that there is no nephritis, because no albuminuria.

The nature and etiology of the edemas of infancy, not associated with urinary changes, are sufficiently obscure to render any study of them more or less unsatisfactory from this standpoint alone. The majority, as already stated, are probably secondary, especially that larger group included in those cases occurring in marasmic and debilitated infants, and after diarrheal affections. Cardiac and circulatory debility and great constitutional depression play an important role in the etiology of these cases. The frequent appearance of atelectasis in edema neonatorum lends support to this view. To this category, also, belongs the edema of tuberculosis and congenital syphilis. In regard to the latter, it is not generally recognized that congenital syphilis may

*Read at the 145th annual meeting of the Medical Society of New Jersey, Spring Lake, June 14, 1911.

give rise to nephritis and consequent edema, as pointed out by Griffith (*loc. cit.*). But although this is undoubtedly true, there is an edema, seen in congenital syphilis in which the kidneys are sound, as in one of the writer's own cases. The great bulk of infantile edemas occur in association with diarrhea and gastro-intestinal disturbance of longer or shorter duration. Here the dropsy is usually attributed to hydremia and a relaxed state of the walls of the blood vessels. But frequently the diarrhea has not been of long duration when the edema supervenes. Dropsy may occur also in ileocolitis, where from the character of the intestinal discharges, there is no great drain upon the fluids of the body. In two of the writer's cases colitis was the associated affection.

The character of the food is thought by some to have an influence in the production of the edema. Thus Turner⁶, J. Thompson⁷, and others, attribute it to too much fluid food, as the edema disappeared when the amount of food was reduced. A number of cases have also been reported in which the dropsy vanished when the proteids were increased to two per cent. Certain it is that by feeding these little patients the edema often disappears quite rapidly; a fact, also, which lends confirmatory evidence to C. A. Herter's¹⁰ suggestion that involvement of the sympathetic nervous system, induced by constitutional depression, is the cause of the dropsy.

Many writers, Ashby and Wright⁸, Rilliet and Barthez⁹, and others, ascribe the edema to anemia; but all cases are not anemic; many published blood counts do not reveal a decrease in the blood elements sufficient to account for the dropsy. Herringham¹¹ reports cases in which the edema was ushered in with chills. The dropsy involved the face, arms and legs, simulating Bright's disease, except that the urinary findings were negative. He would, therefore, attribute the edema to toxins having their origin (possibly) in the intestinal disturbances so frequently associated with this affection. Color is given to this conception by the epidemic of edema in thirteen infants following a long period of gastroenteritis, witnessed by De Wolf¹², who concludes that in this epidemic there was an infection spreading from the gastrointestinal tract, which produced changes in the blood and vascular walls, and, to a greater or less degree, in the kidneys; as the result of which there appeared the edema.

Exposure to cold is accounted by many—Basham,¹¹ Taylor,¹¹ and others, an important etiological factor. In one of the writer's cases the edema was at its worst when the external temperature was low; if the arms remained outside the bedclothes during a cold night, marked swelling ensued.

There remains a group of cases that are probably of purely nervous origin, in which the condition is actually, or is closely allied to, angioneurotic edema. Griffith¹³, Kerley¹⁴, Morse¹⁵, have recorded cases of this nature, and two of my patients come under this category. In the acute circumscribed cases the edema is allied to—indeed does not differ from—the same condition in adults; in others, the swelling is more generalized, embracing an entire limb or limbs; occasionally the trunk and face. The skin is apt to be blue, and the edema is sensibly increased by exposure to cold. Other factors point to the nervous origin of some cases. Fairbanks¹⁶, for instance, calls attention to the extreme nervousness of many of these infants. They cry, he remarks, at the slightest touch, and are easily startled by noise. C. A. Herter (*loc. cit.*), as cited above, regards involvement of the sympathetic nervous system, from severe constitutional depression, as a potent cause. Anything that disturbs the balance of the circulation will cause edema; hence it can be readily understood how an oversensitive nervous system could induce edema in predisposed infants—predisposed, that is, by anemia, debility, the action of toxins and other factors.

Finally, we must remember that there may be nephritis without albuminuria and casts, and that we must be careful in excluding nephritis simply because the urine is normal to ordinary tests. In this connection may be instanced the case reported by H. Schwarz¹⁷, in which a child had general edema following gastroenteritis. For three weeks there was no edema on a diet of barley water and fennel tea. Then milk and barley water were given, with ten grains of common salt to each bottle (seventy grains in twenty-four hours). Three days of this diet caused dropsy. He concludes that edema in infants may be caused by retention of chlorides. The sequence of events, in this case, although the urinalysis was negative, would point to some implication of the kidneys.

To sum up, it appears to the writer, after carefully considering the evidence as presented in the literature and studying his

own limited number of cases, that the conception of Fairbanks (loc. cit.) more satisfactorily explains the etiology of the so-called essential edemas of infancy than any other, viz.: that these edemas, although of varied etiology, are mostly of nervous origin, brought about by a disturbance of the sympathetic nervous system, induced by various irritants; but, especially, the writer is of the opinion, by toxins having their origin, in the majority of the cases, in the intestinal tract.

Treatment.—It seems hardly worth while to linger long over this phase of our subject. As these infants are usually weak and debilitated, cardiac stimulants, such as caffeine, digitalis and atropine, in conjunction with external warmth and gentle frictions of the surface, are indicated. In cases showing anemia, iron, especially, hypodermically, is of value; and diuresis may be hastened by injections of small amounts of normal salt solution—three ounces every half hour, until nine ounces are given, after the manner of Kemp¹⁸. In those cases following prolonged diarrhea, and in which there is considerable loss of flesh, and even when this feature is absent, a decided increase in the proteids of the diet—or, in other words, the administration of nourishing food—often brings about speedy improvement. The exhibition of suitable cathartics, combined with judicious colonic irrigation, might be useful in ridding the intestinal tract of the toxins that are presumably the cause of the condition in some cases.

CASE HISTORIES.

There are but few case histories to be related in connection with this paper; but, such as they are, they illustrate the salient features of several types of the non-nephritic edemas of infancy. For the sake of brevity, only a brief resume, rather than a detailed account of each case will be given.

CASE 1.—*Edema in association with congenital syphilis.* Infant of four months; observed many years ago; notes from memory. Brought to the clinic with all the symptoms of congenital syphilis. Six weeks before, rash had appeared upon the buttocks. The child had purulent coryza, and, upon the buttocks, thighs and lower abdomen a macular, copper-colored eruption, with mucous patches about the anus and genitals. In addition, there was a marked edema of the hands and feet; and, to a less degree, of the face. Urinalysis, negative. The infant was placed upon specific treatment (inunction). Improvement followed, with gradual

disappearance of the dropsy. Notwithstanding the negative urinary findings, it is possible that this was an instance of congenital syphilitic nephritis; although the writer is inclined to believe that this was not the case, and that the edema was dependent upon the profound constitutional depression and anemia present.

CASE 2.—*In the following case, anemia was the associated affection.* Y. J., aged two years, applied February 4, 1900; had been ill for one year, with poor appetite, languor, debility and digestive troubles. Is extremely anemic. Mucous membranes blanched, and conjunctivæ pearly blue. Spleen enlarged, but does not reach border of ribs. Skin normal. General enlargement of the superficial lymph glands. Lungs and heart normal. Sixteen teeth; upper incisors carious. Bowels open twice a day. Very weak and languid. Blood count 2/16, 1900; R. B. C., 3,984,000; W. B. C., 23,000; Hemoglobin, 23%. Whites to reds, 1-173. Temperature, 99 1/5. Urine contains no albumin, sugar or casts. Murmur at pulmonary cartilage. March 28, 1900: R. B. C., 2,720,000; W. B. C., 13,000; Hemoglobin, 20%. Differential count: polymorphonuclear, 44%; transitional, 26%; large mononuclears, 30.2%; lymphocytes, 20.6% eosinophiles, 2%; few nucleated corpuscles. Marked edema of legs, trunk, back and face. Urine normal. Edema less, almost disappeared, April 10, 1900: Very much improved. R. B. C., 3,500,000; W. B. C., 12,000; Hemoglobin, 50%. Infant then passed from observation. There is little doubt that the dropsy in this case was directly dependent upon the anemia, the cause of the latter being obscure. Treatment consisted in iron (reduced), arsenic (Fowler's) and digitalis.

CASE 3.—*This case followed a moderately severe but prolonged so-called ileocolitis.*

P. M., aged twelve months. Taken ill September 19, 1897, with ileocolitis. The case ran a moderate but prolonged course. The temperature never rose above 101, ranging between 99 and the former point. There were three or four mucoid movements daily. After November 1, the temperature remained permanently at the normal point. At this date, the emaciation was extreme; and, on November 3d, edema was first noted. There was marked swelling of the feet, hands and buttocks. On November 4th, the dropsy had involved the face. It pitted on pressure, and was identical with that usually seen in a case of nephritis. The

urine was negative, however, in every particular. The dropsy lasted about one week, entirely disappearing by November 10th. With its onset, a rapid increase in the proteid content of the food was made, the child having been practically starved for weeks, according to the then prevalent method of treating the summer diarrheas. To the increased feeding the improvement was undoubtedly due. The blood was not examined.

CASE 4.—*In this patient a series of debilitating affections preceded the dropsy.*

B. B., aged thirteen months. During early infancy, the subject of congenital pyloric stenosis. During the summer of 1909, beginning in August and continuing until late October, there were frequent outbreaks of diarrhea, so that for three months the patient was never really well. On November 10th, 1909, the child had influenza, which by the 20th had developed into pneumonia. Six days later, when the pneumonia was resolving, a right otitis media made its appearance, resulting in a tympanic rupture within twenty-four hours. On November 26th, edema of the dorsa of the feet and hands was observed. Urinalysis entirely negative—specific gravity, 1.012; acid; no albumin, no casts; squamous epithelium; triple phosphates and bacteria. The patient did not appear to be especially anemic, the hemoglobin being 70%. With the onset of the edema, the temperature rose to 102 $\frac{2}{5}$; but fell in two days to normal. The ear was discharging freely at this time. November 30th, edema of extremities still present, but diminishing. December 1st, the dropsy had entirely disappeared, having lasted about a week. Treatment consisted in citrate of iron, hypodermically, digitalis and appropriate food.

CASE 5.—*This case was of the marasmic type, so frequently followed by dropsy.*

E. F. applied for treatment on April 15, 1907, at age of three months. Infant was well for six weeks after birth, when it was weaned. Since then it had been fed upon a variety of proprietary foods. The patient is emaciated, weighing 5 lbs.; constantly whining; vomits considerably; the buccal mucous membrane the seat of thrush; bowels loose and undigested. April 20, no better. Since yesterday a general edema has appeared, involving the trunk, buttocks and legs. Serous cavities free, urinalysis negative. March 26th: Edema disappearing, but still present in legs. Cries all night with colic, and has many undigested movements. With the onset of the edema, the weight

rose to 5 $\frac{12}{16}$ lbs. April 24, 1907: Edema has disappeared; lasted nine days. Blood not examined.

The next two cases are instances of angioneurotic edema in infancy.

CASE 6.—L. N., twenty-two months old, applied March 26, 1896. Healthy, well-nourished infant. One month ago mother noticed that the right foot, dorsum and face would swell. At these times, the baby was restless and fretful, as if in discomfort. The swelling would last about twenty-four hours and then quickly disappears. This had happened three times during the month. At the time of application, there was edema of the right leg from above the ankle, and involving the whole foot, the dorsum of which was very much swollen. The skin of the sole was very tense and quite glossy in appearance, while over the affected area it was hot and somewhat tender to the touch. The mother predicted that the swelling would disappear in a day or two. This was the case; for at the next visit, two days later, the limb was quite normal. The urinalysis was negative. The mother said that there had been at one time a similar condition of the other leg.

CASE 7.—A difficult feeding case, under observation since birth. At thirteen months weighed fifteen pounds and three-quarters. On November 21, 1909, thirteen and a half months old, after a slight disturbance of digestion—vomiting and a few loose stools—the feet and hands became swollen and edematous. Catheterized; specimen of urine was free from albumin and casts. The edema disappeared in forty-eight hours. December 7th: After some very cold weather the edema reappeared. The hands and feet were very much swollen, pitting on pressure, bluish in appearance, and hot to the touch. This disappeared in twenty-four hours. On December 30th, the edema again reappeared in both hands and right foot. It was then noticed that if the arms were kept outside of the bedclothes at night and the weather was cold, the edema would reappear; or, if present, would be increased by the exposure. On July 2, 1910, the child was again attacked with edema. On this occasion, the right side of the face participated in the swelling. After this, there was no return of the dropsy, possibly because of the advent of milder weather; but also, probably, because the nutrition of the infant had very much improved, as by this date it weighed twenty-nine pounds. Because of the extreme nervousness of the baby, every attempt to make a blood count proved fu-

tile. The only treatment employed was tonic—iron and nux vomica—and careful dieting. There was no return of the edema during the winter of 1910-11. All the urinalyses were negative.

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No. 127 South Illinois Avenue.

Clinical Reports.

A Remarkable Case of Chickenpox.

The case narrated by Gray, in the California State Journal of Medicine, was remarkable for the number and the character of the complications and for the way in which it ended. In one individual were united epilepsy, chorea, hypertropic astigmatism, fibroid phthisis, pleurisy (with just beginning effusion), chronic endocarditis, with vegetations and a beginning acute stage, varicella and acute granular meningitis, the latter being the cause of death.

Mumps in Connection with Ear Disease.

Dr. H. Haike, in Zeitschrift für Kinderheilkunde, Berlin, reports the case of a young man of 19 who became suddenly deaf after a few days of malaise and slight fever but no local pain or vertigo. The other features of the case suggested mischief in the labyrinth, and three days later bilateral orchitis developed with high fever and much depression, the young man losing 20 pounds in the course of a month. The mumps seemed to have affected the internal ear first, and permanent deafness has resulted. There was no involvement of the parotid at any time. Gradenigo has reported a somewhat similar case in a boy under 5 years old whose smaller brother had mumps. The older had pains and swelling in the testicles but these subsided under cold applications. The next day sudden deafness developed and was permanent. There were no symptoms on the part of the parotid at any time. In Haike's case there was no known chance for contagion with mumps in the town, but he thinks it should be classed as "epidemic parotitis without parotitis," and believes that

this assumption will explain other cases of sudden, bilateral deafness in children, usually accompanied by some mental disturbance at first such as may accompany mumps.

Cardiac Failure Without Cardiac Dilatation.

Dr. T. S. Wilson reports, in the British Medical Journal, three cases of muscular failure of the heart without marked enlargement and without valvular disease. The first case showed heart weakness with diminution in the size of the cardiac area from damage to the heart muscle from the toxins or microorganisms of acute rheumatism. In this case the left ventricle was rather weaker than the right, and the latter showed a slight amount of the adolescent type of dilatation and a pulmonary artery murmur. The second case was one of the muscular failure of the heart, without evident dilatation, due to malnutrition presumably from atheroma of the coronary arteries. In this case the left ventricle was more affected than the right. The third case was exceptionally interesting owing to the limitation of the fatty degeneration to the right ventricle as well as from the absence of physical signs of cardiac failure except those associated with a relative emptiness of the heart and great vessels, and the weakness of the cardiac sounds, especially those heard over the right ventricle.

Neurasthenia Gastrica.

From a paper read by Dr. A. A. Robinson at the annual meeting of the Utah State Medical Association and printed in American Medicine:

Patient 1.—Female, age 30, family history negative. Married about 10 years. No children. Menstruation irregular and painful. Home life pleasant but husband's mother thinks she should do more work. Has had "stomach trouble" about four years. Complains of loss of appetite, pain in the epigastrium and nausea after eating, character of food makes little difference in symptoms. Bowels are constipated. Is hysterical and will cry when describing her symptoms.

Examination showed rather poorly nourished condition, patellar reflexes exaggerated, hypersensitiveness of the pelvic organs and tenderness at the tip of the ensisternum.

She was given two drachms of liq. strontium bromide before each meal and at bed time, which gave great relief. This improvement, however, lasted only about ten days when she returned for further advice. She was then advised to go to a well-known Pacific Coast sanatorium, which she did. There a diagnosis of neurasthenia was made and the physician in charge wrote me, " * * * her stomach disturbance is only symptomatic of the nervous trouble." At this institution she made great improvement and came home after a few weeks a new woman.

Patient 2.—Male, age 41. Decorator and sign painter. Nervousness dated from domestic incompatibility about six months previous to first consultation. Used alcoholics but not abusively. Manifested several peculiarities of neurasthenia, e. g., unharmonious combinations of colors or musical discords were so depressing that he would cry. He complained of a constant distress in the epigastrium. This was made worse

by eating. Experienced severe pain in the stomach upon being awakened from a sound sleep. Gaseous eructations annoyed him.

The body was well nourished and subcutaneous fat was abundant. He claimed to have lost twenty pounds, however. Considerable tympany over the stomach area seemed constant. Slight tenderness was elicited midway between the umbilicus and ensisternum. Gastric analysis showed a total acidity of .11 per cent., free hydrochloric acid .06 per cent. and absence of lactic acid.

A temporary change of occupation was advised as he felt that he could not take a complete rest. He secured employment as motor-man on a street car. The use of alcohol and tobacco was refrained from and a diet slip giving list of foods to be eaten was adhered to. He took a daily warm bath at bed time and was given a capsule containing two grains of chloretone and three grains of resorcinol one-half hour before each meal. Rapid improvement was noted and in six weeks he was entirely free from any annoyance with the stomach.

Rupture of Uterus Before Term with Continuation of Pregnancy.

Report of a case by Frederick R. Hyslop, M. D., of Whitewater, Wis., in the Wisconsin Medical Journal.

One Sunday evening early last spring I was called to see a lady 42 years old, the mother of three children, the oldest 19, the youngest 11. I was informed by the husband that the waters had broken Saturday morning, that she was suffering with severe headache, and had been vomiting. Her bowels were very loose and she was extremely sore across the abdomen, but had no labor pains. Examination showed os partially dilated, head well down, but no amount of manipulation would cause any uterine contractions. Her pulse was rapid and weak, temperature not taken.

Not hearing from the patient during the night, I called about 8 A. M. Monday. Conditions were about the same with the exception that she had had no bowel movement since the evening before and her headache was better. The abdomen was tender but there were no labor pains. Called again at 4 P. M., dilated manually which proved to be easy as there were no contractions. After cervix was fully dilated and reflected back partially over the fetal head there were two fairly good pains and baby was born without the use of instruments. It proved to be a perfectly normal boy weighing 7½ pounds. After waiting a reasonable time, I endeavored to remove the after-birth. After alternately working and waiting for over two hours I brought away all I could get, which was about two-thirds. The patient's condition at this time was bad, temperature 102.6 degrees, pulse very rapid and weak, abdomen very tense. In spite of all we could do patient grew rapidly worse, the abdomen becoming enormously distended and she died of general peritonitis Wednesday night. We opened the abdomen and found and removed the missing one-third of the placenta which was loose in abdominal cavity. The womb had not contracted, there was an opening in the fundus of over an inch and a half, somewhat elliptical in shape, extending transversely across fundus. This was not a

fresh tear, but on the contrary the edges were rounded off and covered with mucous membrane. There were no adhesions. The part of the placenta in the abdominal cavity was rounded off and showed no evidence of being attached except where torn loose from the rest.

The only history obtainable in this case was of a severe fall at about the fifth month of pregnancy. She stated she felt something give way at the time and went and lay down but did not call a physician, but never felt well afterward. My theory is that the uterus was ruptured at the time of the fall, part of the placenta being forced through into the abdominal cavity and as the circulation was not cut off it grew in this position. Why she did not die of hemorrhage at this time or have more alarming symptoms; why a peritonitis should develop after the escape of part of the amniotic fluid into the abdominal cavity; and why there was no hemorrhage above normal at the time of or after the confinement from the non-contraction of the womb, and how the boy could be so perfectly normal and healthy (living and doing well at the present time) are interesting questions.

I regret the inability of giving a more accurate scientific history of this case. The post-mortem was performed very hastily as it occurred at a very busy time. I never saw the patient but once before I was called to confine her and that was at the second month of pregnancy. Her previous labors were extremely easy, the doctor never succeeding in getting there in time.

Eclampsia Occurring in Labor in a Girl Aged Twelve: Recovery of Mother and Child.

Dr. C. Hubert Roberts, of London, reported this case in a paper read at the British Medical Association annual meeting, July, 1911.

The child was a Jewess, 4 feet 11 inches in height, and well developed for her age. When first seen she was pallid and edematous, and suffering from mental excitement. The urine contained two-thirds of a column of albumin. The os was the size of a shilling, and the membranes were intact. There was a purulent vaginal discharge. Chloral and potassium bromide, 20 grains of each, were given. Fourteen hours later a fit occurred. The patient was then treated by morphine hypodermically, gr. ½, rectal salines, and the hot pack. Four hours later, after a second fit, the child was delivered by forceps. It weighed 7 pounds, and survived. Fourteen convulsions followed the confinement, and these were treated by morphine, gr 1/16, digitalin, gr. 1/100, and inhalations of chloroform. There was no record of a case of eclampsia at such an early age. The speaker's usual treatment of eclampsia was chloroform, purgation, diaphoresis, saline infusion, and, in certain cases, venesection. Washing out the stomach under anesthesia was also very useful.—Med. Record.

Transplantation of a Portion of the Tibia into the Spine for Pott's Disease.

Reported by Dr. Fred. H. Albee, of New York, and Colonia, N. J., in the A. M. A. Jour., September 9, 1911.

Case 1.—History.—With this in view, R. C., a child aged 4, referred to me by Dr. E. H. John-

ston, of Waterbury, Conn., was admitted to the Post-Graduate Hospital.

The past history was negative up to the time the trouble with the spine began. Several months before, the child had begun to have night "cries and sweats," and coincidentally began to support herself with her hands on her knees. The mother thought that there had been a loss of weight and that the child was getting pale. There had been pain in the region of the stomach for the past two months. About three weeks before examination, the lump on the child's back was first noticed.

Examination.—This was negative except for a considerable kyphosis at the first and second lumbar vertebrae. The child stooped to pick up things from the floor with difficulty. The spine was rigid to passive and active motion in the region of the kyphosis.

Operation.—The patient was operated on June 9, 1911. Under ether, with the patient in the ventral position, an incision was made, directly over the tips of four spinous processes, with the kyphosis in the centre. Each process was then split longitudinally for about one inch and a quarter into two portions with one-third of the process on the left and two-thirds on the right. The soft tissues between the processes were then merely separated by blunt dissection or by a scalpel, parallel with the muscles. Green-stick fractures were then produced at the base of the one-third portions of each of the processes. A wedge-shaped cavity was thus produced, ready to receive the bone graft. A compress of hot saline was then placed over the wound. The left leg which had been prepared for operation was then flexed on the thigh, so that an incision over the crest of the tibia anteriorly could be made. A prism-shaped piece of the tibia from its anterior-internal aspect was then removed by means of a chisel, with the periosteum intact on two of its surfaces. The graft taken was about 4 inches by 1 inch, by $\frac{1}{2}$ inch. It was quickly removed and immediately placed in the interval between the portions of the spinous processes. The dense fascia over the tips of the processes was then approximated by interrupted sutures of No. 3 chromic catgut, thus holding the bone-graft very firmly in place. The skin was closed by a continuous suture of No. 1 plain catgut. The leg wound was treated in a similar way. The time of operation was fifteen minutes. There was no shock.

Result.—The child made a fine recovery from the anesthetic. The wounds healed by primary union. The child was discharged from the hospital July 17, 1911. The convalescence has been extremely satisfactory thus far. Muscular spasm of the spinal muscle has diminished very materially. However, it is obvious that it is too early to draw any definite conclusion concerning the final results of any of the cases herein reported, and this is a record of progress only.

Case 2.—History.—The patient, J. M. C., male, was a carpenter, aged 28. His family history was negative to tuberculosis. His present trouble began eight months ago with pain in his back which started in the lumbar region and shot into the thighs. He had night sweats all last winter, but no cough. There was a little pain in his right side when the patient walked and later there was pain in the left side also. There was a mass in the right groin for six months previous to the examination.

Examination.—This was negative except for moderate kyphosis involving the eleventh and twelfth dorsal vertebrae and the right psoas abscess, the size of a fist, just below Poupart's ligament. The spine was very rigid to all motion, both passive and active, in the lower dorsal and lumbar regions. The patient bent the spine with pain and difficulty.

Operation.—June 27, 1911, the Post-Graduate Hospital. Precisely the same operation was done as described in the previous case. The bone-graft from the tibia was much larger, however. It measured about 6 inches by $1\frac{1}{8}$ inch by $\frac{1}{2}$ inch. Both wounds healed by primary union. This case was discharged from the hospital July 15, 1911. The patient has gone back to work, wearing a Taylor spinal brace.

Phlegmonous Inflammation of Duodenum.

Drs. G. Taylor and C. E. Lakin, in *The Lancet* of July 22, report a case which had a twofold interest in that, first, the duodenum is an uncommon site for the penetration of a fish bone; and, secondly, in that the condition produced by the latter—phlegmonous duodenitis—is a very rare condition whatever be its cause. In MacCallum's collected series of cases of phlegmonous enteritis many showed absolutely no sign of any breach of the mucous membrane, whereby the organism could have gained access, but inasmuch as certain of the cases have followed traumatism, he suggests that the injury may have produced a point of lowered resistance into which organisms are carried by the blood stream, and he comments upon the relative freedom from bacteria of the uppermost part of the alimentary tube. In most of the cases of phlegmonous enteritis recorded streptococci have been obtained, and in one case in addition a staphylococcus albus was also found. In the present case the colon bacillus was the organism isolated in pure culture, and this suggests that the infection came from within the bowel; and the fact that the patient had had so-called "bilious attacks" before suggests that the duodenum was not sterile. The presence of the fish bone in situ, however, seems to prove conclusively that in this case the infection came from inside the duodenum and was not blood-borne.

Intraligamentous Pregnancy at Term.

Dr. Ross MacPherson reported this case because of its extreme rarity. In fact, this was one out of three cases taken from a series of 75,000 cases at the Lying-in Hospital. The patient was twenty-one years old. She had had no miscarriages. On February 18, 1911, she apparently was at term. When seen she was believed to have a fibroid of the uterus. On palpation the parts were soft; there were no fetal heart sounds detected. There was a mass behind the uterus that did not contract. The fetus, however, was palpable and lying in the correct position.

Satisfactory reduction is the most important step in the treatment of Colles' fracture. Once reduced the fragments have little tendency to displacement; therefore, prolonged immobilization without frequent movement of the wrist will result in a stiff joint, for which the nature of the injury does not provide excuse.—*Amer. Jour. of Surgery.*

Reports of Medical Societies.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Secretary.

The Bergen County Medical Society met in the Union County League club rooms, Hackensack, July 12th, at 8:15 P. M., the president, Dr. George H. Ward, in the chair, with 23 members in attendance.

We had as guests for the evening Drs. Walter B. Johnson, J. William Atkinson and Elias J. Marsh, of Paterson.

The scientific program for the evening consisted of a Symposium on the Diseases of the Eye, Ear, Nose and Throat, as follows:

1. Acute Suppurative Otitis Media, by Dr. G. H. Ward, of Englewood.
2. External Diseases of the Eye, by Dr. J. W. Atkinson, of Paterson.
3. Internal Diseases of the Eye, by Dr. Elias J. Marsh, of Paterson.
4. Kilian's Operation on Frontal Sinus, by Dr. W. B. Johnson, of Paterson.
5. Tonsilectomy and Adenectomy, by Dr. Charles W. Harreys, of Ridgewood.

I herewith forward a copy of Dr. Ward's paper for the Journal.

CUMBERLAND COUNTY.

Irving E. Charlesworth, M. D., Reporter.

The quarterly meeting of the Cumberland County Medical Society was held on July 11, at the Baker House, Vineland, with Vice-President John W. Wade in the chair.

Dr. Thomas J. Smith, of Bridgeton, sent a letter thanking the society for the expression of sympathy on the death of his wife.

Dr. E. S. Corson, of Bridgeton, reported two cases of abortion induced by drugs used by the advice of friends. Upon the motion of the society the Committee of Legislation was instructed to take steps to punish not only the principals, but also the advisers of such acts when the attending physicians report such cases.

Dr. M. F. Sewall, of Bridgeton, reported a case of hydrophobia, followed by death. This was quite appropriate, there being a number of cases of children bitten by a dog, proved to be mad by the State Laboratory. Discussion participated in with reports of cases by Drs. Irving E. Charlesworth, E. S. Corson, Henry Chavanne and G. E. Reading.

Thomas B. Rogers, D. V. S., of Gloucester County, president of the State Veterinary Society, gave a talk on hydrophobia, with description of several cases of rabies in animals. The society gave him a vote of thanks for his thorough description of the disease and the best method for preventing the development of it, which was by cauterizing the wound with strong mineral acids, followed by the Pasteur treatment.

Dr. Elsmore Stites read a paper on "The Climatic Treatment of Pulmonary Tuberculosis. He compared the climatic advantages of well-known sanatoriums with each other. Dr. Stites has traveled all over the United States and prefers the climate of Arizona to that of any other State. The paper was discussed by Drs. Reading, Chavanne and Rogers.

Drs. I. E. Charlesworth and H. Garrett Miller reported on the New Jersey State Society meeting, which was held at Spring Lake.

Dr. R. R. Charlesworth, of Millville, made application for membership and it was referred to the Board of Censors.

Those present from sister societies were: Drs. Davis, Hires, Carpenter and Chavanne, of Salem County, and Drs. G. E. Reading and Thomas B. Rogers, of Gloucester County. The attendance was good and the interest taken in the discussions was noteworthy. At the conclusion of the meeting a fine dinner was served by the management of the Baker House. The next meeting will be held at the City Hall, Bridgeton, October 10th.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The medical activities in Essex County, after a summer of rest from meetings, have revived, and begun already a season which will afford every practitioner in the county abundant opportunities for attendance at scientific meetings, meetings at which he may hear speakers of eminence from outside our own bounds, or within, and which will encourage him to also prepare and present his own clinical, or research material and to take part in the discussions.

On September 11th, the Practitioners' Club held its first meeting of the season. Dr. M. F. Squier read an interesting paper on "Ulcerative Endocarditis." Its next meeting will be on October 2d, when Dr. C. C. Beling will read the paper of the evening.

Dr. William S. Disbrow will read a paper on "The Evolution of Local Medical Societies in Newark," to be followed by discussion, on Wednesday, October 4th. This is the regular meeting of the Medical Section of the newly organized Academy of Medicine of Northern New Jersey. The prospective programs of all the sections and some other societies for the season is as follows:

First Tuesday—The Essex County Medical Society.

First Wednesday—Committee on Admissions, Academy of Medicine.

First and Third Monday—Medical League.

Second Wednesday—Trustees and Council, Academy of Medicine.

Second Thursday—Pathological and Anatomical Society.

Second Friday—Physicians' Club.

Third Wednesday—Stated meeting, Academy of Medicine. A visiting speaker, under the auspices of the Section on Medicine, is planned for October 18th.

Third Thursday—Section on Pediatrics, Academy of Medicine.

Third Thursday (afternoon)—Medical Library Association.

Fourth Monday—Section on Ophthalmology, Academy of Medicine.

Fourth Tuesday—Section on Surgery, Academy of Medicine.

Fourth Thursday—Section on Gynecology and Obstetrics, Academy of Medicine.

The House Committee of the Academy of Medicine has been busy furnishing the new rooms, which will be soon prepared for accommodating all medical society meetings which choose to avail themselves of the opportunity. No charge will be made for the use of the meeting room, which will be subject only to harmonious arrangement of date through application duly made to the secretary.

The Pathological and Anatomical Society has moved its laboratory into the new rooms (Wiss building, 665 Broad street) and encourages its members to make the utmost use of it.

New members to the Academy of Medicine are solicited, with their indicated preference for enrollment in some one, or more, of the sections.

New Jersey Epileptic Village.

By invitation of Dr. David F. Weeks, superintendent, and the Board of Managers of the Epileptic Village at Skillman, N. J., the members of the Mercer and Somerset County Medical Societies, the officers of the Medical Society of New Jersey and the Judges and Prosecutors of the Pleas of Mercer and Somerset counties gathered in the main building on September 14, 1911. Dr. W. T. Shanahan, superintendent of the Craig Colony for Epileptics at Sonyea, N. Y., was also present. An elaborate and most bountiful lunch was served to the guests at noon, after which Dr. Weeks led the three score or more visitors over the spacious grounds and through the numerous buildings, giving very interesting and instructive information concerning equipment and methods of work.

At 3 o'clock P. M. the guests gathered in the chapel. Brief sessions were held by the Mercer County Medical Society, presided over by Dr. E. L. West, president, and then the Somerset County Medical Society, with its president, Dr. Josiah Meigh, in the chair.

Dr. Meigh was then elected chairman of the general meeting, when Dr. Daniel Strook, president, and Dr. W. J. Chandler, secretary, of the Medical Society of New Jersey, made brief addresses.

Dr. William T. Shanahan, superintendent of Craig Colony, N. Y., was then introduced, and read an able paper on "Diagnosis and Treatment of Some Special Conditions Seen in Epilepsy." (The paper will appear in the November or December Journal.—Editor.)

Dr. David T. Weeks then gave some account of the work of the village at Skillman; that the equipment provided for 300; that 57 more than that had been received, which crowded the buildings; that they needed largely increased equipment; between 300 and 400 were on their waiting list, desiring admission. He said they desired to take under their care every epileptic in the State and that the other State institutions should be relieved of the care of their insane and idiotic epileptics.

Dr. Weeks exhibited and explained the heredity charts and gave a very interesting account of the good accomplished through this work of the study of human heredity, and of the field work in connection therewith which had given them a record of over 15,000, many of whom are defective. Moving pictures of epileptics in convulsions were shown.

Another interesting feature of this meeting was the music by the band of the institution, composed entirely of epileptics—the only band in the world composed of epileptics.

The village consists of 800 acres, 373 of which are under cultivation, largely by inmates of the institution. There are 357 inmates, about two-thirds of them being males.

The Summit Medical Society met September 29th. A paper was read by Dr. D. E. English.

American Orthopedic Association.

At the annual meeting of this association held in Cincinnati, Ohio, May 17, 1911, the following officers were elected: President, Dr. Virgil P. Gibney, New York City; first vice-president, Dr. George B. Packard, Denver; second vice-president, Dr. T. Halsted Myers, New York City; treasurer, Dr. G. G. Davis, Philadelphia; secretary, Dr. Ralph R. Fitch, Rochester, N. Y.; member of the Executive Committee, Dr. Ansel G. Cook, Hartford; delegate to the congress, Dr. Joel E. Goldthwait, Boston; alternate delegate, Dr. R. T. Taylor, Baltimore.

Association of Life Insurance Medical Directors of American.

The twenty-second annual meeting of this association will be held in New York City on Wednesday and Thursday, October 4 and 5, in the board room of the Mutual Life Building, 34 Nassau street. The following papers will be read: "A Suggested Readjustment of Our Views on Heart Examinations for Life Insurance," by Charles F. Martin, M. D., medical director of the Standard Life Insurance Company of Montreal, Canada; "Alcohol and Life Insurance," by T. F. McMahon, M. D., assistant medical referee the Manufacturers' Life Association Company, Toronto, Ont.; "The Use of the Sphygmomanometer in Life Insurance Examinations," by John W. Fisher, M. D., medical director of the Northwestern Life Insurance Company, Milwaukee, Wis.; "Some Observations on the Means of Detecting Adverse Selections," by Arthur B. Wood, actuary Sun Life Association Company, Montreal, Canada.

Miscellaneous Items.

The Laboratory and the Practitioner of Medicine

Dr. Beverley Robinson, of New York, in *Critic and Guide*, August, 1911.

All practitioners who are up to date know and recognize the great value, at times, of information which comes from laboratory workers. On the other hand, the value of their work at the bedside must be controlled, finally, by the symptoms and signs of the patient, known to and observed by the clinician, and frequently by him alone.

In very simple cases we really don't require laboratory aid, and even in very many of the cases met with in general practice a well-trained man may get along fairly well without the guiding hand of the microscopic, or bacteriologic expert. But in rare, or difficult and obscure cases, we want him and we want him very much. In these instances, especially, we also want the best available knowledge and not the average knowledge of the physician fresh from school, or hospital.

How very much often depends upon the outcome as to health, or life itself! And not always of a single person, but it may be of several, or even of a community. Witness, for example, the lamentable death of our last hero in the cause of science and humanity at the hospital on Swinburne Island. What more direct and sad example could be given?

How often have I seen families whose fate, as it were, hung upon the report from the lab-

oratory, in diphtheria, or typhoid fever. In other more appalling diseases, like cholera, or the bubonic plague, the interests of the whole city, perhaps of the entire country, may be concerned. Here, again, the best laboratory expert must decide for us, and no one else.

To-day, among junior practitioners, there are many who are capable of examining sputa, blood, stomachal contents, feces, etc., fairly well. I claim, however, that for them, as for us older practitioners, to rely upon such examinations for patients who can afford to pay for services and who want, and are entitled to, the best available for money, is not fair to such patients.

In my judgment, laboratory examinations should be made, at present, by men who devote their entire time and study to this sort of work, and not by those who are, relatively, tyros.

Go the rounds of any one of our better hospitals and what do we find? Laboratory reports do not proceed from attending physicians, or the house staff. They come directly from the laboratory workers, in cases of acute and chronic disease, and these reports are referred to, and accepted as a partial guide by the clinical men of the hospital. It cannot and should not be otherwise. How can men busy in the wards with patients be expected to make frequent and accurate blood counts in appendicitis, pneumonia, pernicious anemia, leukemia, etc.?

How is it possible to become thoroughly proficient in all that relates to physical diagnosis and to judicious estimate of varying symptoms, and to be qualified in matters of important medical, or surgical, treatment, and, also, be equally competent in laboratory processes and technique?

It all this be true in hospitals, why should it be very different in private practice among those who are really actively engaged in work? Let us be frank, truthful, outspoken. Why not?

The Medical Uplift in Burma.

Dr. Elton S. Corson, of Bridgeton, N. J., formerly of Toungoo, Burma, read a paper on this subject at the annual meeting of the American Academy of Medicine, Los Angeles, Cal., June 24th.

The paper stated that while the British Government, so far as her dependencies were concerned, had an efficient medical service in all centers of population, yet the vast agrarian population was practically without medical aid. Every large mission was said to maintain a large central boarding school. The mission school hospital in which those desiring might add a knowledge of medicine during their regular schooling was regarded as the main means at present for solving this vast problem. Socially the practical knowledge of medicine, though given in a desultory manner, had conferred incalculable benefits.

Present Magnitude of Altruistic Medical Effort in the Far Orient.

Dr. Charles McIntire, of Easton, presented this paper, at the same meeting, comparing the beginning of medical missions in China with the reports submitted to the Edinburgh Conference last year. Dr. Peter Parker in 1835 had opened an ophthalmic hospital in Canton, securing the following day one patient. The Edinburgh reports showed that there were now 207 hospitals in China that treated 58,757 in-patients

for the year. The study also showed that in Korea, Japan, the Chinese Empire, Siam and French Indo-China, the Dutch East Indies and India there were 716 missionary physicians, 410 hospitals, and 681 dispensaries. The work was regarded as claiming the intelligent and sympathetic co-operation of the profession at home.

The Circulation of the Blood.

The amount of blood in the adult averages 30 pounds, or fully one-fifth of the entire weight.

The heart is 6 inches in length and 4 inches in diameter, and beats 70 times per minute, 4,200 times per hour, 100,800 times per day, 36,792,000 times per year, and 2,575,440,000 in three score years and ten; and at each beat $2\frac{1}{2}$ ounces of blood are thrown out of it, 175 ounces per minute, 656 pounds per hour, about 7 tons per day.

All the blood in the body passes through the heart in 3 minutes. The aggregate surface of the air-cells of the lungs exceeds 30,000 square inches, an area very nearly equal to the floor of a room over 14 feet square.—Exchange.

The Marvelous Advances of Pharmacy.

The lowest depths of degradation of pharmacy have been reached: Riker's drug stores advertise specials in hair goods—puffs, switches, rats, curls, chignons, etc. "If you want anything in hair goods—see us." Children's haircutting also a specialty.

Oh, ye shades of Procter, Maisch, Hoffmann, Squibb, Rice and Hallberg, what feel you when from your heavenly seats you look down and note the marvelous "development" of pharmacy in the United States?—Critic and Guide.

I Have No Time.

"I never hear a person lamenting the fact that she has not time for this thing or that," said a busy woman, "but I am reminded of a talk I had with my father many years ago. I had been bemoaning the fact that time was so short and that I did not seem to do much of anything; I read little, sewed less, and, in fact, did not accomplish much. My father heard me. He said he thought that the fault was not with time, but with myself.

"Then he went on to explain that he believed in order to accomplish things in this world a desire to do things must first be created; if the desire were sufficiently great, if one wished to do a thing much, he or she would arrange to do it. In other words a person usually would manage to do the thing he or she wished to do.

"I pondered a great deal over what he said, and the more I thought the more the common sense of it appealed to me. I tried to analyze my disposition of time to see whether my not reading was due to lack of time or because I simply went along a happy-go-lucky fashion and did not make the effort. I found the latter was true and I set about at once to remedy it.

"The truth of what father said was borne in on me very deeply. As a natural consequence I found myself doing many things which before I had discussed with the conviction I had not time for them."—From the Newark Evening News.

THE JOURNAL

OF THE

Medical Society of New Jersey

OCTOBER, 1911

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor.
New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

The vacation season has passed. May renewed strength and quickened mental vigor lead to more devoted professional service and the best possible results both to our patients and their doctors.

We most earnestly ask, as we take up the fall and winter's Journal work, that all secretaries and reporters will faithfully report every medical society meeting—both county and local.

We regret the necessity of calling the attention of authors of papers presented at the last annual meeting of our State Society, to the fact that such papers are the property of the society and should have been delivered to the secretary immediately after presentation, and it is distinctly announced that they are not to appear in any other publication before they appear in our society's Journal. By permission of the chairman of the Publication Committee, in writing, any of said papers may be printed in another journal on the same, or subsequent, date as that on which it appears in this Journal.

Some of the papers on the program this year, which were read in full or by title, have not yet been received by the editor, and we request that they be sent to him immediately, addressed to P. O. Box 83, New Brunswick, N. J. We ask also that all proof of papers or discussions sent for correction be *promptly* returned. The issues of the Journal the past two months have been delayed awaiting such returns, and for the same reason the insertion of two papers has been deferred.

We have noticed in some of the State Society Journals that many specialists have their cards of advertisement inserted, giving name, the special department of practice and their offices and office hours. We shall be pleased to give to our members a page or more in our advertising columns for such notice, at the following reduced rates: Quarter page—One month, \$6; three months, \$15; six months, \$25; one year, \$40. Eighth page—One month, \$4; three months, \$10; six months, \$17.50; one year, \$25. We believe that these "ads." would not only be proper and profitable to those whose names thus appear, but would also, to a small extent, be helpful to the Journal. All correspondence relating to advertising should be addressed to the chairman of the Publication Committee, Dr. William J. Chandler, South Orange, N. J.

USE AND ABUSE OF HOSPITALS.

We call attention to Dr. Alex. Marcy's communication on page 264, in which he replies to the criticisms which appeared in our September issue, on his paper on "The Use and Abuse of Hospitals."

We may not all agree with Dr. Marcy on some of the positions he takes, but it is evident that this whole subject needs that careful and dispassionate consideration that shall lead to the correction of any existing abuses or defects in these institutions which have, notwithstanding their defects, been of incalculable blessing to suffering humanity.

Let our one desire and effort be to so perfect the organization and methods of conducting the work of our hospitals as shall remove, as far as possible, friction between the managers and the staff and also

between the members of the staff and the outside general practitioners; as shall correct the pauperizing tendencies and increase the efficiency of the hospital's work, thereby securing the best results.

Another communication on the hospital question was received just as the Journal is being made up for the press—too late for insertion—from Dr. J. Finley Bell, of Englewood. Dr. Bell says:

While not agreeing with many points in Dr. Marcy's paper, I do agree in some, and in the main believe that its great value will be found in demonstrating the unsatisfactory, and I might say inadequate, service which the hospitals are at present contributing and that the trend of the discussion will continue in this direction.

The full discussion of the paper by Dr. Bell will appear in the November issue of the Journal.

MEDICAL JOURNALS.

Dr. William J. Robinson, the able editor of *Critic and Guide*—one of the brightest and breeziest exchanges on our list—in an excellent paper on "The Future of American Medical Journalism—An Optimistic Outlook," read before the American Medical Editors' Association at Los Angeles, in June, speaking of the improvement in medical journalism, both in relation to the independent and the official journals, says concerning the latter:

"Their tone has become calmer, they have lost their pugnaciousness, they no longer threaten to swallow up all the independent journals, and, what is more, they are beginning to show a broader attitude toward social and ethical questions. The Journal of the American Medical Association is now a journal of which we may all be proud; it is not only the biggest all-around weekly medical journal in the world, it is also the best. Not only are the purely medical questions discussed in an authoritative, reliable way, but the questions of the day are treated in a bright, breezy and liberal manner. The same may be said of a number of State journals, such, for instance, as the New York State Journal of Medicine, the New Jersey State Journal, the Illinois Medical Journal, etc."

Thanks for the reference to our Journal; it stimulates our desire and will encourage our endeavor to make it still more worthy of commendation by such competent critics.

THE STATE'S CARE OF EPILEPTICS

It was the editor's great pleasure to accept Superintendent Weeks's invitation to visit the New Jersey State Village of Epileptics at Skillman, September 14th, when the members of the Mercer and Somerset Medical Societies, the Judges and Prosecutors of the Pleas of these counties and the officers of the Medical Society of New Jersey met there, on the invitation of the superintendent and managers of the village, to inspect the grounds and buildings and listen to the superintendent's interesting and instructive description of the work that is there being carried on.

In every department of the work, we were deeply impressed by the executive ability shown which extended to the minutest detail in the planning and execution of the work, thereby securing the greatest efficiency and the highest welfare of the defective inmates; while at the same time it was evident that due regard was paid for economy as well as thoroughness in the administration of the affairs of the village.

It was a great pleasure also to meet there Dr. William T. Shanahan, the able superintendent of Craig Colony, at Sonyea, N. Y., to hear of the work there where they have a colony of 1,900 acres, with 1,415 epileptics cared for, and also to listen to an excellent paper read by him on "The Diagnosis and Treatment of Some Special Conditions Seen in Epilepsy." We have given, on page 257, a fuller account of the occasion.

We left Skillman with three decided convictions: That New Jersey had reason to be proud of her work at this institution, that the inmates there are wisely and kindly, as well as economically, cared for, and that the work there is worthy of, and should receive, far more liberal appropriations for the thorough equipment that would enable the managers to extend its beneficent work, that is reflecting so much credit upon the State, in order to provide for the care and treatment of the four hundred or more epileptics in our State who are seeking or needing admission to our State Village.

"THE IRREPRESSIBLE CONFLICT."

We had nearly completed a brief editorial on the Wiley case when the A. M. A. Journal came to hand, and as our thought was somewhat in the line of the editorial therein and the latter is more concisely expressed, we insert it instead of our own, as follows:

"In 1858, William H. Seward, senior Senator from New York, in describing the approaching struggle between two opposing conceptions of our national government, spoke of it as "the irrepressible conflict." His prophetic eye foresaw the coming storm. He saw, too, how impossible it was to prevent it. This phrase, caught up at once all over the nation, became one of the famous sayings of the strenuous period. The tendency of history to repeat itself has become proverbial. The present "investigation" of Dr. Wiley by the Congressional Committee affords another instance of a conflict just as important and irrepressible as that of fifty years ago. At the beginning of the hearing, the question at issue was whether or not Dr. Wiley had violated the law in the manner of employing an expert pharmacognosist. But this point has long ago been lost sight of. The committee and Congress are now called on to determine whether the National Food and Drugs Act, won after years of struggle, shall be administered for the benefit of the people, or nullified for the profit of the manufacturers. Wiley and Bigelow and Kebler on the one hand, and Wilson, McCabe and Dunlap on the other, are but the representative of the opposing interests. The real question is: Which is of greater importance, the health of the American people or the financial prosperity of certain business houses? This is the "irrepressible conflict" of to-day. It must be fought out to a finish and it must be settled aright. Which will triumph, the people or the interests? This is the real issue in the Wiley case."

We call attention to four excellent editorials from the *New York Tribune*, the *Camden Daily Courier*, the *Trenton True American*, and the *Hudson Observer*, which we have inserted on pages 267

and 268, on Dr. Wiley's Vindication by President Taft, and on the doctor's unearthing the pickled horse industry in Kearny and in taking vigorous action, under our State officials, for the prosecution of the accused company.

DOCTORS AS LEGISLATORS.

The Journal forms will be made up for the press before the results of the primary nominations are known. We hope that some of the physicians whose names were on the tickets as nominees for the Legislature, have been chosen, and, if so, it is most desirable that the members of our profession generally shall use their influence, as far as possible, for their election next month.

It is a matter of immense importance that some physicians shall be elected who will intelligently shape legislation relating to the health conditions of our State—for the safeguarding of the lives and health of its citizens. This point requires no argument. Our past experience has demonstrated the need.

Let it be well understood by every voter that the medical man in this service of the public is making personal sacrifice of time and money and is, in securing such legislation, not advancing the financial interests of the members of the medical profession.

As to local offices for which physicians may be nominated, each member of our profession will naturally be governed by political preference, though it is understood that among doctors there is generally enough independence, based on intelligence and patriotism, to cause the question of fitness for office to condition somewhat their exercise of political partisanship at the ballot box. It has been well demonstrated in New Jersey that intelligent doctors—representing both of the leading political parties—make good mayors, *e. g.*, Dr. McBride, of Paterson, and Dr. Mravlag, of Elizabeth.

"Surgery will become dangerous whenever technique overshadows the underlying principles of the art. Cutting and sewing

are not much, generally easy to do, but underlying principles are everything. There is too much desire to-day to show off this or that. Of course, we must always do the best we can in a mechanical way, but mechanics are not surgery."—*Dr. Nicholas Scm.*

NEW MEDICAL JOURNALS.

With great pleasure we welcome to our exchange list two new medical journals—the Maine Medical Association Journal and the Journal of the Iowa State Medical Society, both monthly journals. The first issue of the former was in December last, Dr. F. Y. Gilbert, of Portland, editor, with several associate editors, and the Iowa Journal first issue bears date July 15, 1911, with Dr. D. S. Fairchild, of Clinton, as editor, and Dr. C. A. Boice, of Washington, associate editor. We congratulate the Maine and Iowa State societies and their editors on the very creditable appearance of their journals and the promise these first issues give of success in the undertakings and of their value not only to the practitioners within their respective States, but also to the profession generally.

The value of the monthly journal over the annual volume of "Transactions" is now almost universally recognized. There are now 32 such journals. The more thorough organization and unification of the profession and its consequent influence on the laity, increasing public respect for the medical profession, are due in no small measure to the persistent advocacy of organization, harmony and an unselfish—non-commercialistic—devotion to the highest interests of humanity, through and by the National and State Medical Societies' journals.

PATRONIZE OUR ADVERTISERS.

We heartily endorse this editorial which recently appeared in *Northwest Medicine* and commend it to our readers for their careful consideration and action:

The advertisements which are carried in *Northwest Medicine* are selected with much care, in order that they may conform to the requirements of a strictly ethical character, only those being accepted which meet the

rules laid down by the American Medical Association. We have had occasion frequently to refuse advertisements which would pay us good money and which could be obtained for the asking. While refusal of such contracts has very materially encroached upon our income, the effect of which at times has been very seriously felt by the journal management, yet we have realized that such a course would meet with the approval of our readers in the different State Associations interested in the journal, who favor the plan of endorsing only those preparations and appliances which are considered ethical by the thoughtful practitioner. Therefore, we feel justified in urging upon our readers to patronize those firms, whose preparations and products are advertised in our pages. Such patronage will help to encourage those kinds of preparations which should be supported by the profession, and will help to put this journal on a firmer financial basis, which result we are sure will meet with the approval of all our readers.

The fact that our Journal shuts out advertisements of preparations that are objectionable or questionable, naturally leads to the supposition that those which are inserted are ethical and reliable. We believe they are and that we are thus not only helping the careful and conscientious practitioner to discriminate between the ethical and the non-ethical preparations and worthless nostrums, but that we are also furnishing reputable firms with the more valuable medium for advertising their preparations, instruments, institutions, etc., to the physicians of New Jersey.

The Publication Committee was instructed by the Medical Society of New Jersey at its last meeting to prepare a draft of a bill for annual dues to be sent out by the county treasurers to the members of their respective societies. These bills are to contain three specific items: (1) The dues to the State Society; (2) the dues to the county society; and (3) the subscription to the Journal. The subscription to the Journal carries with it the benefits of a medical defense and no member not a subscriber to the Journal will be defended by the society in case of a suit for malpractice.

These bill forms are now being sent to the county treasurers, who will use them for all new members and for all renewals of membership at their next annual meetings.

We insert the following from the *Wisconsin Medical Journal*:

Let us keep the Journal—which we now own and are personally responsible for—constantly in mind. Like everything else, its value depends upon the use we make of it. Its pages are freely open to every member of the society and if we but choose to utilize its splendid opportunities, it would become the most valuable asset in our possession. It is altogether the best medium for effecting any common purpose we have in mind, and for keeping us in touch with one another in every way. Every county secretary should consider himself an assistant editor, and make it a point to send to the editor of the Journal not only a full report of the regular meetings of the society, but also personal items of every description, and the most noteworthy papers which are read. The whole membership should report interesting or unusual experiences—ask aid in difficult cases, etc., and make it a general clearing-house for all matters of interest to the profession as a whole.

THE PRIME RULE OF PLASTIC SURGERY.—Plastic surgery occupies no small part of the operative field. In it the first law—indeed, the rule of rules—is never to attempt to unite two unwilling edges or surfaces; for your sutures being under tension, will assuredly cut out. In surgery, as in matrimony, an unwilling union is apt to be followed by divorce!—*Dr. R. H. M. Davebarr.*

THE GENERAL SURGEON AND THE OBSTETRIC AND GYNECOLOGIC SURGEON.

Concluding part of the address of Dr. H. G. Wetherill, formerly of Trenton, N. J., now of Denver, Col., as chairman of the Section in Obstetrics and Diseases of Women, A. M. A. annual meeting, at Los Angeles, Cal:

I believe that the partial breaking down of the line of demarcation between the general surgeon on one hand, and the obstetric and gynecologic surgeon on the other, has been, on the whole, unfortunate for both. My observation has been that the general surgeon is, as a rule, a poor obstetric and gynecologic diagnostician, pathologist and operator, and that he is at the greatest disadvantage when he attempts plastic, pelvic or vaginal work. Also the average gynecologic and obstetric surgeon is often an indifferent operator when working outside

of his pelvic and abdominal limitations, but particularly when he attempts brain and bone surgery or the treatment of fractures, etc. Either surgeon is then working in a field in which his diagnostic, pathologic, and technical training and experience have not fitted him to render the best service of which he is capable. At the present time the fields of surgery and medicine are so large and so varied that no single individual can hope to cover them all and do the best work possible for his patients along all lines. * * *

The greatest skill of the best and most highly trained gynecologist and obstetrician is not displayed in the operating theatre, but in his intimate knowledge of pelvic and abdominal pathology, his ability to base a correct diagnosis thereon and prescribe treatment, either medical or surgical, which may restore the patient to health. Operators are numerous, far too numerous; pathologists and diagnosticians are few, far too few.

Prolonged general surgical training does not tend to create a skilled obstetric and gynecologic pathologist and diagnostician, or one who knows and appreciates the possibilities and advantages of non-operative methods for many pelvic diseases. On the other hand, a gynecologic and obstetric operator is evolved—and of these there are already more than enough.

The growth and development of gynecologic and obstetric wisdom was so rapid during the last two decades of the last century that our achievement in this field during the first decade of this century seems meager by comparison, and the literature of to-day presents relatively little that is really new.

Can it be possible that we have attained our full growth, or, resting on our oars, are we content with what we have done and satisfied to press no further forward, though facing such unsolved problems as the prevention and cure of cancer and of the mysterious toxemias of pregnancy; or are we passing through a period of introspection and of analysis of what has been accomplished heretofore, and of elimination of the unnecessary and the undesirable?

The crystallization and concentration of ideas, the simplification of practice, and the determination of what not to do, that we have done before, is progress of the best sort. Though this may not be our banner constructive period, it will be none the less valuable to humanity if we learn to see our mistakes of the past and to avoid them in the future.

There never has been but one basis upon which one could work out his destiny, and that is personal merit. We must be worthy ourselves. We must compel success, because we can do things worthy of success. We must make circumstance yield its best to us because we have the ability to win. The world has admiration for that sort of persons, and it will show its recognition sooner or later.

It is possible, therefore, to achieve even though one be handicapped by the record of success made by others in the family line before him. It is also possible for the man or woman who has made regrettable mistakes in the past to wipe the slate clean and to start all over again with a chance of making the future honorable and commendable. Small souls may remember the past, but the big ones won't. Just

keep at your task and forget there ever was or has been a past. The present time is yours and the future may be if you work hard enough for it.—Katherine Kip in the Camden Daily Courier.

Correspondence.

HOSPITALS; THEIR USE AND ABUSE.

Dr. Alexander Marcy, Jr., Replies to Criticisms of his Paper.

Riverton, N. J., Sept. 18, 1911.

My Dear Doctor English:

I have read with much interest and some degree of pleasure the criticisms of my paper on "Hospitals; Their Use and Abuse," as published in the August number of the Journal. As was to be expected, the surgeons hasten to defend themselves, while the general practitioner has nothing to say. Evidently there is in this discussion only one side to the question, and if force of numbers is to decide the issue, then I am in a hopeless minority. Personally, I was perfectly sure of the attitude of the surgeons before I wrote the paper, therefore I was not surprised to find the criticism from their standpoint entirely adverse. It was only because of my desire to emancipate the general practitioner from a condition which is becoming more and more inimical to his interests that I did it. It is not a theory, but a condition that we are dealing with, and my views on the subject are the result of my own observations and experiences.

The statements made in the paper were positive and yet they were also qualified in so far as I thought there was a question for argument. When I said that the hospitals were close corporations and mentioned the method of selecting the staff, I said generally, i. e., that not in every case was this so, but in most cases, and this, I think, can be easily proven. Fortunately I live where there are no hospitals, therefore it cannot apply to myself as a disappointed candidate for a hospital position. On one phase of the subject all seem to agree, and that is the pauperizing tendency of the present-day hospital. This of itself is enough to condemn their present management and method. I have not the time nor the inclination to answer in detail all that my critics have said, nor am I willing to take back anything that I have stated in the paper. I have opened up the subject and I hope the members of our society will continue its discussion viewing it from all sides and in all its details. In the final analysis each one will have to decide for himself the method calculated to give him and his patients the best and most satisfactory results. As proving some of the assertions made, I will relate but a few of my own experiences, and I am quite sure they can be duplicated by many of our members if they will take the time and trouble to report them.

A patient of mine had frequent attacks of nephritic colic without passing a calculus, so far as I could discover. I suspected that he had a stone in his kidney, and an X-ray picture showed one in the pelvis of this organ. Surgical advice was had and operation decided on. This patient elected to go to the hospital for the operation, which was performed by one of our most skillful operators, and after a long and tedious search, during which the kidney was

subjected to severe traumatism, the stone was finally located and removed. The day following I went to the hospital to see my patient and found him suffering severely. I asked the nurse where the doctor was who was looking after him and was told that the surgeon had left the city that morning for his vacation, and that the resident surgeon had left a short time after for a few days in the country, and that the resident who was left in charge was out playing tennis. I inquired what was being done to relieve the patient and was told that no orders had been given excepting the general ones issued after all operations. I presumed to take charge of the case for the time being and requested that the temporary resident surgeon, who was supposed to be in charge, be sent for. After considerable delay he appeared, apologizing for his absence, and said that he had not been told anything particularly about this case by either the surgeon or the resident in whose charge he was supposed to be, and that he really knew little about it. This was a private patient in one of our best Philadelphia hospitals, and the surgeon who operated has few equals and no superiors.

Again a patient suffering for a long time with pain in the upper left quadrant of her abdomen. Repeated and painstaking examination failed to reveal the cause, nor did treatment give any relief. Her friends concluded that she ought to go to a hospital for examination and treatment, and she reluctantly consented. On arrival there she was put to bed and given a most careful examination, her case was studied for days, and the conclusion reached that she was suffering from a tuberculous kidney, and its removal decided on. The operation was done by a distinguished surgeon and the kidney found perfectly healthy. In some unaccountable manner the wound became infected, and she made a very tedious recovery from the operation. This hospital is one of the best in the country. Another case, carcinoma of the left breast. A surgeon who was consulted decided that amputation, with complete and careful dissection of the axilla, was needed. She decided to go to the hospital to have it done; it was a private case. The operation was scheduled for 10 A. M. and I was asked to be present. When I arrived at the hospital I found the patient on a wheeled stretcher in the corridor adjoining the operating-room, where she had been since 9 o'clock. Through some misunderstanding, the nurse thought the operation was to have been at this hour. On my arrival the surgeon ordered her brought into the operating-room at once, and she was kept there while he and his assistants scrubbed up. During all this time instruments were clanking against basins, and noise and bustle were everywhere. In about thirty minutes the anaesthetiser was ordered to go ahead with the ether. The only comfort this patient had was my presence, and she gripped my hand so tightly that I could scarcely stand the pain. A few days before, this surgeon had done the same operation on another patient of mine in her own home, and the contrast was certainly striking. This latter patient made the better and quicker convalescence.

Still another. This one had an interval operation for appendicitis. Slight operation and quickly done at home. The surgeon left, and after seeing that everything was apparently all right I also took my departure. Soon after

reaching home I was called to the telephone by the nurse and asked to come over at once, as the patient was dying. I did not believe it could be possible, but on my arrival I found, to my dismay, the nurse was right. A hurried examination convinced me that there was an internal hemorrhage. I opened and enlarged the wound, found the abdomen full of blood, secured the bleeding vessel, transfused the patient, and she made a good recovery. A few days before this a brother of the surgeon who had operated on my case had a similar accident happen to a patient of his in the hospital, and this one bled to death unrecognized. A patient 7 years of age, during the course of a continued fever, suddenly developed abdominal symptoms. Pain, tenderness, some rigidity on the right side, temperature increased, bowels constipated, vomiting; diagnosis in doubt, but acute appendicitis suspected. The tenderness was not localized, and after a few days the symptoms subsided excepting the pain and tenderness, which continued. There was also increased abdominal tension. She was very much emaciated and had a slight cough, although her lungs were negative. The surroundings and conveniences of her home were such as to make it necessary for her to go to a hospital for treatment. I accordingly had her admitted to one of our Philadelphia hospitals and she was under the care of one of our great surgeons. I asked him to do an exploratory operation if, in his judgment, it was wise, and at the same time relieve any surgical condition found, if he could. He studied the case carefully and thoroughly for several days and concluded that it was not a surgical case, but was a case of general miliary tuberculosis, with involvement of the peritoneum. This opinion was concurred in by the chief of the medical staff and it was decided to transfer the patient to the children's ward of the medical department. This was done, and in ten days she died. No post-mortem was made at the hospital, but the undertaker told me that he had removed two quarts of pus from the abdominal cavity when he was preparing the body to be brought home. This interested me and I got the consent of the parents to make an autopsy. Careful examination showed no tubercular nodules or deposits anywhere, her appendix was perfectly normal, but there was a large abscess cavity behind the intestines; the omentum, intestines and mesentery were a mass of adhesions. I suppose the trouble started in one of the mesenteric glands which suppurated, broke down and formed this abscess which nature had carefully walled off and which was waiting for the surgeon to evacuate. An amusing incident in connection with this case was the following conversation which took place between the medical man and myself a short time after the child's death. At a social gathering I met Dr. A. and, introducing myself, said:

"Is this Dr. A.?"

He replied in the affirmative, and I said:

"Dr. A., I would like to talk with you about a case of mine that you have recently been treating," thinking that he might be interested in knowing the result of the post-mortem. He said:

"Oh, yes, I remember the case very well. She is much better and I will send her home next week."

I said: "Excuse me, Dr. A., you sent her home last week. The undertaker brought her."

A look of blank astonishment came over his face, and he said:

"Excuse me, Dr. Marcy, there is a man over there that I want to see. I will talk to you later about this."

We have not finished that conversation yet, and several years have now elapsed.

Now, if these things prove anything at all, they prove that mistakes can be and are made in hospitals; that patients, whether private or free, are neglected at times, and much oftener than the general public suspects. My observations of hospitals has led me to believe that it is practically impossible to hold any one to a strict accountability. There is a shifting of responsibility when anything goes wrong, and the institution itself, and not the individual, has to shoulder the blame. It is useless to say that the institutions that I am familiar with are not representative. As everyone will acknowledge, I think that Philadelphia is the great medical centre, with institutions as good as any that can be found, and with surgeons famous all over the world.

The objection made to county hospitals on account of political influences operating in the selection of the staff can easily be overcome, if the people are willing to nominate and elect the right sort of men to office. The appointing power could be vested in the Governor, and the staff be non-partisan. There is little complaint of the personnel of our judges, and they are mostly, if not entirely, appointed by him. When I speak of such institutions, I do not mean county houses and municipal hospitals as they are now understood, but something very different.

Personally, I am not an advocate of hospital operations when I can have reasonable comforts and conveniences in the home. In saying this I am not considering the surgeon at all. The question as to whether he can do better work in his own workshop or not does not enter into it. He ought to be able to do good work no matter where he does it. I am saying what, in my opinion, is for the best interest of my patient, and this opinion has been formed as a result of my own experience. I believe that many patients are seriously injured and their chances of recovery greatly lessened by the handling necessary in taking them to hospitals. Take a perforative case of appendicitis, for instance, where Nature has walled off the infection and an abscess has formed. In many cases the adhesions have been broken up and by the time the patient gets to the operating table in a hospital we have a general septic peritonitis, with a belly full of pus. This would not have happened if the patient had been operated on at home, and his chances of recovery would have been much better. I have had a number of such cases operated on at home and they have all recovered. My statistics then are, for this class of cases, 100 per cent. of recoveries as against Dr. Ill's 10 to 3 per cent. of deaths.

One other point on which my critics seem to agree is the financial one. All are agreed that I am mercenary, and that the general practitioner is selfish in wanting his patients operated on in their homes. There is necessarily a commercial side to the practice of medicine, but I have never found the general practitioner longing for the flesh pots of Egypt to any greater extent than I have the surgeon or specialist in other branches of practice. The average in-

come of the general practitioner is said to be less than \$750 per year. One would not consider himself a good surgeon if he could not conscientiously charge at least \$500 for one operation. To be sure, lots of operations are done for less and many for nothing; still I am unwilling to believe that the surgeon is any more charitable than is the general practitioner, nor do I believe that he does any more work for which he is not paid. The man Dr. Martindale speaks of, for instance. The poor fellow who operates in three different hospitals on the same day, and who finds it difficult to make money enough to pay his house rent. Now there is something wrong here. He should not be on the staff of three hospitals. One would be quite enough for him, and some of the other surgeons would be given a chance to do some of this charitable work. Then again, he has certainly mistaken his calling if, with all the skill, accomplishments and merit implied by being asked to serve so many institutions, he cannot establish a clientele sufficient for him to make a decent living. How much better it would be for him if he were at the head of a county institution, getting a salary of five to eight thousand a year, and devoting all his time to it. Dr. Gray says, as a business proposition, the general practice of medicine beats the practice of surgery to a frazzle, because I suggested that the general practitioner charge a fee one-half as great as the surgeon charges. So far as I am concerned, it is not a matter of business at all; it is simply a question of justice. If the surgeon charges a fee so great that the patient has nothing left after it is paid, then the imposition of an additional fee by the general practitioner is unwarranted and we will find him ready to serve his patient without hope of reward. If, on the other hand, the surgeon charges a fee commensurate with the patient's circumstances, then there may be something left for the general practitioner.

A Philadelphia surgeon recently sued a man to recover a fee of \$500 for an operation for appendicitis. The case was decided by a jury, and they gave a verdict of \$175, with interest from the date of the operation.

A patient of mine was operated on for appendicitis at one of our Philadelphia hospitals. She went there because her parents thought it best. The surgeon charged \$1,000 for the operation. I am perfectly sure that he would not have charged over \$500 if the operation had been done at home. A very prominent surgeon recently said to me during an operation for perforative appendicitis, in the patient's home, that he thought the man who administered ether during an operation assumed as much responsibility as did the man who did the cutting, and that he was just as great a factor in the recovery of the patient. Cases where I charge the fee mentioned, and which seemed so unfair to Dr. Gray, are cases where I give the anesthetic and my associate acts as second assistant to the operator. This statement I qualified by saying that I usually charged one-half the fee. There are many cases where I do not charge anything, just as there are cases where the surgeon does his work for nothing.

And now, Mr. Editor, I do not intend to take any further part in this discussion. I have called the attention of the profession to what I consider a serious matter, and I hope they

will be sufficiently interested to further investigate and intelligently settle the question at issue. All are agreed that abuses do exist in the management of our public hospitals, and it is only by free and honest discussion that we can hope to find out what the trouble is and how it can be gotten rid of.

Your editorial on "Selecting Legislators," in the last issue of the Journal, finds me a candidate for the Legislature from this county, and if I should be unfortunate enough to be elected I will try and do something to correct some of the abuses that have crept into our laws as they apply to the medical profession.

Yours very truly,

Alex. Marcy, Jr.

(Another communication has been received on this subject from Dr. J. Finley Bell, of Englewood. It will appear in the November Journal.—Editor.)

Cancer of the Stomach—Cancer of the stomach should be as curable as cancer of the breast. But unfortunately it is usually neglected until a period when cure is out of the question. It has been our habit in the past to wait too long for a diagnosis. It is conceded that when cancer of the stomach can be positively diagnosed, it is too late to expect a cure by operation; therefore, we are brought to the position that cancer of the stomach should be prevented—in other words, we should operate in the precancerous stage, namely, during the period of precancerous ulcer.—Parker Syms, in The New York Medical Journal.

THERAPEUTICS.

From a paper by Dr. Curran Pope, of Louisville, in The Dietetic and Hygienic Gazette.

Nothing in the range of clinical observation, is, in my observation, better shown or more easily seen than the increased efficiency of remedial medicinal measures under the influence of the physical forces as applied to the human body. I have observed that most men who use the physio-therapeutics soon acquire a drug nihilism that is, to say the least, reprehensible, as well as regrettable. Be careful not to be one-sided; we do not like the looks of the lopsided," physically nor mentally. To me drugs still possess their uses and potency, even after twenty years of constant daily use of every known physical remedy and I am satisfied that my drugs act quicker and better because of those combinations I make with the physical methods. Every general practitioner, every specialist should possess sufficient scientific breadth to become an all-round good therapeutician, bolstering up the action of one by the employment of the others. In seeking to give the best of all kinds of therapeutics, remember that at the same time thinness of thought and manner, judicious toning of the mental status by word and act will add not a little to your patients' comfort, to his confidence, to that real, reasonable faith and trust that should always be the relationship between the doctor and "his friend," the patient.

Editorials from the Lay Press.

Dr. Wiley Vindicated.

From the New York Tribune, September 16th.

In his decision in the Rusby-Wiley case, President Taft has shown himself again the upright and open-minded judge. He does not feel compelled to cover up errors of judgment committed by law officers subordinate to him or to accept an indictment framed by them on insufficient evidence. He says frankly that the Personnel Board of the Department of Agriculture preferred untenable charges against Dr. Wiley and that the Attorney-General was misled into sharing the board's views. The thus completely exonerates the chief of the Bureau of Chemistry:

"If this were a knowing, wilful, deliberate effort to evade the statute as construed by the Attorney-General, accompanied by a scheme to conceal the evasion and violation, I should think the punishment recommended by the Personnel Board and concurred in by the Attorney-General was none too great; but an examination of the whole case satisfies me that a different construction ought to be put upon what was done; that the evidence does not show that Dr. Wiley was a party to the correspondence or the letters upon which the chief charge is founded, and that his action in the matter was only in accord with previous precedents in the department which justified him in doing what he did."

When the findings of the Personnel Board and the Attorney-General were made public last July The Tribune expressed its regret that any effort had been made to bring about Dr. Wiley's retirement on charges so narrowly technical in character. We believed that his services in enforcing the pure food laws had been so conspicuous and meritorious as to outweigh any mere administrative indiscretion such as was charged against him. We said that the public would deplore his removal—perhaps technically justifiable—for so trivial a cause. It is all the more gratifying to learn now that he committed no indiscretion and that, so far as he was concerned, the transaction with Dr. Rusby strictly followed precedents set in allowing compensation to the members of the Remsen board.

The public has always had great confidence in Dr. Wiley as an official of probity, enthusiasm and capacity, and its respect for him has been increased by the testimony recently given before a House investigating committee, revealing the adverse influences within the Department of Agriculture against which he has had to contend. It gladly accepts President Taft's exoneration of a faithful and highly useful officer and the further intimation that if the efficiency of the Department of Agriculture is to be improved radical action affecting others than Dr. Wiley may soon be inevitable. Present methods of enforcing the pure food laws need reformation, as the evidence collected by the House committee plainly indicated, and the activities of the Personnel Board in limiting Dr. Wiley's powers and planning for his retirement come much nearer inviting "condign punishment" than the alleged irregularity in the administration of the Bureau of Chemistry which that board thought it had brought to light. The Wiley charges were a boomerang, and

those who inspired them have now every reason to wish that they had never drawn up a bill of particulars in the Rusby case.

Dr. Wiley Vindicated.

From the Camden Daily Courier.

President Taft has done the proper thing this morning in vindicating Dr. Harvey W. Wiley, chief chemist and champion of pure food, from the charges made against him by the "interests" regarding his management of his office. The President declares Dr. Wiley was justified in all that he did in the matter of the employment of Dr. Rusby, as an expert chemist, and, further says, that he cannot but command the sympathy of every one for his earnest effort to maintain the pure food law. This high indorsement of Dr. Wiley and the conduct of his office, carries with it balm for the doctor's injured feelings, but it also means that there are sure to be unwelcome news for some others in the Agricultural Department who have been active in efforts to have the doctor ousted from his position. Schemers in government employ aiming to serve some outside interests should not be retained a day when circumstances point plainly to that conclusion. From the day when Dr. Wiley began his investigations into the adulterated foods imposed on the people he was a marked man by the interests involved, and they have pursued him even into the departments of the government, with the result that charges of exceeding his authority were brought against him and sustained by the solicitor of the bureau and the Personnel Board, and his resignation asked for. President Taft, after a careful review of all the proceedings in the case, has vindicated Dr. Wiley from them, and declared he has acted in accordance with numerous precedents, and is, therefore, to be commended. Solicitor McCabe should not hesitate, but hand in his resignation at once.

Looking After the Public Good.

From the Trenton True American.

Dr. Wiley's action in calling to account the packers of horse meat at Kearny, and thus ridding the country of another menace to public health, comes at an opportune time to inspire a renewal of the public confidence in this fearless and gallant crusader.

What would have happened in this country if there had been no Dr. Wiley? What would we be eating? How many of us would have been poisoned with adulterants and driven into our graves with decayed food stuffs? Nobody knows.

Possibly if there had been no Dr. Wiley at the head of the Nation's pure food department, there would have been some other just as courageous, just as unselfish and just as incorruptible as he—possibly, but not probably.

It has taken a man of rare qualities to make the fight that Dr. Wiley has made. In fact, his coming into the public service just when he did seems almost Providential. He came just at a time when Big Business—some kinds of Big Business—began to turn its attention to the profits that might be made by the adulteration of foods.

Some years ago it was only the little scoundrel who dared to offer decayed food to the public for its consumption, but the time came

when Big Business got interested in the matter.

As a result, the adulterated food projects of recent years, instead of being the sneaking, covert operations of former years, have been marked with colossal daring and impudence. Moreover, some of these projects have been backed by immense political power and have received the protection of men prominent in the affairs of the Nation.

Dr. Wiley's implacable war against all these enterprises has aroused the bitter enmity of powerful political machines and business organizations, but he has kept steadfastly at his task, and his services to the people of America, especially to that great class known as the common people, who are invariably the chosen prey of the food poisoners, can never be estimated.

(See also item "Pickled Horse Industry," under Public Health Items.—Editor.)

Taft's Decision Right and Popular.

From the Hudson Observer.

President Taft is a shrewd politician. His cleverness was manifest in his letter to Secretary of Agriculture exonerating Dr. Wiley. The vindication was complete. It was a popular verdict and will win for the President the support of thousands of Republican voters who were wavering or arrayed against him. No act of his administration has been as effective in improving his chances for renomination and election for another term. Dr. Wiley has been a conscientious official. He stolidly stood for the people and against the avaricious food trusts that sought to corrupt public servants to serve them and give the stamp of approval to deleterious products. They care not for the injury done. They want the dollars.

Dr. Wiley was their implacable foe and they, by connivance of their venal subjects in the department, planned a conspiracy with the expectation of forcing out Dr. Wiley and installing in his stead a willing tool who would put the official seal of approval on their impure food productions. Dr. Wiley is a man of courage. He was on the side of truth and fought against tremendous odds. He held comparatively a minor place and all his superiors were arrayed against him.

Truth won. The conspiracy to oust him at the behest of the trusts was palpable. The President resisted the enormous pressure and rendered a just decision. It carries an intimation that some official heads will be decapitated.

Better Sanitary Knowledge.

From the Newark Evening News.

The latest annual report of the State Board of Health affords strong proof of the value of sanitary knowledge, distributed among the people of the State.

There has been a noticeable falling off during the past ten years in the mortality resulting from what are commonly known as preventable diseases, and, in addition, the fatalities from malignant, infectious and dangerous diseases have decreased.

Probably the greatest general interest attaches to the official records with reference to tuberculosis. What has been effected by the outdoor schemes, by the newer methods of treating the disease, by the State hospital and by

the latest devices for carrying on the campaign against the "White Plague?"

The figures show progress; not so rapid as is desirable, for tuberculosis continues to be one of the most fatal of the whole list of diseases, but progress that affords encouragement. There is an almost constant decrease in the ratio of deaths from pulmonary tuberculosis. In 1879 this ratio was 27.32 per 10,000, in 1909 it had fallen to 15.34, the smallest in the State's history. There can be no question that the spread of information as to the nature of consumption and the best methods of treating it has had excellent effects.

In like manner the number of deaths from typhoid is diminishing, due, beyond doubt, to the widespread knowledge of the origin of this disease and the need of taking precautions against it.

One of the most gratifying features of the report is that which shows a decrease in infant mortality. No less than 11,137 babies under five years of age died in 1909, making the death rate 47.34 in 10,000; but the rate in 1879 was 75.57, and in 1882 it rose to 88.36. Purer water, cleaner milk, more rational feeding and more sanitary treatment of babies have cut down the death rate nearly fifty per cent.

All these facts, together with the gradual reduction of the fatality rates from all diseases, go to show that there is a better knowledge of hygiene and sanitation now than twenty or thirty years ago, and that the crusade against diseases, and especially against those agencies which spread disease, is having good results.

MEDICAL ETHICS IN SAN FRANCISCO.

W. S. Thorne, M. D., of San Francisco, Cal., has the following in the California State Journal of Medicine, February, 1911:

The following article is a reprint, the original appearing seventeen years ago.

In view of the fact that the subject is one to which attention is constantly drawn by real or fancied transgression of ethical conduct, I venture to hope that the suggestions may not be inappropriate to the present day:

"In California, isolated from the older and more stable societies, the medical profession is characterized by an absence of that *l'esprit de corps* that we observe elsewhere. The explanation of the fact is to be found in the heterogeneous elements comprising the body of the medical profession. The transplanting of men, representing different nationalities, ideals and social conditions, and the consequences that follow the self-restraint and respect imposed upon the individual by the conventionalities of more ancient and crystallized societies, conduce to a diversity of thought and action which we are accustomed to witness here. Provincialism finds expression in self-laudation and an exaggerated idea of the especial superiority of country, educational advantage, and college degree. Nothing so pre-eminently distinguishes the small man—the man whose knowledge of the great world is limited to the confines of his college campus, and the geographical boundaries of his native province, as his fancied superiority, and the assumption of great wisdom. Newly released from the pressure and restraint of strict social order, and graded rank, the stranger is prone to regard with ill-suppressed disdain an approach to professional equality with his

brethren here. His country, his attainments, his traditions, have deeply impressed him, and it is only later that he comes to learn that schools do not make doctors, and that doctors do not make men—that behind the doctor is the man and his character, which together comprise all that he is, and all that he is worth to the community in which he lives. The doctor, whatever his attainments, who is dishonorable, and unethical, who maligns his neighbor, who detracts from honest and conscientious effort on the part of an humble confrere, is a contemptible man. The man of many degrees, the man of encyclopaediae knowledge may be, and often is, a weak and incompetent practitioner. Colleges may confer degrees, but they do not confer courage, honor and common sense. Men equally educated differ in point of intelligent application of their acquirements. Men unequally educated will yet more widely differ in his regard, but honest and conscientious effort, however ill-directed, is entitled to respectful consideration. Fortuitous circumstances of birth, educational advantages and natural adaptation, place us individually on different planes, but this difference in potential capacity, if supplemented by honest endeavors, should not detract from the respect due to such attributes. The too frequent tendency in San Francisco to utterly ignore the rules of ethical conduct and for one medical neighbor to openly charge another with ignorance or incompetence, is ignoble. The man who indulges in this sort of egotism, is handling a boomerang, quite as likely to injure the wielder as to destroy the object of its aim. In any event, it lessens confidence and respect of the public for the medical profession. The medical function is nothing, if not dignified and respectful. Pope, cardinal, bishop and priest may serve at the same altar. All men can not stand upon the same level, but erudition and superior station should not dull our sense of justice and fair dealing toward the less fortunate. He who imagines himself pregnant with great wisdom should reach the goal of his ambition without injury to the reputation of his neighbor, and without slurring and injurious comment. Let us be men, ready at all times to answer for our words and our actions, considerate of the faults and the mistakes of others. No man can rise or has ever risen to an exalted height in medicine who has not carried with him the love and respect of his contemporaries."

THE VALUE AND HANDICAP OF THE MEDICAL PROFESSION.

By Hon. J. T. Ronald, Seattle, Wash.,
Judge of the Superior Court of King County.
Address at the Annual Banquet of King County
Medical Society, Seattle, January 7, 1911.
From Northwest Medicine.

I speak to-night to men whose skill is necessary at the cry which announces the beginning of an earthly career and whose presence is consoling and comforting at the groan which pronounces its ending. Throughout this earthly career, from its first cry till its last groan, to your profession there is committed the highest, the holiest, the most sacred of earthly trusts—the power of life and death.

Daily we read of the death of some national

or international character whose only claim to fame was his ability to amass great wealth, or to succeed in the fickle game of politics. A great funeral is held; eloquent orations are pronounced; influential newspapers carry long editorials in draped columns extolling the qualities of the great financier, or the great politician whose death has left an unfilled void in the world. He controlled Wall Street, or possessed the secret power of influencing voters; he was able in the field of finance to prevent the assault of the bulls or the ravages of the bears in the stock markets; or perchance, in the field of politics, to encompass the defeat of his enemy and to dictate the election of his favorite.

All this exploitation of qualities, this extollation of so-called virtues, naturally creates within the mind of the young man, aspiring and ambitious, the impression that the deceased was an exemplar of true greatness, that to cultivate the cunning he displayed, to emulate the example he manifested is the surest road to true and lasting fame. And yet the question arises: Is the sum of the achievements of such a career the true standard for estimating the value of a human life? I think not. The true estimate of a man's life is measured not by what that life draws out of the world, but what that life invests, that is, puts into the world. The obscure man who conceives, or inaugurates, or achieves something of substantial benefit to posterity earns and is accorded an honest appreciation and a glorious fame, which glow with ever increasing gratitude long after the ephemeral brilliance based solely on cunning or sordid wealth shall have burned out and been forgotten. Pasteur and others of his kind in your profession will live in the hearts of men and women long after granite shaft and marble column shall have crumbled into dust.

Judged by this standard, we can easily and justly measure the value of your profession. To a layman it must be considered in two aspects: First, its value to the living; and, second, its value to posterity. According to my way of thinking, your value to the living is but a fraction of the value of your profession to the world, for if your skill, your training, your experience, together with all these new discoveries and mighty agencies which modern scientific research is placing within your control cannot be availed of to benefit posterity, then the value of your profession is but little more than that of a sordid business. That your training, your skill, your experience, and these powerful agencies can be so used in one generation to benefit the coming generations goes without question; that they will be so used depends upon you professional votaries of the living generation. Because of your skill, your training, and your experience, and with your resultant control of these powerful agencies due to the development of modern science, your profession can do more to create and develop for posterity a virile manhood, a virtuous womanhood, a manly, moral, sober, progressive race of people than all the other professions or occupations of life combined. With this superlative power and opportunity there devolves upon you the corresponding responsibility.

In speaking thus of the medical profession, I use the word "profession" in its proper significance. I am aware that in all professions and occupations, there are two classes of votaries or practitioners. One class make a business of

their profession. This is a false ideal. The business man, operating strictly a business, who makes a profession of his business, outstrips, in the long run, his business rival whose ideals never rise above, whose viewpoint never goes beyond the short temporary expedients of a merely sordid business. So in the professional world, that practitioner who makes a sordid business out of his profession, forgetful of its precepts and its ideals, uses it only as a stepping stone for wealth, will sooner or later be weighed in the professional balance and found wanting. To apply this idea to your own profession, and with no personal reference to any individual, it cannot be denied that some physicians seem to be inspired with the idea that money is the principal object of their profession; that the relief of suffering is an incident; that afflicted and helpless human beings are too often regarded as mere tools of their trade, subjects for their exploitation or experimentation; that the getting of patients is the primary, the curing of them a secondary consideration, unmindful of the fact that curing patients or saving limbs is the best and most meritorious way of getting patients.

This neglect of the true ideals, this commercializing of an honorable profession has bred all sorts of foolish fads and pernicious fakes and, understanding too well the deplorable fact that the faked patient is generally the most appreciative patient and the best "booster," these practitioners who make a business out of their profession too often deceive patients, too often ignore the needs of their charge, too often frighten parents into assent to surgical operations, oftentimes useless and many times positively injurious, in order that they "may get credit for performing remarkable cures, charge large fees and gain unmerited reputation."

The lofty ideals of a glorious profession, which has produced some of the noblest and most self-sacrificing types of men with which this world was ever blessed, are prostituted by these business professionals to the get-rich-quick style of graft, which, rapidly developing in this twentieth century, is producing too many insane, too many suicides, too many criminals.

Hence, in speaking of the medical profession, I do not refer to that class. I have in mind my own ideal of the doctor, the true physician, that "Friend of Man," imbued with the lofty ideals of his profession, whose education and training have developed in him those divine qualities of compassion and sympathy; a man of exalted aims, scrupulous honor, who exercises his best skill and employs these agencies which modern science enables him to command, to true "humanitarian ends and not as instruments of mere self-aggrandizement." He hears the groan of the suffering above the clink of metal. He derives more honest satisfaction in the skill enabling him to save a human life than in the possession of all the cunning of Wall Street.

Gentlemen, you are educated in a science, trained and skilled in a profession whose mission is to make mankind better, cleaner, to bring about a condition which will insure a healthier posterity; yet I hope I will not be charged with abusing the privilege of guest when I say that, in my opinion, you are the victims, unwilling victims I have no doubt, of a code of ethics, to some extent medical, which you can amend, but principally and largely legal, which you cannot circumvent, but which as applicable to some conditions is more vicious

and baneful in its effects upon society than violence or anarchy. May I be pardoned if on this occasion I express an opinion, now gaining astonishing prevalence among laymen and lawyers and judges, that much of the suffering endured by mankind could be avoided by observing a little less ethics and more humanitarianism; and again, that many of these weakly, emaciated people, whose existence is a misery to themselves and a menace to society; that thousands of the murders committed every year are due to your silence and inaction enforced, I believe, against your revolting impulses, by this so-called code of legal ethics, against which you cannot under present conditions rebel. This opinion questions not the honor, impugns not the humanity, derates not the manhood of the individual members of your profession. It is against a system, evolved long before you came upon the stage, a code of legal ethics not in harmony with the spirit of justice and humanity of this enlightened age that it inveighs.

How often have you been solicited to perform a criminal abortion? You refused. The woman, unlike the natural mother who will risk her life for her offspring, being determined to risk hers to destroy her offspring, told you she would procure somebody else to do the murder. You knew she could and that she would. Could you do anything to stay her hand—anything to prevent the destroying of that life? You could but for this law have prevented it. The courts were open and at a word from you that blow could have been stayed. You cannot speak the word. Your lips are closed. Her communication is privileged and even after the murder has been committed by the "somebody else" whom she procured, and after your subsequent treatment to save her life which she had put in jeopardy in her effort to destroy her offspring, you are not allowed to tell the truth in a court of justice. Why should you honorable men be forced to become particeps criminis to this murder of the innocent? You must seal your lips and allow the abortionist to go free to repeat his bloody calling.

You have read in your reliable medical statistics that one case in every six of pregnancy in this country results in an abortion; that probably two million homes in this country never knew the smile of a child. This wholesale slaughter of infants cannot be punished because you are not permitted by the law to tell the truth. Only nine States of the Union make it a felony for a woman to procure an abortion. In thirty-five she is not punishable. Thirty States have no law on the subject of selling or advertising abortive drugs. In only fifteen is abortion cause for revoking the certificate of the doctor committing the act. Only one State—Missouri—permits a doctor who gives subsequent treatment to testify. Why should men whose mission is the uplifting of mankind, the relief of suffering, be the enforced victims of a code which forbids them to uphold the law, and forces them to become accessory before and accessory after the fact, of murder, unwillingly to commit two crimes? You don't want criminal practice, you spurn it; then why longer submit to a code that forces you to protect the criminal practitioner? Why not have the Legislature repeal a law that compels you to stifle your best impulses?

I need not tell you what you have read in your reliable medical journals, that eighty per

cent. of blindness and seventy per cent. of abdominal pelvic operations are due to gonorrhoea, from which more than sixty per cent. of all men suffer at some time, and eighty-five per cent. of cases occurring in married women are contracted innocently from their husbands. I read where Dr. Morrow, president of the American Society of Sanitary and Moral Prophylaxis, said: "Probably not less than 450,000 cases of gonorrhoea and syphilis occur every year in the United States among young men. Hospital statistics seem to indicate that twenty per cent. of our young men contract venereal diseases before their twenty-first year; sixty per cent. before their twenty-fifth year, and eighty per cent. by their thirtieth." And I also read in one of your medical journals of acknowledged authority that "the people infected actively or otherwise with these diseases are so numerous that the 120,000 physicians of the United States and Canada would not, even if all became venereologists and applied themselves to these examinations alone, have time to care for those patients whose ailments are of an uninfected character."

According to the report of a special commission appointed a few years ago to study the result of the social evil, New York City was estimated to have 200,000 syphilitics, and to present annually 50,000 people newly infected. Forty-two per cent. of all spontaneous, non-criminal abortions are caused by this disease. It claims more victims in the United States than tuberculosis or alcoholism. The tainted children and miserable adults show it to be the greatest agency of race suicide and degeneration.

These are estimates based upon hospital statistics; they do not include the many unheard-of cases who consult the private doctor or the sexual quack. Society is indifferent to the situation. Why? Society doesn't know the facts.

Your profession should procure the establishment of a National Bureau of Health, a uniform system of laws in all the States relating to genitourinary diseases and other subjects vitally affecting the health of the living and the happiness of posterity. No profession, no body of men, have been so useful, have accomplished so much for humanity as the medical profession during the past generation. Surgery thirty years ago is butchery to-day. You have mastered intestinal and abdominal surgery, stayed the ravages of cholera, and the bubonic plague, conquered sunstroke, diphtheria, yellow fever and smallpox, confined hydrophobia to one per cent. of cases subjected and, unless the antivivisectionists control legislatures, you will in the near future effect the conquest of tuberculosis and cancer. You know the functions of practically every cubic inch of the brain tissue, and by symptoms can tell the injury to any particular area. With such a record, why should you be longer handicapped with a degrading and disaster breeding code, on the threshold of new and scientific discoveries which will startle the world?

May I, in closing, without being considered presumptuous, express in this connection one further suspicion, perhaps unfounded, but suggested by observations as lawyer and judge? Did it ever occur to you that there are in this country too many medical colleges either without proper appreciation or, or without suitable equipment to meet, the necessities of modern scientific practice? Joint stock medical col-

leges are becoming as thick as religious institutions. State universities, without proper appreciation of the necessities, and without adequate equipments or adjuncts, but merely to have completeness of curriculum, are installing departments of medicine. These numerous colleges and State institutions by their manner of advertising in this commercial age tend too much, I fear, to create a belief that proficiency in medicine and surgery is guaranteed with a diploma, the obtaining of which parchment is a trivial matter secured by the application of but ordinary attention and moderate labor. This suspicion, if true, will have a tendency of inducing young men, insufficiently grounded, to enter your ranks. It seems to me that there are about as many different standards of educational requirements as there are medical institutions, with a resulting average general standard in this country below that of any nation in Europe; so that too many inexperienced and poorly trained and unequipped young men are thus licensed to exercise the high calling, the fruits of which are life or death; that according to population we have four or five times as many physicians here as in the countries of Europe.

Are we surrounded by more unsanitary environments, subjected to more unhealthy conditions, or living in a more unhealthful climate than Europe? With such an awful responsibility as your profession must necessarily exercise, why not inaugurate a condition that, even though it may leave fewer colleges, will nevertheless result in starting the young physician out with the best equipment, the best preparation, and the best clinical and laboratory training which modern science can afford? The fact that we have medical laws attests your own lack of confidence to some extent in the thoroughness of some of your medical colleges; yet I venture to ask, if the test such laws prescribe, viz.: the ability to pass an examination for a few hours before a board, afford any better qualification for actual healing than the applicant possessed before his examination?

In conclusion, permit me to express the opinion; that no profession, no body of men, can accomplish so much good for humanity as the medical profession, and that you have but to do a part of what you, and you alone, can do to prove that, of all, your lives are of the greatest value to the world, because your investment brings the greatest returns.

NURSES' TACT IN THE SICK ROOM.

It seems almost superfluous to suggest that, of all places, tact is most needed in the sick-room, yet even the trained nurse sometimes fails in this great requisite of good nursing.

It seems easy to step across the border from gentleness and sympathy to a sort of patronage which the average invalid is quick to resent.

A woman occupying a position of rather unusual prominence and influence and widely known for her superior intellectual force, in telling of a serious and very tedious illness, related many anecdotes of happenings in her sickroom. She felt the recovery of her nervous poise had been retarded by the irritation to which she had been unintentionally subjected by her trained nurse.

At no time had the sick woman been either delirious or unconscious, and yet, she said:

"My nurse treated me as though I were im-

becile." The very manner which the nurse assumed as soothing proved irritating in the last degree.

As a crowning triumph of folly on the part of the nurse, the recovered invalid told of an incident connected with her breakfast tray.

A strict diet was an absolute necessity, and she accepted the fact as a thing to be endured. Without thought of rebellion she wearily consumed a poached egg each day. Her irritation may be imagined, therefore, when the nurse gave her a principal part in the following little farce.

She entered the room one morning with a beaming face and the air of one having a delightful revelation to make. She brought to the invalid a beautifully set tray containing a covered dish and called upon her to admire the dainty garnishing, then told her she was to be permitted something delicious for her breakfast. Continuing to describe the pleasure the invalid would feel, she finally lifted the cover and disclosed—a poached egg.

This may seem an exaggeration, but it is a veritable happening. The nurse seemed to imagine she could create an appetite by suggestion. Perhaps few attendants in the sickroom would be so extreme as this, yet often there is a trace of such a spirit in dealing with the sick.

Another thought not entirely out of line with this is in the furnishing of a sickroom, for in material things as well as in mental approach it is well to keep all reminders of the invalid's disabilities out of sight as far as may be. Such remedies and appliances as must be at hand for immediate use should not be kept in sight of the sick one.—Exchange.

CARE OF THE BABY.

What is a well baby?

A baby which sleeps over twelve hours every day, without being rocked.

A baby which has a soft, yellow stool every day, without medicine or other help.

A baby which nurses every four hours and is satisfied.

Why a baby should be breast fed.—The breast is the natural food. Each mother's milk is made for her baby and is different for each stage of the baby's growth. A baby is not apt to catch certain diseases when fed at the breast. If properly breast fed, it stands a much better chance of escaping summer diarrhea.

Summer diarrhea kills many, but it injures many more than it kills, and that for a long time.

Proper breast feeding.—A healthy baby should nurse every four hours.

Let the baby sleep alone and nurse but once between 10 P. M. and 6 A. M.

Irregular nursing or nursing too often spoils the mother's milk and the baby's stomach.

No solid food should be given a nursing baby. Gruel, fruit juice and meat juice (not soup) are sometimes given after six months. Ask your doctor.

Don't give stuff to chew until there are teeth to chew with.

Wash the nipple before and after nursing with boiled water or boric acid solution.

If a baby nurses more than twenty minutes and does not gain weight, the breast milk may be scanty. Drink milk or corn-meal gruel to increase milk. Do not drink beer or alcohol in

any form. Eat plain food and keep the mother's bowels well open.

Do not worry nor overwork if you can help it. It spoils the milk.

Drink for the baby.—Give only cool, boiled water, but give all the baby will take of that.

Give no beer, tea, coffee, soda or ginger ale to little tots; give no alcohol or patent medicine to any child.

Artificial feeding.—Most patent foods are wrong because they are not like mother's milk. Cow's milk is not like mother's milk, but can be made so. It must be clean milk if used for the baby, and it is better uncooked. If dirty, it must sometimes be cooked to make it usable. It must be kept cool and away from other food and flies. Ask your doctor how to make cow's milk like mother's milk.

Use no long-tubed nursing bottles. They are the lazy mother's baby killers. Use no "suckers;" they spoil the baby's mouth and carry disease.

In case of even slight diarrhea, stop all milk; give only water or well-cooked barley water (a tablespoonful of barley to one quart of water, cooked three hours) and call a doctor at once.

Give no paregoric. If anything is given, give castor oil—one teaspoonful.

Clothing.—A safe rule is to keep the baby's feet warm and its head cool.

It should neither drip with sweat nor have prickly heat. Bathe at least once a day, and in hot weather dress lightly.

In very hot weather use only a band and diaper, with stockings if the feet are cold.—Dr. Caroline Hedger in the Bulletin Chicago Department of Health.

BEWARE OF THESE BABY KILLERS.

Children's Comfort (morphin).

Dr. Fahey's Pepsin Anodyne Compound (morphin).

Dr. Fahrney's Teething Syrup (morphin and chloroform).

Dr. Fowler's Strawberry and Peppermint Mixture (morphin).

Dr. Groves' Anodyne for Infants (morphin).
Hooper's Anodyne, the Infant's Friend (morphin).

Jadway's Elixir for Infants (codein).

Dr. James' Soothing Syrup Cordial (heroin),
Kopp's Baby Friend (morphin).

Dr. Miller's Anodyne for Babies (morphin and chloral hydrate).

Dr. Moffatt's Teethina, Teething Powders (powdered opium).

Victor Infant Relief (chloroform and cannabis indica).

Mrs. Winslow's Soothing Syrup (morphin).

The drugs named in parentheses were found in the concoctions named.

Dope of this kind does great harm to babies. There are numerous cases on record where the baby has been put to sleep never to waken again. "In some instances in which soothing syrups are freely used and the child does not succumb there is developed a case of infant drug addiction. As soon as the effect of one dose passes away the child becomes irritable and fretful, with the result that another dose is given, the craving is met and the child is quieted—a condition which is analogous in every respect to drug addiction among adults. Sometimes these children look plump and healthy,

but as a matter of fact their flesh is soft and flabby and they withstand attacks of illness very poorly."

These facts have been pretty well understood by the medical profession for some time, but it is our observation that there are thousands of Chicago mothers who still are ignorant of the harmful effects of this kind of dope. It is our duty to enlighten these mothers.—From the Bulletin, Chicago Department of Health.

Therapeutic Notes.

For Dysmenorrhea.

Try the following combination:

Sodii Bromidi.....	5iv
Antipyrini.....	5ss
Ex. Viburni Prun. fl.....	5iv
Tr. Cinnamomi ad.....	5ij

S.—5i in cup of hot water every 3 hours. It often acts "like magic."—Critic and Guide.

Gall-Stone Disease.

Dr. P. Mayer, in *Berliner klin. Woch.*, April 17, 1911, advocates copious drinking of hot water to dilute the bile, with administration of sodium salicylate internally to act on the local inflammation, deep breathing to promote circulation of bile and bed rest as long as there is a trace of inflammation. Another important measure is to act on the sphincter between the common bile duct and the duodenum, coaxing it to open often and thus facilitate passage of bile into the intestine. This is accomplished by keeping the stomach often at work. When the chyme passes out of the stomach the sphincter opens to correspond; when the stomach is empty, bile ceases to pass into the intestine. This is the reason why frequent meals are better in gall-stone disease; at the same time it is important to refrain from overloading the stomach. There should be at least five meals a day, he declares, indigestible foods and those which putrefy and ferment easily being carefully avoided, as these, by irritating the stomach and compelling it to work too hard, induce reflex contraction of the gall-bladder and thus may start colic. Another reason for light meals is that the stomach is very often sympathetically affected in cholelithiasis. Very cold and very hot articles of food should be avoided for the same reason, but otherwise there is no special diet for gall-stone disease. Drugs to increase secretion of bile are not liable to be useful but rather to increase the trouble from pressure; dilution of the bile is much more rational. For this he recommends a glass or two of hot water an hour before breakfast and before retiring, with small amounts frequently during the day.

Gastralgia—Stovaine in.

In a case of nervous hyperchlorhydria, accompanied with great pain, stovaine was found to give complete relief. One cachet, containing bismuth subnitrate $7\frac{1}{2}$ grains, calcium carbonate $2\frac{1}{2}$ grains, stovaine $\frac{1}{3}$ grain, was given thrice daily after meals. Prior to using stovaine, cachets of bismuth and chalk alone had been given, with hardly any result.—G. B. Canepari in *Biologic Medicales*.

For the pain in the abdomen coming on a couple of hours after eating, due to hyperacidity:

R Tr. belladonnæ folior.....	5.0 c.c.
Olei amygdalæ dulcis.....	30.0 c.c.
Vitelli ovi unius	
Aquæ destill.....	q. s. ad 200.0

M. i. emulsio. A tablespoonful t. i. d. just before eating (Cohnheim).

For quick relief of this pain give large doses of bismuth and bicarbonate of soda in water—thirty grains each. We have found that lying down generally relieves it, too. Constipation is usually associated, but laxatives seem to add to the mischief. It is best treated, in our experience, by the use of cold water enemata. Often there is a gastropnoxis, which must receive proper mechanical support.

For the pain of gastric ulcer:

R Ext. belladonnæ folior.....	0.2
Magnesii oxidi.....	25.0
Sodii bicarbonatis.....	25.0

M. One teaspoonful, one or two hours after eating, three times a day.

For gastric cancer:

R Fl. ext. corticis condurango.....	2.0
Fl. ext. cascariæ sagradæ.....	0.5
Acidi hydrochlorici diluti.....	1.0
Glycerini.....	5.0
Essentiæ pepsini.....	5.0

M. One dose, given half an hour after eating.
—Critic and Guide.

Gingivitis—Septic—Mouth Wash for.

R Salicylic acid,	
Benzoic acid, of each, i.o.	
Tinct. krameria, 6.o.	
Alcohol, 30.o.	

M. Sig.: A teaspoonful in a wineglassful of water as a mouth-wash.—*Therapeutic Gazette*.

Exophthalmic Goiter.

According to Cramer, in *Klin. Therap. Woch.*, extract of cannabis indica is one of the most useful drugs in the treatment of exophthalmic goiter.

Gonorrhoea—Treatment of.

Dr. A. C. Magion, in the *British Medical Journal*, commends the treatment of gonorrhoea by large (3 gallons) irrigations with 1-5,000 potassium permanganate, followed by a similar washing with distilled water, then 3 gallons of water containing 1 ounce of protargol, 30 grains of chlorid of gold in 1 quart of water and repeated irrigations with one-half per cent. protargol in the course of the next twenty-four hours. These irrigations are repeated in increasing strength on the second, third and fourth days. On the fifth day, use 3 gallons of weak sulphate of zinc solution, and on the sixth day a similar amount of weak nitrate of silver. The exact strength of these last irrigations varies according to the severity of the case. The cure is said to be almost invariably complete. In a very few instances an additional day or two is required. Microscopic examination of urethral swabs reveals no gonococci at the end of the weak, and there is no trace of any discharge. The urine shows no threads or any other deviation from the normal. Magian has used this method in 100 consecutive cases, and

in only three instances was a cure delayed beyond the seventh day.

Hay-Fever Treatment.

Beverley Robinson writes in Merck's Archives for May, 1911, upon this topic.

Speaking generally, the writer asserts he has had more satisfaction from a combination of camphor, oleoresin of cubeb, glycerin and petrolatum than from any other local application. The above ingredients, when mixed, are in the form of a relatively soft ointment. They may be used, sniffed well up into the nasal passages, several times a day, and introduced therein either with the end of the finger or a camel's-hair brush, before being drawn well up and backward into the nasal passages, and when they are felt in the nasopharynx the excess of ointment is hawked down and expectorated from the mouth. At present he is making use of the liquid petrolatum, and the ingredients become a thick, oily liquid instead of a soft ointment. These are sprayed by means of a glass atomizer into the nasal passages several times daily, or whenever relief seems to be much needed. The precise formula now employed by him is:

R Pulv. camphoræ, gr. x;
Oleoresinæ cubebæ, m. xx;
Glycerini, f5j;
Petrolati liq., q. s. ad f3ss.

M.

In conclusion he adds that in his observation there is no health resort in the East which will invariably, and during successive seasons, accord absolute immunity to attacks of hay-fever. Further, this is also true of a sea voyage, even though it be a long one.

Treatment of Obstinate Hiccoughs.

Reported by Drs. P. Jodicke and G. Rethy in Medizinische Klinik, Berlin, May 28, 1911.

Dr. Jodicke as a last resort in the very serious case reported, the patient so exhausted that he had been brought to the hospital, had the legs flexed on the abdomen and pressed them against the abdomen so that the intestines were forced up against the diaphragm as much as possible. The hiccoughs became at once weaker and the intervals longer and in ten minutes the hiccough had ceased entirely. They began again after two hours but were arrested anew by the same measure. The principle is the same as Kannegiesser's method of forcing up the diaphragm by the gasses formed by effervescence in the stomach. Jodicke has applied his method again in several other cases and with equal success. Rethy reports good effects from pressure applied along the entire spine.

Rheumatism.

Dr. Fantus says that rheumatism can positively be checked by heavy doses of salicylates if given at the outset of the disease, while if smaller doses are given an immunity to the drug is established and the treatment thereby made much more difficult.—Med. Summary.

Sciatica, Treatment by Saline Injections.

Dr. A. G. Hay in The Glasgow Medical Journal, April, 1911, reports that of twelve patients treated by saline injections eight were cured, one was made worse and three were lost sight of. With regard to the technic of the injection,

Hay injects at the sciatic foramen or at the gluteal fold, according as pressure causes greater pain at the one point or the other. To find the foramen he draws imaginary straight lines from the posterior superior iliac spine to the tip of the great trochanter and to the middle of the ischial tuberosity, bisects the angle contained by these lines, and measures $2\frac{1}{2}$ inches along the bisecting line. At the gluteal fold the nerve lies midway between the trochanter and the tuberosity. To ascertain whether the needle has penetrated into the nerve, press the plunger of the syringe gently so as to expel a few drops of the solution. If the needle is in the nerve the patient experiences a sensation as if something were trickling down within the leg to a variable distance, sometimes only to the middle of the thigh, sometimes as far as the heel. In evidence of the permanence of the cure, Hay cites the case of a man whom he injected eleven years ago. For several years before the man was treated, he was confined to the house with sciatica every winter for periods varying from a few days to many weeks; since being treated he has never lost a day's work.

Urethritis, Acute—Atropine in the Treatment of

In specific urethritis the author counsels the administration twice daily of 1 milligram (1-65 grain) of atropine sulphate in a suppository, in order to relieve spasm in the urethral and peri-urethral muscles. If marked congestion be present in the prostatic region, 0.10 to 0.25 gram ($1\frac{1}{2}$ to 4 grains) of potassium iodide should be added to the suppository. When instillations of protargol into the posterior urethra are being used, it is also useful to add a cubic centimeter (15 minims) of a 1 to 1,000 solution of atropine sulphate.—Genty, La Clinique, Brussels.

Uterine Hemorrhage—Medical Treatment.

Dr. Robert Asch (Med. Press., March 1, 1911) says that a possible pregnancy or abortion must first be excluded. Menstruation can be considered to be physiological only when it takes place in a certain regular manner, within certain limits which, however, are different in individual cases. Abnormal bleeding is arterial or venous. Arterial bleeding is explainable by want of contraction. Apart from the cases in which a change of form of the organ prevents equable pressure on the mucous surface, as occasionally is the case when myomata are present, failure of muscular apparatus may be a cause of the hemorrhage continuing. To arrest the hemorrhage, muscular contraction may be brought about by mechanical stimulus, by electrical treatment, by massage or ergot. The fear that ergot will interrupt a normal pregnancy and bring on abortion is not justifiable. In all venous hemorrhages, cotarnin is called for. The hydrochlorate of cotarnin is known as stypticin. This is not a specific for bleeding, but it may arrest venous hemorrhage through its action in relaxing muscles.

Stypticin is especially useful when given four or five days before an expected period—five tablets of 0.05 gm. each. It is given again before each period until menstruation is forced back to its proper term. If in disease of the heart menstruation is excessive, stypticin or styptol may be given per os, more actively subcutaneously or into the muscles. The hemorrhage that results from venous stasis brought about by retroflex-

ion of the uterus, and that is not arrested by ordinary means, calls for cotarnin. If we have not to deal with hemorrhage arising from relaxed uterine walls, if we also find no changes about the genitalia that point to venous congestion, hydrastis is in place. The writer has never seen increase of the hemorrhage with arsenic; it may, therefore, be combined with hydrastimine in the treatment. When we have succeeded in bringing the menses to their normal condition, and they continue in that state without the hydrastic, arsenic may be replaced by iron.

Rush's Thunderbolt.

Jecor Asellus! What stout men were the old Continentals—able to survive one of these powders at a dose—and still proceed to whip the British as if nothing had happened! Never let it be said, however, that Washington's soldiers never ran. Impossible assertion. They had to! This combination is named after its parent, that Dr. Benjamin Rush who was Washington's friend, and who helped to finance the Revolution in the intervals when not prescribing his thunderbolt. This is a really superb prescription—a stroke of genius, and therefore simple. It consists of

R Calomel, gr. X
Ext. Jalapæ, gr. X.

Mix well and make one powder. Sig.: To be taken at a dose.

For lo, these many years I have prescribed it (but in more merciful dosage) for each and every adult, with the fewest exceptions, upon entering the hospital to prepare for any major operation. I direct the druggist to divide the thunderbolt into four capsuliful, each dose being then one-fourth that advised by Rush. The patient is to take one of these with plenty of water, at once. Repeat each six hours until effective, or until all are taken. Seldom, indeed, is the fourth dose needed. It possesses several good points: for example, is practically tasteless—which becomes worth remembrance when by chance no capsules are to be had. It effectively stirs up the liver—and we have the dark-greenish calomel biliary movements in evidence thereof. It is a very thorough and also exceptionally reliable purgative. Again, it does not gripe while acting. And yet, as you all know, calomel alone gripes as a rule; it certainly does; and jalap—that dependable and otherwise excellent cathartic—has the same mean quality. But now observe this curious fact, that when we combine these, the resultant grayish powder possesses the good points both and the bad points of neither! I have no explanatory theory. However, Professor Edward Curtis, who taught *Materia Medica* in Columbia Medical School, in my time, used to say that if we combine any two gripping cathartics they will gripe each other and let the patient alone! Whether this is true elsewhere I cannot say. It is, however, in this instance—with fewer exceptions than accompany most rules affecting the action of drugs.—*Medical Record.*

Drugs Which Color the Urine.

It is not uncommon for the physician, though he be skilled in urinalysis, to be puzzled with certain changes in color and in reactions occurring in the urine of patients who have been taking some of the newer drugs. In such cases the

pharmacist should be ready, says the Practical Druggist, to advise the medical man. To do so, however, he must possess considerable knowledge of the effects of such drugs as sulphonal, etc., on the urine.

A number of the newer drugs color the urine as though it contained blood. Among these are sulphonal and pyramidon. Others give it a blackish or smoky color—among them being carbolic acid and many derivatives of benzol. Still another group of drugs causes a greenish or yellowish discoloration in the urine, which might be mistaken for bile. Among these are bromoform, thallin, naphthol, santonin, buckthorn, cascara sagrada, rhubarb and senna.—*American Medicine.*

Medico-Legal Items.

Denial of Sexual Intercourse as Ground for Divorce, Especially When a Matter of Health.

The Court of Chancery of New Jersey holds that a spouse's wilful refusal to engage in sexual intercourse is desertion under the statute, making desertion a ground for divorce, and, hence, where a husband refused to consummate the marriage by sexual intercourse, he deserted his wife, even though he supported her, and they lived under the same roof. It says that the cases generally admit that unjustifiable withdrawal from marital cohabitation constitutes desertion. Marital cohabitation implies necessarily something more than merely living under the same roof. Where will the line be logically drawn, unless it is held that to constitute matrimonial cohabitation it must include those duties which distinguish the marital from every other contractual relation? When cohabitation in its true sense in the marriage relation ceases, desertion commences.

But the Court of Civil Appeals of Texas holds that a decree of divorce was wrongly granted where the testimony of the plaintiff showed that the sole ground for the divorce was a refusal on the part of his wife to sacrifice herself to his sensual desires, the uncontradicted evidence showing that she was a nervous, frail woman, who would probably die if she bore another child, and the plaintiff was fully advised of that fact by the family physician, and he was also told that he should not demand that his wife submit to his embraces, except under certain conditions, which conditions the plaintiff stated rendered him nervous and made him sick, but which the only physician who testified stated could not and did not injure him; in fact, could have no hurtful effect whatever. The refusal to accede to the passion of a man who knew that child-bearing would destroy the life of his delicate, nervous wife, and who was unwilling to inconvenience himself in any way to prevent such a catastrophe, would not constitute such "excesses, cruel treatment, or outrages" toward him as would entitle him to a dissolution of the marriage ties. Even an unjustifiable refusal of marital rights is not necessarily a cause for divorce, and when there is no refusal but merely certain conditions are prescribed which cannot injure the husband, but will protect the wife from probable death, the divorce should not be granted. (Raymond vs. Raymond (N. J. Ch.), 79 Atl. R. 430; Lohmuller vs. Lohmuller (Tex. Civ. App.), 135 S. W. R. 751.)

Testimony of Attending Physician Inadmissible in Will Case.

The Supreme Court of North Dakota holds, in *Auld vs. Cathro* (128 N. W. R. 1025), that, the privilege of secrecy attaching to all information acquired by a physician from a patient in attending the patient professionally, in a proceeding contesting the probate of an alleged will of a deceased patient, the testimony and opinion of the latter's attending physician as to her mental capacity, based entirely on information derived from her statements or his observations while treating her professionally and for the purpose of such treatment, were properly excluded. The court says that, while this question has not heretofore been passed on by it, and while some courts, notably Minnesota, Iowa and Missouri, have held under certain circumstances that such testimony was admissible under statutes somewhat similar to that of North Dakota, the court thinks the better rule is as above stated. New York, Wisconsin, California, Utah and other States hold such evidence inadmissible, holding that the privilege is personal with the patient, that it applies in testamentary matters, and cannot be waived by the heirs and personal representatives.

Coroner's Physician Not Justified in Dissecting Body and Keeping a Part Merely Because An "Interesting Case."

The First Appellate Division of the Supreme Court of New York reverses a judgment of non-suit and grants a new trial in this case, which was brought by a mother to recover damages for an alleged wrongful and unlawful dissection of the remains of her son and detention of parts of the remains. The deceased was a coach driver of the age of 28 years, who lived with his mother, and was thrown from his coach by an obstruction in the street, and died within a few hours after being taken to a hospital. The defendant was a coroner's physician, who did not claim to have been directed by a coroner to hold an autopsy, but merely asserted that it was "his privilege to make the dissection," explaining, when inquired of by the coroner, that the deceased had a greatly enlarged spleen, and it was an interesting case.

The plaintiff had a legal right, on the facts stipulated, the court says, to the possession of the corpse of her son in the condition it was at the instant of death for the purpose of preserving and burying the remains, and, without her consent, or statutory authority therefor, no one had a right to deprive her of such possession, or to dissect or otherwise mutilate the body of her son, and the law gave her a cause of action to recover damages, which should be measured by the injury to her feelings, caused by the invasion or violation of this right. The statutory provisions which the defendant contended, on account of his being coroner's physician, authorized and justified his acts conferred no authority on him to dissect the remains in the absence of a direction by the coroner, which was not shown to have been given; and, even if the autopsy had been authorized by the coroner, that did not, on the facts presented, justify the removal and detention of any of the organs of the deceased.

Doubtless, if the defendant made the autopsy by the direction of the coroner, that would

justify the dissection of the body, but it would not, in the absence of further directions from the coroner or district attorney, or other evidence, warrant the removal or detention of any part of the body.—(*Hassard vs. Lehane* (N. Y.), 128 N. Y. S. 161).

Action for Services—Employment to Attend Another.

In an action by a physician for his services the plaintiff testified that the defendant employed him to attend her mother and that the defendant at the time of employment agreed to pay him for his services, and that she had paid him a sum on account as the result of a letter sent by him to her demanding payment. The defendant denied the employment by her or that she paid any sum on account. Her employee testified that the defendant's mother sent him to the plaintiff with a bill and money in an envelope; that the plaintiff took out the money, receipted the bill, and the witness took the receipt to defendant's mother. The court reversed a judgment for the defendant as against the weight of the evidence. The plaintiff had produced a letter from defendant which he said was in reply to a letter requesting payment. The defendant said the letter was a forgery. A comparison of the signature to the letter with admittedly genuine signatures of the defendant left little doubt in the court's mind of the genuineness of the signature. No reason was suggested or apparent why the defendant's mother, or any other person, should forge the letter.—*Kamenoff v. Gammon*, New York Appellate Term, 127 N. Y. Supp., 226.

Contract for Fee Contingent on Damages Recovered by Invalid.

A person injured in a railway collision made a contract with the physician who attended him to give him for his professional services one-third of any sum he might receive from the railway company as damages and to pay him a further sum in addition thereto if the claim was settled out of court for \$2,000 or more. The claim was settled for \$1,800 and the physician subsequently sued the party injured for the balance of the agreed on one-third. It was held that the contract was invalid as in contravention of public policy. The amount to be obtained from the railway company must depend principally upon the testimony of experts like the plaintiff, and the circumstances of the case and the agreement made showed that it was contemplated that the plaintiff should be a witness in case of suit, and should give a history of and opinion upon the case in the event of a proposed settlement. The plaintiff's interest in the amount of the damages would, therefore, tend to color his testimony. *Sherman v. Burton*, Michigan Supreme Court, 130 N. W. 667.

Sanatorium for Treatment of Bone Tuberculosis Not a Nuisance per se.

Bills were filed by the board of health of a city and by private residents and property holders to prevent the conduct of a sanatorium for tuberculosis. Affidavits filed for the defendant showed that the institution of which complaint was made was not an institution for the treatment of pulmonary tuberculosis, but a sanator-

ium which was to be devoted exclusively to the treatment of children who are afflicted with bone tuberculosis. The sanatorium was for the free treatment of poor children afflicted with the disease last named, and not being maintained for profit did not come within the provisions of the New Jersey statute requiring a municipal license. The defendant lodged affidavits of a great number of physicians and surgeons of eminence who have given special study to the various forms of tuberculosis. These physicians testified that, while pulmonary tuberculosis is undoubtedly contagious, bone tuberculosis is neither contagious nor infectious, and cannot be transferred from one to another; and that cases of bone tuberculosis are freely admitted to all the hospitals and treated in the same wards as other surgical cases. If that were true it was manifest that no danger to the health of the inhabitants of the city was threatened by the maintenance of the sanatorium in question, and the grievance asserted by the complainants was based upon an assumed danger which did not in fact exist. In view of the evidence of these physicians it was held that the New Jersey act of April 6, 1910 (V. L., p. 279), containing the sentence "Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health," which was probably not intended to apply to bone tuberculosis, did not render the institution a nuisance per se and injunction was denied. Board of Health of Ventnor City v. North American Home, 78 Atl. 677.

Hospitals.

New Hospital.

Through a gift of \$100,000 from Mrs. Peter F. Collier, in memory of her husband, Red Bank, N. J., will shortly have a new, non-sectarian hospital. Work on the building has been begun and it is expected that it will be ready for occupancy in about six months. Dr. Peter P. Rafferty, of Red Bank, has been appointed chief of staff of the hospital.

State Hospital, Morris Plains.

The number of patients from the several counties and their classification are as follows: Passaic—Indigent patients, 424; strictly indigent, 53; private, 16; convict, 4. Union County—Indigent, 311; strictly indigent, 64; private, 30; convict, 6; criminal, 2. Essex County—Indigent, 13; strictly indigent, 245; private, 55; convict, 19; criminal, 1. Bergen County—Indigent, 174; strictly indigent, 101; private, 24; convict, 5; criminal, 5. Morris County—Indigent, 169; strictly indigent, 46; private, 11; convict, 2; criminal, 14. Warren County—Indigent, 100; strictly indigent, 6; private, 3; convict, 4; criminal, 1. Sussex County—Indigent, 53; strictly indigent, 4; private, 5; convict, 2; criminal, 2. Hudson—Indigent, 49; strictly indigent, 63; private, 71; convict, 20; criminal, 4. Hunterdon County—Indigent, 40; private, 3; convict, 1. Mercer County—Indigent, 1; private, 1. Middlesex County—Indigent, 1; private, 6; convict, 2. Monmouth County—Indigent, 1; private, 7; criminal, 1. Somerset County—Private, 5.

There are eight patients in the hospital who are non-residents of the State of New Jersey.

Deaths.

BUTTLER.—In Paris, France, August 15, 1911, Dr. Charles Voorhees Buttler, of New Brunswick, N. J.

Dr. Buttler was born in New Brunswick in 1869. He was educated in the public schools of that city and in the Naval Academy at Annapolis. He then began the study of medicine in the office of Dr. F. M. Donohue, and graduated from the New York University Medical Department in 1893. He practised medicine in Elizabeth, N. J., and then moved to Mystic, Conn. He married Miss Louise Gardner, of Elizabeth. He had one son, who died of appendicitis last winter. Dr. Buttler was associated with Dr. F. M. Donohue for several years, until the death of his son, when he went to Vienna to make a special study of orthopedic surgery. He went to Paris about August 1st, when he was taken ill and died on the above date from blood-poisoning following a carbuncle. He had a kind and lovable disposition and will be greatly missed by all of his associates in New Brunswick.

HEPBURN.—At East Orange, N. J., September 21st, 1911, Dr. James Curtis Hepburn, aged 97 years.

Dr. Hepburn was born in Milton, Pa. After graduation from Princeton in 1832 he received his professional training in the medical department of what is now the University of Pennsylvania, graduating in 1836. His father was a lawyer and his ancestors for generations back have been Presbyterians. In 1840 he married Miss Clara Maria Lette, a descendent of Governor Lette, of Connecticut. They went as missionaries to the Orient in the same year, settling in Singapore, where they did work among the 40,000 Chinamen settled in that island. Shortly after China was opened to foreigners they went to that Empire and remained there six years.

Returning to this country, Dr. and Mrs. Hepburn lived in New York, where Dr. Hepburn practised medicine for thirteen years.

Dr. and Mrs. Hepburn went to Japan in 1859. He was the pioneer medical missionary in Japan and for many years the only living foreigner enjoying the distinction of receiving the insignia of the third class of the Imperial Order of the Rising Sun.

For many years he had been the oldest living graduate of Princeton University, being a member of the class of 1832. The last twenty years he lived in East Orange.

HULTS.—At Perth Amboy, N. J., September 5, 1911, Dr. Eugene A. Hults, of Bright's disease.

Dr. Hults was a graduate of the Hahnemann Medical College in Philadelphia. For twenty-five years he had practised medicine in Perth Amboy.

Personal Notes.

Dr. Frederick H. Albee, Colonia, and wife recently returned from a visit in Maine.

Dr. Samuel E. Armstrong, Rutherford, is a member of the Bergen County Grand Jury.

Dr. John K. Bennett, Gloucester City, is a candidate for the Assembly, on the Democratic ticket.

Dr. Charles S. Braddock, Jr., Haddonfield, has gone to New York for the present.

Dr. William R. Broughton, Bloomfield, and family returned last month from Bass Rock, Mass.

Dr. Henry F. Bushey, Camden, recently enjoyed a week's auto trip through Pennsylvania.

Dr. Henry O. Carhart, Blairstown, has been mentioned as a candidate this fall for the Assembly.

Dr. William A. Clark, Trenton, lectured recently on "Fly Extermination," in the Ewing Presbyterian Church.

Dr. J. Henry Clark, Newark, and wife have returned from their summer sojourn in the White Mountains.

Dr. Gordon K. Dickinson, Jersey City, returned September 1st, from an extended sojourn in Europe.

Dr. Frank M. Donohue, New Brunswick, and family returned from Europe, September 8th.

Dr. Richard P. Francis, Montclair, and family have returned from Peseco.

Dr. John Hemsath, Newark, and family spent the summer at their bungalow in the Pocono Mountains.

Dr. Morgan D. Hughes, Bloomfield, and a party of friends spent two weeks in September camping at Lake Owassa.

Dr. Charles A. Limeburner, Jersey City, and wife have returned from their summer outing.

Dr. Jesse L. Mahaffey, Camden, has returned from his vacation trip.

Dr. George R. Moore, Trenton, enjoyed a month's vacation in the Adirondacks.

Dr. Clifford Mills, Morristown, has been nominated for Alderman on the Republican ticket.

Dr. Alexander Marcy, Jr., Riverton, is a candidate for the Assembly.

Dr. Alexander McAlister, Camden, has been suggested as State Senator from Camden County.

Dr. Paul M. Mecray, Camden, and wife enjoyed an automobile trip from their summer home at Cape May, to Kennebunkport, Maine, during August.

Dr. Anna B. Newton, South Orange, has returned from the Catskills, where she spent part of the summer.

Dr. Nelson B. Oliphant, Trenton, and family spent the month of August in Maine.

Dr. Henry C. Pierson, Roselle, was registered at the Shoreham, Spring Lake, last month.

Dr. Clinton H. Read, Trenton, had a severe fall in alighting from a trolley car recently, injuring his head and face.

Dr. Edward B. Rogers, Collingswood, and wife spent a week at Niagara Falls recently.

Dr. Edward O. Y. Schellenger, Camden, and family have returned from Ocean City, where they occupied a cottage during the summer.

Dr. Charles A. Schneider, Newark, and wife enjoyed a ten days' trip to Canada recently.

Dr. Anna L. Smith, Montclair, spent a few weeks in Massachusetts this summer.

Dr. Isadore Topkins, Califon, has recently returned from a ten days' vacation in New York State.

Dr. Harry Vaughan, Summit, has given up general practice and will devote his entire time to eye, ear, nose, and throat diseases, with offices in Morristown and Summit.

Dr. Benjamin H. Voelbel, Vailsburgh, has returned from a few days' outing on Long Island.

Dr. Cornelius Van Riper, Passaic, on Sep-

tember 6th, celebrated his seventy-first birthday anniversary. He settled in Passaic in 1866.

Dr. Charles H. Watson, Trenton, recently had a handbag containing surgical instruments stolen from his automobile while it was standing in front of his residence.

Dr. Peter C. Young, Ringoes, and wife enjoyed an automobile trip to Asbury Park recently.

Dr. Frank F. Bowyer, Jersey City, has recently returned from Europe.

Dr. C. R. P. Fisher, of Bound Brook, and Dr. John P. Hecht, Somerville, have returned from a two weeks' trip to Maine and Canada.

Drs. Thomas H. Mackenzie and William S. Lalor, Trenton, have been appointed delegates to the Deeper Waterways Convention, which meets in Richmond, Va., October 17th.

Dr. William B. McGlennon, East Newark, enjoyed a Southern trip in September.

Dr. Ralph Opdyke, Montclair, and family concluded their summer vacation with a trip to Bermuda last month.

Dr. Wallace Pyle, Jersey City, and wife have returned from their six weeks' sojourn abroad, mostly spent in Vienna.

Dr. James H. Rosesnkran, Hoboken, and family have returned from their sojourn in California.

Dr. Charles Young, Newark, and family have returned from Westhampton Beach, Long Island.

Dr. A. John Walscheid, Union Hill, as medical inspector of schools, and the local Board of Education, are arranging a series of medical lectures to teachers, parents and pupils on the health of school children.

Dr. J. Eugenia Jacques, Jersey City, has returned from her six weeks' vacation in the Adirondacks.

Dr. Walter E. Cladek, Rahway, has returned from a few days' pleasure trip.

Dr. Henry G. Cooke, New Brunswick, and family have returned from a sojourn at Avon.

Dr. Max A. Maas, Newark, and wife recently returned from an extended trip abroad, most of their time was spent in Germany, France and Switzerland.

Dr. Louis L. Davidson, Newark, is on the Republican primary ticket for the Assembly.

Dr. Eleanor Haines, Newark, has returned from her summer trip.

Dr. John Hemsath, Newark, is running on the Democratic primary ticket for Freeholder.

Dr. Emanuel D. Newman, Newark, is on the Democratic primary ticket for Freeholder.

Dr. George M. Ridgeway, Trenton, who went to Maine and Canada for the benefit of his health several weeks ago, has been seriously ill with Bright's disease and is under treatment at the Eastern Maine General Hospital at Bangor. The last news we have received reports him as slightly improved.

Dr. William J. Burd, Belvidere, has been seriously ill at his home.

Dr. Frank B. Cook, Laurel Springs, is a member of the present Camden County Grand Jury.

Dr. Henry L. Coit, Newark, who has spent the summer months in Europe, has returned home.

Dr. Frederick W. Owen, Morristown, and family have returned home after spending some weeks at Old Orchard Beach, Maine.

Dr. John L. Suydam, Jamesburg, has been re-elected medical health inspector of that town.

Dr. H. Genet Taylor, Camden, and family have returned from a tour in the Adirondacks.
 Dr. Ferd C. Wolff, Hoboken, has recently returned from several weeks' vacation spent in Europe, most of the time having been spent in Berlin.

Book Reviews.

DISEASES OF THE STOMACH, WITH SPECIAL REFERENCE TO TREATMENT. By Charles D. Aaron, Sc. D., M. D., Professor of Gastroenterology and Adjunct Professor of Dietetics in the Detroit College of Medicine; Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine, etc. Octavo, 555 pages, with 42 illustrations and 21 plates. Cloth, \$4.75 net. Lea & Febiger, Philadelphia and New York, 1911.

The reader will find this pre-eminently a practical book. The author theorizes but little and confines himself to what is definitely known. Considerable attention is given to the gastric neuroses. The indications for surgical intervention are mentioned to be followed when absolutely necessary, but the reliance of the author is on non-surgical treatment—prevention, diet, hygiene and medical agencies.

MANUAL OF THE DISEASES OF THE EYE FOR STUDENTS AND GENERAL PRACTITIONERS. By Charles H. May, M. D., Chief of Ophthalmological Clinic, Coll. P. & S., N. Y.; Attending Ophthalmic Surgeon to Mt. Sinai Hosp., etc., etc. Seventh Edition, revised; 362 original illustrations, plates and colored figures. William Wood & Co., New York, 1911.

It is difficult for a writer to prepare a book of this character and not say too much. Dr. May has happily combined brevity with completeness and the many editions of this work attest its popularity with the general profession.

PROGRESSIVE MEDICINE. A QUARTERLY DIGEST OF ADVANCES, DISCOVERIES AND IMPROVEMENTS IN THE MEDICAL AND SURGICAL SCIENCES, edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jeff. Med. Coll., Philadelphia, assisted by Leighton E. Appleman, M. D., Instructor in Therapeutics, Jeff. Med. Coll. September, 1911. Lea & Febiger, Philadelphia and New York.

This number is devoted to Diseases of the Thorax and its Viscera—Heart, Lungs and Blood Vessels—Dermatology and Syphilis—Obstetrics—Diseases of the Nervous System—and is almost an encyclopedia on these subjects.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Alabama, July.....	127	89	38
Connecticut, July..	36	25	11
Iowa, February.....	8	6	2
Iowa, June.....	34	31	3
Maine, July.....	50	46	4
Michigan, June.....	65	65	0
New Mexico, April.	2	2	0
North Dakota, July	18	18	0
Oklahoma, July.....	74	52	22
Pennsylvania, June..	377	359	18

	Examined.	Passed.	Failed.
Penn., Homeopath..	39	37	2
Oregon, July.....	96	65	31
Virginia, June.....	117	93	24

Public Health Items.

The Typhoid Death Rate.

From 1901 to 1905 the annual death rate from typhoid fever for the countries named was as follows: Scotland, 6.2; Germany, 7.6; Austria, 19.9; Hungary, 28.3; Italy, 35.25. and for the United States, 46. These figures, according to Dr. Huber, mean that in a single year we Americans have averaged 400,000 cases and 35,000 deaths from this one preventable disease.

Death Rate is Decreasing.

Washington State leads the commonwealths of the nation in the matter of healthfulness, according to a special statement issued recently by the census bureau. The Northwestern State's death list per thousand of population in 1910 was only 10. That of the United States—or of those States included in the "registration area," the only ones covered in the statistics—was 15.2. The census bureau's figures were based on a group of States whose population comprises 59 per cent. of the total of the States and gives a fairly accurate idea of the health of the nation.

According to the figures, the Northwest is the healthiest part of the country. Montana was second in the list of the least number of deaths, the returns showing 10.6 deaths per thousand in 1910. On the other hand, New England States were apparently the least healthful. New Hampshire shows the highest death rate of the nation, 17.3 per thousand in 1910, Maine and Rhode Island were close seconds, each with 17.1. Connecticut gave 15.6 in 1910, as against 18 in 1900; New York 16.1, compared with 18.2; Ohio 13.7 in 1900, figures for 1910 missing.

Figures for 1900 were not available for all States, but the statement indicated that in every case the mortality roll had decreased in ten years.

Tuberculosis claimed the most victims, 86,309 persons dying in 1910 from the white plague. Typhoid caused 12,673 deaths. The national death rate has decreased steadily from 19.8 in 1880. In 1900 it was 17.6.

Newark Death Rate 13.73.

The weekly report September 9th of the Newark Board of Health showed a total of ninety-three deaths for the week, representing a death rate of 13.73 per 1,000, estimated on a population of 352,000.

Contagious and infectious diseases reported were sixty in number, an increase of eight over the previous week. Of these twenty-eight were from diphtheria, four from scarlet fever, seven from typhoid fever, twenty from tuberculosis and one from infantile paralysis. Twenty-eight of the deaths were of infants, nine of children one to five years old, two from five to twenty, thirty-three of persons twenty to sixty and twenty-three over sixty.

The report of September 16th showed a death

rate of 13.44 per 1,000. Seventy cases of contagious diseases were reported, which is an increase over the preceding week of ten. There were twenty-six cases of diphtheria as against twenty-eight for last week; five cases of scarlet fever as compared with four, seven cases of typhoid, the same number as the preceding week; twenty-six cases of tuberculosis, compared with twenty, and six cases of infantile paralysis as against one.

Mortality of Hand-Fed Infants.

Mr. Frederick S. Crum, statistician for the Prudential Life Insurance Company, furnishes statistics showing the comparative death-rates among hand-reared and breast-fed infants. He says that in Hull, England, it was found that in their third quarter of the year, during a five-year period, there were 991 deaths from diarrhea of infants fed on a mixed diet, as against only 190 deaths from the same cause of infants entirely breast fed. The Berlin statistics for a number of years show the definite relation of hot weather and method of feeding to infant mortality. Invariably the death-rates of both classes of infants go up above normal during the hot weather, but the increase in mortality among the artificially fed is greater—out of all due proportion—than the increase in the mortality of the breast fed.

Saccharine Barred Out.

The New York Board of Health has added an amendment to its Sanitary Code forbidding the use of saccharine in foodstuffs and beverages. This action of the Health Department is in line with that of the division of food inspection of the Department of Agriculture which forbids the use of saccharine in the District of Columbia after January 1.

Pickled Horse Industry.

After a long and hard hunt for traffickers in horse meat as a food product, Dr. Harvey W. Wiley, chief of the Chemistry Bureau of the United States Department of Agriculture, bagged some New Jersey game yesterday. The accused are Schwarz Brothers' Company, of Kearny, international dealers in corned nag, and the State officials, at the request of the Federal authorities, made their first move toward prosecution. The Government charge, which has been taken up by the State, is an allegation that the Schwarzes have prepared the carcasses of diseased and emaciated animals, at their rendering plant, on the meadows, for human consumption; that the most unsanitary conditions prevail in the plant; that horses were cut up for food on the same floor where lay glandered and other animals, killed by disease communicable to man. How this evidence was obtained forms a chapter that rivals any adventure of secret service men.

Had not treachery, followed by the throwing of men in jail and attempted muzzling of the press, interfered, many others might be with the Schwarzes in the newest Wiley corral. The pure food expert had planned to make uncleanly pickled and smoked thoroughbred as extinct as the buffalo. Packers of horse in the form of imported frankfurters, bolognas and smoked "beef" and sellers of fresh horse meat as "fresh

beef" in New York and this State were to be included in the round-up. The coup is now temporarily abandoned, the government having decided to direct every effort for the present to the prosecution of the Schwarzes. Exposure of the methods of the others, Dr. Wiley hopes, will have the effect of ridding the country of a food that has given his department much concern.—Trenton True American.

Rotten Eggs Condemned.

William G. Tice, assistant chief of pure food and drugs division of the State Board of Health, assisted by Dr. Isaac H. Shaw, recently made the second seizure of un-sound and rotten eggs by finding and condemning 10,000 eggs in the shell stored in the Merchants' Refrigerating Company of Jersey City, by a New York City merchant.

Those eggs, the experts declared, were unfit for food. They were stored in the usual egg crates, but were not marked "Not for human food." The merchant claimed that he did not break eggs for human food, but for tanners to use in tanning leathers, but the health department officials were afraid that the eggs were hurriedly stored until the crusade against un-sound eggs had subsided. The department officials are inclined to think that these eggs were hurried into storage to escape being found and condemned by the inspectors now working industriously in every bake shop in the State. In fact, many rotten eggs have been found in such places during the week, but the department officials are inclined to suppress the names of the places where found, as Dr. R. B. Fitz Randolph, chief of the division, believes that the bakers themselves have been imposed upon by the sharpers.

Infirm Eggs.

Dr. R. B. Fitz Randolph, of the State Board of Health, is determined that the cold storage men shall obey the law, and he should have the backing of the people of the entire State in this undertaking. Last month he raided two cold storage warehouses in Jersey City, and took therefrom seven hundred cans containing thirty pounds each of rotten eggs.

Twenty-one thousand pounds of putrid eggs are calculated to make a man hold his nose even though he doesn't stand in their aromatic presence.—State Gazette.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, August, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending August 10, 1911, was 3,825. By age periods there were 1,075 deaths among infants under one year, 293 deaths of children over one year and under five years, and 980 deaths of persons aged sixty years and over.

The principal cause of death for August was infantile diarrhea. The number of deaths from this cause (760) is 191 less than the corresponding period last year.

No separate classification was made of deaths from heat prostration, however the number was

far above the average of previous years, due to the prolonged hot weather of the past month.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending August 10, 1911, compared with the average for the previous twelve months, the average of each being given in parentheses:

Typhoid fever, 31 (33); measles, 11 (28); scarlet fever, 20 (19); whooping cough, 31 (38); diphtheria, 26 (59); malarial fever, 3 (2); tuberculosis of lungs, 293 (336); tuberculosis of other organs, 62 (50); cancer, 168 (157); diseases of nervous system, 379 (362); diseases of circulatory system, 399 (369); diseases of respiratory system (pneumonia and tuberculosis excepted), 121 (243); pneumonia, 82 (264); infantile diarrhoea, 760 (230); diseases of digestive system (infantile diarrhoea excepted), 265 (183); Bright's disease, 199 (229); suicide, 46 (36); all other diseases or causes of death, 929 (641); total, 3,825 (3,279).

Specimens for bacteriological diagnosis:

Specimens examined from suspected cases of diphtheria, 175; tuberculosis, 352; typhoid fever, 572; malaria, 48; miscellaneous specimens, 66; total, 1,213.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending August 31, 1911, 618 samples of food and drugs were examined in the State Laboratory of Hygiene, with results as follows:

Above standard: All the 40 specimens of spices; the one of color paste; the 3 each of condensed milk and cocoa; the one of essence of lemon; the 27 of ice cream; the one of I. C. powder; the 6 of lard; 8 of cream of tartar, and the one of Fowler's solution.

Below the standard: 17 of the 398 of milk; 13 of the 85 of cream; the one of butter; 3 of the 4 of olive oil; the one each of orange juice and extract of vanilla; 4 of the 19 of cider vinegar and 1 of the 8 of white vinegar.

Twenty-six suits were instituted—14 for butter, 10 for cream and 2 for olive oil adulterations.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 138 dairy inspections were made, as follows, giving the number of dairies inspected in each county specified and the number found above and below 60 per cent. of the perfect mark:

County	Dairies inspected.	Above 60%.	Below 60%.
Bergen	3	0	3
Burlington	17	6	11
Camden	13	8	5
Essex	4	1	3
Hudson	1	1	0
Middlesex	16	5	11
Monmouth	23	12	11
Morris	23	16	7
Ocean	1	1	0
Passaic	10	2	8
Somerset	3	2	1
Union	7	5	2
Warren	17	5	12
Totals	138	64	74

Number of dairies, first inspection.....	121
Number of dairies, reinspection.....	17
Number of milk depots inspected.....	10
Number of letters sent to dairymen.....	109

Inspections were made at the request of the following local boards of health: Asbury Park, Cliffside, Dover, Haddonfield, Newark, New Brunswick, Paterson, Riverton and Summit.

Number of dairies inspected at the request of private citizens, 34.

CREAMERIES INSPECTED.

Annandale, Baptistown, Bloomsbury, Bridgeville, Califon 2, Cherryville, Clinton, Colts Neck, Columbus, German Valley 2, Hackettstown, Hampton, Hixon, Hoffmans, Hope, Jutland, Lebanon, Little York, Locktown, Middle Valley, Nauright, Newark 16, New Egypt, New Germantown, Oak Grove, Paterson 4, Pattenburg, Pemberton, Pittstown, Sunnyside, Troy Hills, Wayne Township, West Portal, Whitehouse, Woodstown. Total, 55.

ICE CREAM FACTORIES INSPECTED.

Bayonne 9, Boonton 5, Camden 9, Cape May 3, East Orange 6, Elizabeth 20, Englewood 2, Freehold 3, Frenchtown 2, Guttenberg, Hacktctstown 4, Haddonfield 2, Hoboken 2, Jersey City 7, Montclair 4, Newark 25, New Brunswick 13, Orange 4, Palisade, Passaic, Paterson 32, Perth Amboy 6, Plainfield 7, Tenafly. Total, 168.	
Number of creamery licenses recommended...	3
Ice cream factory licenses recommended...	24
Milk samples collected for examination...	20
Ice cream samples collected for examination	26
Letters sent to creamery and ice cream factory operators	74

During the month ending August 31, 1911, 110 inspections were made in 64 cities and towns.

The following articles were inspected during the month but no samples were taken:

Milk, 520; butter, 282; food, 604; drugs, 130.

Other inspections were made as follows: Milk wagons, 173; milk depots, 67; grocery stores, 284; drug stores, 13; meat markets, 8; bitter stores, 5; bottling plants, 2; slaughter-houses, 43; creameries, 6; cold storage investigations, 3; immature calf investigations, 5.

Division of Sewerage and Water Supplies

Total number of samples analyzed in the laboratory, 206: Public water supplies, 94; dairy supplies, 3; sewage samples, 4; State institutions, 4; private supplies, 80; spring waters, 13; proposed public supplies, 5; miscellaneous, 3.

INSPECTIONS.

Public water supplies inspected at Millville, Rockaway, South River, Glen Gardner and Somerdale.

Proposed public supplies inspected at Asbury Park estates, Elmer and Ocean Gate.

Special inspections at Cranford, Belmar, Collingswood and Rahway.

Spring water supplies inspected at Somerset Spring Water Company and Watchung Spring Water Company.

Sewage disposal plants and systems inspected at Belmar 5, Cape May, Essex Fells, Garwood, Haddon Heights, Jamesburg, Medford, Overbrook, Rahway Reformatory, Keyport, Sea Cirt, State Camp (Sea Girt), South River, Wildwood Crest, Westfield, Swedesboro, Collingswood, Burlington and the Devlin Manufacturing Company, Burlington.

Stream inspections on Shrewsbury River, Manahawin Bay, Deal Lake, Atlantic Ocean, Absecon Inlet, Swimming River, Toms River, Tuckerton Bay, Raritan River and Barnegat Bay.

Number of pollutions reported.....	333
Number of reinspections made.....	11
Number of pollutions abated.....	8
Ten-day notices to cease pollution served..	19
Cases referred to the Attorney-General....	2
Plans for sewage systems, disposal plants and extensions approved.....	7
Plans for public water supply plants approved	6
Plans for sewage systems, disposal plants and extensions disapproved.....	2
Plans for public water supply plants disapproved	1

New and Non-Official Remedies.

The following articles have been accepted by the A. M. A. Council on Pharmacy and Chemistry:

Trypsogen (G. W. Carrick Co.).
Antidysenteric serum "Hoechst" (Victor Koechl & Co.).
Antipneumococcus serum (Victor Koechl & Co.).
Triturated tubercle bacilli (Victor Koechl & Co.).

Since August 1, 1911, the following articles have been accepted by the Council:

Calcium Peroxide (Rössler & Hasslacher Chemical Co.).
Magnesium Peroxide (Rössler & Hasslacher Chemical Co.).
Strontium Peroxide (Rössler & Hasslacher Chemical Co.).
Zinc Peroxide (Rössler & Hasslacher Chemical Co.).

G. H. Sherman Vaccines:

Colon Bacillus Vaccine, 40,000,000 and 100,000,000.
Gonococcus Vaccine, 20,000,000 and 100,000,000.

Mixed Vaccine containing Gonococcus Vaccine 100,000,000, Staphylococcus Albus, 40,000,000.

Pneumococcus Vaccine, 40,000,000 and 100,000,000.

Mixed Vaccine containing Pneumococcus 30,000,000, Streptococcus 20,000,000.

Staphylococcus Pyogenes Aureus Vaccine, 300,000,000.

Staphylococcus Pyogenes Aureus Vaccine, 300,000,000.

Mixed Vaccine containing Staphylococcus py. Aureus, Staphylococcus py. Albus, Staphylococcus Citreus, each 100,000,000.

Mixed Vaccine containing Staphylococcus py. Aureus, Staphylococcus Albus each 200,000,000.

Mixed Vaccine containing Staphylococcus py. Aureus, Staphylococcus py. Albus each 300,000,000.

Mixed Vaccine containing Staphylococcus py. Albus 400,000,000, Staphylococcus py. Aureus 200,000,000.

Mixed Vaccine containing Staphylococcus py. Aureus, Staphylococcus py. Albus, each 100,000,000.

Streptococcus Erysipelatis Vaccine, 20,000,000.

Mixed Vaccine containing Streptococcus py. 30,000,000, Colon Bacillus 40,000,000.

Mixed Vaccine containing Streptococcus py.

30,000,000, Pneumococcus 40,000,000, Staphylococcus py. Albus 150,000,000.

Mixed Vaccine containing Streptococcus py. 30,000,000, Staphylococcus py. Aureus, Staphylococcus py. Albus, each 100,000,000.

Mixed Vaccine containing Streptococcus py. 30,000,000, Micrococcus Catarrhalis, 100,000,000.

Streptococcus Pyogenes Vaccine 60,000,000 and 30,000,000.

Mixed Vaccine containing Streptococcus py. 60,000,000, Staphylococcus py. Aureus, Staphylococcus py. Albus, each 200,000,000.

Typhoid Bacillus Vaccine 50,000,000, also 500,000,000 and 1,000,000,000.

Dr. Wiley.

With apologies to Rudyard Kipling.

(To be sung to the melancholy strains of "Danny Deever.")

"What makes the Potted Ham so green?" said Files-on-Parade.

"It's feelin' fresher than it is," the Color Sergeant said.

"What makes the ranks so white, so white?" said Files-on-Parade.

"They're dreadin' what they've got to eat," the Color Sergeant said.

"For, they're bouncin' Doctor Wiley, you can hear the Microbes cheer.

And the Germs is all a-singin' 'Wiley's goin' away from here,

And we're comin' back far stronger than we've been for many a year.

For they're bouncin' Doctor Wiley in the mornin'."

"What makes the canned goods work so 'ard?" said Files-on-Parade.

"They're fixin' for their Jubilee," the Color Sergeant said.

"What's made that front-rank man fall down?" said Files-on-Parade.

"He's eat cold-storage sassidges," the Color Sergeant said.

"They are bouncin' Doctor Wiley, and those sassidges of old

Are swarmin' from their pisons where they've lingered in the cold,

And they've brought their ptomaines with 'em in a manner free and bold.

For they're bouncin' Doctor Wiley in the mornin'."

—Exchange.

Chapellier relates that having made two laparotomies on a patient, he found that he had left a pair of scissors in the abdomen, and was obliged to open it a third time. While putting in the closing sutures the patient waked up and said: "Say, doctor, what's the use of sewing me up? Why don't you put on some buttons?"

A wealthy patient came to Thiersch, in Leipzig, saying that as he had been advised to have an operation, and money was no object, he wanted to go to some good surgeon in Paris, and would Professor Thiersch be good enough to recommend someone to him. "Certainly," said Thiersch, "go to Doyen." "Is it necessary to have a special letter?" "Oh, no," said Thiersch. "You simply go up and say to Doyen that you need an operation, and he will say: 'Where do you live?' You say: 'Leipzig,' and he will say: 'You damn jackass! Why didn't you go to Thiersch?'"

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THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS.*

BY IRVING E. CHARLESWORTH, M. D.,
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A disease that affects the majority of humanity, and causes the loss of enormous sums of money in expenses and from inability to labor, and finally kills one-tenth of our population, is an enemy to be feared above war and poverty.

This disease is so common that, were it not so difficult to detect early, would have been conquered generations ago and added to our already long list of curable diseases. Chronic pulmonary tuberculosis is the greatest foe of mankind, excepting sin, that the world has ever fought and the end is not yet.

The onset is usually slow and insidious, the unsuspecting victim performs his daily task with decreasing spirit, finally thinks he is "run down" and consults his physician. Upon this individual often rests the fate of the sufferer. If he is a keen diagnostician and can recognize the early symptoms, the prognosis is quite hopeful, but if he is not on the outlook, and makes only a desultory examination and fails to find the true condition, then the patient soon joins the large army of advanced cases and the prognosis for a cure becomes relatively grave.

To the credit of the medical profession let it be said that the real cause of the decrease in the death rate is not due so much to the improved treatment, but to the increased ability to diagnose the disease in the early stages. In no disease is an early diagnosis as important as in this one. This paper is only on tuberculosis in the early or

incipient stage and is an endeavor to pick out the early symptoms from those of the advanced stages.

Pulmonary tuberculosis is a chronic, but sometimes acute, infectious disease caused by the bacillus tuberculosis. This organism produces specific lesions, taking the form of either separate nodular masses or diffuse growths, infiltrating the tissues, while aggregations of the elementary tubercles give rise to large tubercular masses.

Tubercles undergo caseation and sclerosis, followed in turn by ulceration (the result of secondary pyogenic infections) or, more rarely, calcification. (Anders.)

The tubercle bacillus was discovered by Robert Koch in 1881. So far as known the bacillus is a purely parasitic organism, and has never been found except in the bodies and discharges of animals affected with tuberculosis, and in dusts contaminated by them. This purely parasitic nature interferes with the isolation of the organism, which cannot be grown upon the ordinary culture media.

At one time it was supposed that tubercle bacilli were always in the atmosphere and that we all inhaled them, and that it was only our resisting power that saved any of us from becoming its victims. This, however, has been shown to be untrue, as tubercle bacilli exist only in atmosphere contaminated by consumptives.

They are to be found in dust with which pulverized sputum is mixed, and such infectious dusts are most common where the greatest uncleanness prevails.

A large percentage of consumptives are careless in their habits of expectoration, and until they are taught of the danger they are to those closest to them, the fight against the white plague is sure to be a losing one.

*Read at the 145th annual meeting of the Medical Society of New Jersey, Spring Lake, June 14, 1911.

The chief source of the bacilli is the sputum of tuberculous patients. It has been shown that in the moderately advanced stage of pulmonary tuberculosis from one hundred thousand to one million of these bacilli are expectorated daily and in the advanced stage several billions, and the dried sputum is wafted into the atmosphere in the form of dust-like particles.

When the fact that tuberculosis is almost universally prevalent, and that each consumptive is throwing off large numbers of bacilli is remembered, it is clear that abundant opportunity is everywhere present for infection. It is known that the dust obtained from the rooms occupied by tuberculous patients is highly infectious. It is the indoor atmosphere laden with bacilli that is especially liable to excite the disease, when breathed more or less constantly.

In places rarely frequented by consumptives the dust is usually free from virulent bacilli. It is obvious, therefore, that the bacilli which cause fresh cases come indirectly from other tuberculous subjects, and people who live in close proximity to consumptives are those who frequently fall victims to the same disease. Thus, the congested districts of cities are the most common hotbeds of infection, and the sparsely populated country districts and mountainous regions are the least infected. The inability of the bacilli to multiply outside the bodies of animals, and the deleterious influence of sunshine upon them, since sunlight kills the bacteria in a few hours, explains why the expectoration of consumptives has not rendered the atmosphere pestiferous.

The growth of the bacilli is probably attended by the formation of a toxin. From culture grows an albumenoid substance has been separated and then, when injected into the blood of an animal, produces slight fever. This albumenoid, separated from cultures of tubercle bacilli, is a nuclear protoid and not a specific toxin.

There has also been isolated a ptomaine, and, some contend, an extract which displays pyogenic properties.

The constitutional features of the disease may be ascribed, in part, to the circulation of these toxins in the blood, but principally to the pus producing organism.

METHODS OF INFECTION.

Infection usually takes place in three ways:

- Through the lymphatic system,
- Through the blood vessels, and
- Through the bronchial tubes.

The lymphatic form usually follows tuberculosis of the bronchial glands and pleura, the bacilli being carried into the lung tissue by way of the lymphatics. This is the least common method of the three.

Infection through the blood vessels takes place within the capillaries and is carried to the lungs in the form of minute emboli. They probably enter the thoracic duct by way of the lacteals with the products of digestion, reach the venous circulation and are then conveyed to the lungs. When, as sometimes happens, great numbers of tubercle bacilli are simultaneously carried to the lungs by the venous blood, a great number of miliary tubercles will appear in both lungs and cause miliary tuberculosis.

Recent investigation has shown this method of infection to be quite common. As a rule, infection by this method is only a part of a general tuberculosis. A focus of tuberculosis of any part of the body may rupture into a blood vessel and carry infection to the lungs.

The points from which primary infections take place are numerous, but the most frequent are from lymph glands of the cervical or peri-bronchial group, or of old foci at the apex of the lungs. Other common foci are those cases of tuberculosis of the spine, hip joint, knee joint and ano-rectal fistula.

Milk and other articles of food which have been exposed to infection by flies, dusts, and coughing by a tuberculosis cook, is now believed to be a common source of infection.

The third and most common method of infection is the broncho-genic form. The inhalation of air carrying minute particles of infected dust which are carried into the bronchial tubes, cause infection of the smaller bronchi or bronchioles, and even their terminals, the alveoli.

Soon the bronchioles and the air cells connected with them become blocked with inflammatory products. These areas then undergo degeneration, caseate, and form nodes. These are formed by the growth of the tubercle bacillus and consist of cells, tubercle bacilli and debris, the result of the lung's first defence against the invader.

The inside of this node may soften, but the inflammatory zone surrounding it favors the formation of a capsule, and it is practically impossible for an unmixed infection of the tubercle bacilli to escape, and the node may become encapsulated or calcified, but in the majority of cases we find a mixed infection, consisting of pus-form-

ing organisms and the tubercle bacilli. These pus-forming organisms at once begin an ulcerative process and break down the capsule surrounding the bacilli and allow them to escape, thus spreading the disease and causing a fresh invasion of a larger area of the lung. More nodes form from these freed tubercle bacilli and the process is repeated.

If this process proceeds slowly we call it chronic tuberculosis; if it proceeds rapidly we call it acute phthisis. These different nodes being broken down and the invaded tissues breaking down, ultimately form cavities by coalescence.

The sputum of a patient does not contain tubercle bacilli until this breaking-down process begins, and some are discharged into the bronchial tubes and expectorated.

The following symptoms should lead us to suspect the presence of incipient tuberculosis, and suggest a physical examination:

1. Progressive loss of weight.
2. An increase in the pulse rate, especially in the afternoon.
3. A slight fever, highest between the hours of 4 and 5 P. M.
4. Loss of appetite without apparent reason.
5. Unusual fatigue without a known reason.
6. An attack or a history of spontaneous pleurisy.
7. Pain in the chest, especially in the inter-scapular region.
8. A cough which persists, especially following an attack of influenza, bronchitis or pneumonia.
9. A protracted convalescence following an infectious disease, especially after an attack of pneumonia, typhoid fever or malaria.
10. A slight cough which is worse in the morning on arising, at night on retiring, and on awaking from sleep.
11. A history of blood-streaked sputum or pulmonary hemorrhage. (About 20 per cent. of all cases have this for the first subjective symptom.)
12. A chronic indigestion, which persists in spite of treatment.

PHYSICAL EXAMINATION.

The best times to examine a patient are in the afternoon, since the pulse rate and fever will be at the highest point at this time, and in the morning, since then the rales are best heard. The patient should be stripped to the waist and allowed to sit on a stool in an upright position, looking directly

forward, and so placed that the examiner can move around him.

Inspection.—In early pulmonary tuberculosis, this will usually show an increase in the number of respirations, a more or less increased depression of the supra-clavicular fossa, the clavicle will be more prominent on that side than the other, and a lagging movement on one side of the chest will be noticeable. By viewing from the side and above, the lagging will be more perceptible. Viewing posteriorly, we notice that the scapulae are usually unduly prominent. The shoulder on the affected side often droops slightly, accompanied by wasting of the muscles of the shoulder-girdle. The chief signs we notice are the depressed supra-clavicular fossa and the lagging of movement on that side.

Palpation.—This will reveal an increased fremitus over the infiltrated area, which is usually at the right apex, but may, of course, be over any part of the lungs. Lagging breathing may be found by placing the fingers behind the anterior borders of the trapezius muscles, and comparing the respiratory movements of each side.

Pottenger's sign of rigidity of the muscles of the chest as an early indication of apical involvement may be noticed. This consists of a tenseness of the sterno-cleido-mastoid and scaleni muscles when palpated lightly.

Percussion.—In percussion of the chest, we should not only compare the resonance of the area on one side of the chest with the corresponding area on the opposite side, but both areas should be compared with the resonance obtained over a portion of normal lung tissue. This is done because a large number of cases have both apices involved, and by comparing with normal resonance this condition is diagnosed more easily. Of course it should be remembered that the right apex is slightly higher in pitch than the left.

In the early stage of the disease accurate results are hard to get by percussion, but by using the light and heavy stroke alternately, also with the mouth open and closed, we can usually get the higher pitched note of consolidation. When compared with an area of normal tissue, the percussion note is relatively dull, not so loud, higher pitched, of short duration, and with an increased sensation of resistance.

If a tympanitic note is present in the infiltrated area, we have a cavity and the case is an advanced one and cannot properly be called incipient. Very often the first and only evidence of infiltration of the apex is

manifested by diminished resonance a little behind and below the border of the trapezius muscle, in the supra-spinous region of the affected side.

Auscultation.—This should be conducted systematically, and one side compared with the other as we do in percussion. The entire chest should be carefully examined, as evidence of disease may be brought out that would be impossible to detect by any other means. Auscultation is more important and will yield more results than any other part of physical diagnosis.

The examiner, at first, should advise the patient to breathe naturally and quietly, and after a thorough examination he can then take up deep breathing, vocal resonance, etc.

The rhythm of the inspiratory and expiratory sounds should be carefully noted. In normal respiration the inspiratory sound is longer than the expiratory in the ratio of 3 to 1, but in consolidation the expiratory sound is lengthened so that the ratio may be 3 to 2, or even 3 to 3. If there is much of an interval between inspiratory and expiratory sounds, the increased interval should be considered a part of the expiratory time.

The intensity of the breathing will be increased so that instead of vesicular breathing, we find it partaking more of a bronchial character in that it is harsher, louder, sharper, more blowing and more marked in expiration than in respiration. With complete consolidation, pure bronchial breathing is found.

The rales heard in early tuberculosis are fine crackling sounds, usually bronchial in origin, and during inspiration. There is a clicking rale, commonly known as the "mucous-click," which is a single rale heard at the beginning or ending of inspiration, which, if present, is almost pathognomonic of this disease. These fine rales are best heard after a quick cough given at the end of expiration, and heard during inspiration. If there is present an overabundance of rales which are hard to differentiate, a condition found following bronchitis, influenza and pneumonia, a course of potassium iodide will usually clear up the non-tuberculous. In general, it may be said that crackling rales, whether dry or moist, occurring at the apices usually indicate a tuberculous infiltration.

Tuberculin as a means of diagnosis should not, in my opinion, be used until all other means are exhausted and usually it will be found unnecessary, but if it is impossible to make a diagnosis, it should be

used only by a careful and experienced physician skilled in this special branch of diagnosis.

The Röntgen ray is a valuable adjunct to our armamentarium, and is used to confirm the findings of the physical examination. It is not always possible to find the presence of pulmonary changes by this means, but it is often possible to detect slight infiltrations by the radiograph that are incapable of demonstration by percussion. Accurate results are obtainable only by the aid of a skilled Röntgenologist.

Sputum examinations should be made repeatedly. The presence of tubercle bacilli is pathognomonic and usually indicates an advanced stage, but sometimes may mean the softening and emptying of a node directly into a bronchial tube and thus be in the early stages.

The presence of the bacilli is not necessary for a diagnosis since only in one-half of all cases are they found and from 1 to 2 per cent. in the incipient stage.

Authorities—Bonney's Pulmonary Tuberculosis; Kleb's Pulmonary Tuberculosis; Ander's Practice of Medicine; McFarland's Pathogenic Bacteria; McFarland's Pathology; Adami's Pathology; Ander's Physical Diagnosis.

DISCUSSION:

DR. SAMUEL B. ENGLISH, Glen Gardner, opened the discussion on Dr. Charlesworth's paper. He said that a disease from which there is no family that has not suffered, which kills about one-seventh of the population, and from which more die in this country in a year than yellow fever has ever killed in this country, demands attention. It is given out by insurance companies and by the army and navy reports that the greater portion of deaths in the first two years after being examined for life insurance or for military service are from tuberculosis; yet these are picked applicants, selected by picked physicians. Undiagnosed advanced cases of tuberculosis are constantly met with. The fact that they have not been diagnosed before the disease was advanced is, Dr. English thought, due not so much to the ignorance of medical men, as to their carelessness, to a great extent. The greater portion of these patients must have consulted some physician, for some trouble or other, at some time earlier in their disease, but for some reason, the case was not diagnosed. Probably the physician knew of the existence of the disease, and did not want to tell the patient that he had tuberculosis. In an early, incipient case, Dr. English thought it exceedingly important to get a good history of the patient for years back, and not to allow to pass unnoticed repeated attacks of malaria, typhoid fever, or colds, which in many cases are tuberculosis. A good many patients who, for some unknown reason, are sick, are classed as neu-

rasthenics, their cough being called a nervous cough. In many of these, a careful physical examination would reveal signs in the chest. Dr. English also said that it is exceedingly important that the diagnosis be made before the tubercle bacilli can be found in the sputum, as many authorities agree that a patient's chances of recovery are cut down fifty per cent. after these can be found. It is almost a crime to have but one examination of the sputum made, and then tell the patient that it has come back negative. He goes off sure that he has not the disease and thinking that he has a new lease on life, and in six months, in many cases, there are plenty of germs found at the first examination. The sputum should be examined repeatedly, in small amounts. Then, if no bacilli are found, a whole twenty-four hours' specimen should be saved, and slides made from that. Then, if still no germs can be found, some of this twenty-four hours' specimen may be taken and treated with chemical reagents, when the germs will often be found, or some of the sputum may be injected into guinea pigs.

Dr. English said that possibly not enough attention is usually paid to the kind of stethoscope with which patients are examined. If the stethoscope is not a good one or is not in good order, one may fail to hear a sound that would otherwise be heard.

Dr. Charlesworth had recommended that the patient should first be asked to breathe normally, while the physician went all over his chest. It appeared to Dr. English that if this were done, there would be small, fugitive rales that might be missed. He preferred to have the patient sit on a chair facing him, cough, then take a deep breath and expire. In this way, he thought, one could hear a number of rales that could not be detected by having the patient breathe normally.

He did not consider it a good idea to give tuberculin in order to make the diagnosis, unless all other valuable means had been exhausted, because, unless this is given very carefully, it may produce a reaction from an old latent lesion, which may not be causing the trouble at the time of the examination.

Dr. English thought that physicians should not promise these patients so much. One should not treat a patient with incipient tuberculosis for five or six months, and then call his case an apparent cure. If this is done, he thinks that he is well, and within a year and a half he will come back as sick as when treatment was first begun. A patient who has ever had tuberculosis always has it, even though he is able to work and earn his living. The patient should never be told that he has had it, but that he has it, and that unless he takes the greatest of care, the time will come when he will be as sick as when he first started the treatment of his slight incipient lesion.

DR. PHILIP MARVEL, of Atlantic City, thought that the importance of early diagnosis was generally admitted by the medical profession, and that all of them were eagerly striving to learn and employ every new and original method of early diagnosis that might be suggested. He thought that Dr. Charlesworth had made a statement that had probably been expressed a little differently from what he had intended. This statement was in regard to the excess of the cases in which the first symptom of tuber-

culosis was that of hemorrhage. Dr. English thought that it might be true that at the time these cases are first seen, hemorrhage is present in twenty per cent., but he believed that all these patients had had symptoms before the appearance of hemorrhage. He thought that Dr. Charlesworth had not meant to state that twenty per cent. of the cases manifest themselves first with hemorrhage, but that they are not recognized until the hemorrhage is present.

Dr. Marvel quite agreed with Dr. Charlesworth in regard to the means of physical examination, but thought it might be more profitable to lay greater stress upon the history of the case. In the majority of the cases in which there is an absence of the bacillus, the physical signs and the history are the only things upon which a diagnosis can be made, and in quite a number of such cases the average practitioner is reasonably sure that the patient has tuberculosis, even in the absence of the bacilli. The fact that they are not found, does not prove that they are not present. It is only that they are not present in the specimen of sputum examined. The tubercle bacillus is not actively thrown off in the sputum if there is no intercurrent infection. It is the mixed infection that makes the tuberculous process active. In a great many cases, however, the bacillus is present before the intercurrent infection takes place. It is admitted by the majority of internists doing work in tuberculosis that without the presence of the streptococcus, the tuberculous process is very slow.

DR. BERTH S. POLLAK, of Jersey City, felt somewhat disposed to disagree with Dr. Charlesworth's views regarding incipient tuberculosis. He thought that the presence of the tubercle bacilli in the sputum put the case into an entirely different class from that of incipient tuberculosis, indicating that a great deal of tissue destruction has taken place, and usually pointing to the existence of an advanced lesion. He admitted that there are some rare instances in which small tubercles, by a process of tissue destruction, have become dislodged and expectorated, but considered such cases very rare indeed. One should not wait for the appearance of the bacilli before being willing to make the diagnosis of tuberculosis. The reason for the existence of advanced cases of tuberculosis is often that physicians are too timid to acknowledge the existence of the disease when the history and the physical signs point to it, but there is an absence of the bacilli.

Dr. Pollak felt somewhat encouraged by hearing Dr. English's remark concerning apparent cures. He had for a long time been doubtful whether there were any apparent cures. In the institution with which he is affiliated, there have been many hundreds of cases, and very few incipient cases. Of 490 cases treated during the last year, there were but eight cases that were incipient. For this reason, he thought that the term made use of by the Germans, *arbeitsfähig*, meaning "a man who is able to work," should be employed to designate the patients denominated as apparently cured. The subject of incipient tuberculosis should receive attention at the hands of medical men working in cities, and this could be best accomplished by the maintenance of pulmonary clinics, such as those instituted in Pennsylvania. Poor people would then have an opportunity to have a proper diagnosis made;

and physicians would gain the experience in examining chests necessary to qualify them to be internists able to handle the subject properly.

While Dr. Pollak considered the remark regarding the stethoscope apropos, he thought the essential thing in making the examination was the possession of a good ear, so as not to be deceived by false sounds.

DR. THEODORE W. CORWIN, of Newark, said that it had fallen to his lot to encounter a good many cases of what very probably was tuberculous invasion, and also a good many cases of actual invasion of that kind, in which one of the prominent symptoms was nervous exhaustion. On inquiring into the history of such patients, he had often found that they had been under treatment for nervous exhaustion, or neurasthenia, for a long period of years. In every such case, a particular search should be made for tuberculous infection, and, by exercising sufficient care, one will usually find enough distinct evidence of this to make a reasonable diagnosis of tuberculous invasion.

Dr. Charlesworth had spoken of body resistance as not being the only factor controlling the invasion of tuberculosis, but Dr. Corwin considered this a mooted point. He thought that all would have the disease, if they had not had plenty of tissue resistance. One should not lose sight of the fact that the function of physicians is mainly to promote body resistance. If this resistance is low, whether the patient has tuberculosis or some other disease, what he comes to the physician for is to have this resistance built up, and the one thing that will give most promise of restoring the man to health is to increase his resistance. One should find out how the patient eats, how he chews his food, what amount of rest he takes; also whether he overexerts himself. While he would not neglect other means of treatment, Dr. Corwin made it one of the first things to look after the body resistance in any case of tuberculosis, whether merely suspected or far advanced.

DR. ALEXANDER ARMSTRONG, of White Haven, Pa., said that if every physician would examine his patients in the way laid down by Dr. Charlesworth, he would not overlook any case of tuberculosis; but that the trouble was that physicians would not do this. Moreover, the general practitioners, who see these cases first, are often loath to send them to a specialist.

In regard to the sanatorium, Dr. Armstrong said that this is merely an educational institution. The patients stay there for an average of ninety days, and to speak of making a cure of this disease in ninety days would be laughable. Therefore, those connected with sanatoriums should not use this term. To obtain a cure in this disease requires from three to five days, and, in fact, there is no such thing as an absolute cure for tuberculosis. In order to consider a patient cured of this disease, he must have stood the test of time, which is ten years of complete freedom from all symptoms. After that, though he may get another attack, it will be a distinct disease and have nothing to do with the original lesion.

The cases that leave the sanatorium should be termed relative cures. Thousands of persons pursuing their regular vocations are examples of relative cures. Others, who cannot pursue

their former business, are able to earn their living at something else.

The presence or absence of bacilli in the sputum is no evidence of a cure, either relative or absolute. Tubercle bacilli may be classed in three groups. Every one who has had tuberculosis will have these three classes, at one time or another, in his sputum. The first class is the virulent. These can convey tuberculosis, if disseminated in a soil favorable to their growth. The bacilli in the next class have lost their toxicity, and those in the last class are dead. The virulent kind are, for practical purposes, seen only in the dying patient—and in the dying patient kept in a room without ventilation or cleanliness.

In regard to the question of early diagnosis, Dr. Armstrong said that there is a general aversion among physicians to the use of tuberculin. While he granted that there is some danger in injecting this under the skin, he stated that there is no objection to the use of the v. Pirquet method for diagnosis, or to the Moro test. The latter is not so good as the former, because it is uncertain, and there are things about it that are confusing. Every physician, however, should be acquainted with the v. Pirquet reaction, which is practically similar to the ordinary vaccination for smallpox. The v. Pirquet reaction is practically an absolute test, though there are cases in the last stage that will not react. If one is sure that the disease is present and the patient fails to react, the patient is dying.

The proper way to administer this test is to have three controls: one person known to be tuberculous, one who is to all appearance well, and the suspected case. All three should be vaccinated at the same time, with the same preparation, in three or four distinct places in the body. Then, comparing the results in these three persons, one can decide whether or not there has been a tuberculous reaction in the suspected case. To make the test exact, one should take the patient's temperature every two hours for forty-eight hours before the injection, so as to learn his prevailing temperature. The temperature should also be taken at the same intervals, for the same length of time, afterward, and the readings should then be compared. The same thing should be done as regards the pulse.

Dr. Armstrong stated that the reason more cures are not obtained is that physicians give the patients the foolish idea that they can be cured in a short time. One should impress upon them that it will be a long fight and that they cannot shorten it. It is the attempt to shorten the time of treatment that is the cause of failure in so many instances. A year is a short time and two years is a moderate time. One should instil into their minds that if a cure is worth getting, it is worth fighting for, even though the financial question must be considered. The treatment should be continued over a course of years, and the patients should make up their minds to this at the start.

DR. RALPH H. HUNT, of Orange, said that the most important physical sign is the presence of a fine rale. Second in importance, as those busy with tuberculosis in municipalities realize, is the getting of the family history of the patient. These cases often spread from member

to member in the same family, there being sometimes four or five cases in a family. If a patient is sick enough to go to the dispensary, one should look over the other members of the family; and the chances are that there will be found one or more cases of incipient infection.

In regard to the v. Pirquet test, Dr. Hunt said that it is only by this means that one can determine whether a patient has tuberculosis in the absence of physical signs and bacilli in the sputum. He considered that it had been of the greatest value. He had used this reaction in many cases, and had frequently found that a positive reaction was first obtained and later the bacilli appeared. He had never seen any harm grow out of its use. It is very easy to perform, for one can get practical results from a simpler method than that requiring all the care described. Three scarifications should be made on the arm, on one of which the tuberculin has not been applied. The other two are made directly through a drop of old tuberculin. The patient should then be watched carefully for forty-eight or even seventy-two hours. The use of this test before the appearance of the bacilli and the physical signs may be the only chance that the patient has of being saved.

Regarding the cowardice of the average practitioner in not telling the patient that he has tuberculosis, Dr. Hunt said that they could not realize what this meant to these patients. He saw in the family, in the dispensary, in the ward at the hospital, and at the day camp many cases of advanced tuberculosis in persons who had never been told that they had tuberculosis. They had been told that they had weak lungs. While it is often painful to Dr. Hunt to tell them the truth, Dr. Hunt thought that the result justified it, because the only way to get them to do the things necessary to save their lives is to frighten them by convincing them that they have consumption. If it is an early case, one thus gains half the battle.

DR. HENRY CHAVANNE, of Salem, said that what he had said before was apropos of what he wished to say, that physicians, as a rule, are not cowards, but are deterred from speaking by sympathy with the individual patient. In regard to whether the question of resistance always entered into the matter and in regard to the statement concerning the development of tuberculosis in persons entering the army or navy, Dr. Chavanne said that an early diagnosis can invariably be made in an individual who enters either of the services. In the war for the Union, the hospitals were filled with cases of this disease because of the absence of resistance in these men. The campaign eventually strengthened the men who resisted. The difference in resistance between these men and those of the present day, Dr. Chavanne exemplified by stating that the percentage of fatality in the four years of the War of the Rebellion was 13 per cent., but that 8 per cent. of this was from disease; whereas, during the three months of the war with Spain, the percentage of fatality by disease was three out of every hundred. Taking into consideration the fact that to-day the percentage of longevity is based on the individuals who were born before the present comforts and conveniences had been introduced into society, Dr. Chavanne stated that if these men had not had the resistance gained by experience in conflict, they would not have lived to the

ages of seventy, eighty and ninety years. He himself was sixty-three years old, and every other member of his family had died at or before the age of forty. He said that as soon as the Creator thinks that a nation has enjoyed all the comforts due them, He introduces progress and civilization and annihilation.

DR. CHARLESWORTH, closing the discussion, emphasized the advice that one should investigate the health of each member of the family in which there is a tuberculous individual. In half of the families in which a tuberculous member had come to his institution for treatment, the disease was found in another member. One should not be afraid to tell the patients that they have the disease, for then one can take care of them. The sanatorium is not the place to cure them, but the place to educate them.

EXCISION OF THE SUPERIOR MAXILLA FOR SARCOMA OF THE ANTRUM.*

BY WALTER B. JOHNSON, M. D.,
PATERSON, N. J.

M. B., female, age 33, native of Russia, a resident of Mahwah, N. J., was referred to the Paterson Eye and Ear Infirmary by Dr. Charles P. DeYoe, of Ramsey's, N. J., on the fourth day of April, 1910.

Previous History—Has no knowledge of any member of her family ever having had any form of cancerous disease; she states that about one year ago she struck the right side of her face against a bed post; the injury was immediately followed by swelling, ecchymosis and tenderness over the region of the superior maxillary bone of the injured side; the ecchymosis soon disappeared; the swelling persisted and for over a year has gradually increased until it involved the whole side of the face. For the past three months she has had increasing difficulty in breathing through the right nostril; two weeks ago the last molar tooth loosened and fell out; she had never had any treatment nor any medical advice until one week before her visit to the Infirmary, when she consulted Dr. DeYoe.

Examination—Patient is a small, thin, anæmic woman with a parchment-like, wrinkled skin; the right side of the face is swollen; the region of the lachrymal sac is red and tender, the sac is distended and there is a constant discharge of pus from the punctum.

The swelling extended to and over the angle of the inferior maxilla below and involved the lower lid above, the new growth

*Read at the 145th annual meeting of the Medical Society of New Jersey at Spring Lake, June 14 1911.

extending into the orbital cavity, part of the inferior orbital ridge is absorbed; there is considerable exophthalmus; the eyeball is displaced upward, ocular excursion is limited only in the inferior rectus muscle; the pupils are normal and respond to light, the vision 20/20 is normal in each eye.

The new growth involved the entire right nasal cavity and absolutely occluded the passage on that side anteriorly and could

made from the malar prominence to the nose around the alæ nasi to the septum and through the lip; the flap was then dissected close to the bone, exposing the entire right half of the superior maxilla; the hard palate was sawed through with a straight saw and the malar bone with a chain saw, an incision was made through the soft palate at its junction with the hard palate with an angular knife; the bone was then broken



M. B., operated on by Dr. W. B. Johnson for Sarcoma of the Antrum.

be seen rhinoscopically posteriorly; the new tissue is solid and does not present any softened areas at any point; there is some sero-purulent discharge which is not of bad odor.

The mouth, on the right side of the jaw, had only one tooth; there are granulating openings at the site of the exfoliated teeth and at the socket of the last molar tooth the bony palate is perforated and there is a protruding mass of tissue similar to that which constitutes the nasal growth.

The diagnosis sarcoma of the superior maxillary bone of antral origin was made and operation was advised.

The patient was referred to the Paterson General Hospital for immediate operation. On April 5, 1910, the patient was anesthetized, the Brophy method and apparatus was used, and the operation was performed

in the following manner: An incision was from its attachment behind and removed, carrying with it the inferior orbital plate. The removal of the bone en masse was difficult, in consequence of its being friable; it was destroyed in many parts, the new growth presenting at these points. The hemorrhage at this stage of the operation was alarming. After the removal of the bony growth, all dead or diseased tissue in the region of the lachrymal sac was curetted out; the disease extended to and involved the nasal and the ethmoidal bones. The wound was then closed by interrupted sutures and packed with iodoform gauze through the mouth.

The patient suffered for two days from the shock of the operation, and thereafter made an uneventful recovery, the cavity being freshly packed each day. She was

discharged April 27, three weeks after the operation.

The report upon the pathological examination is as follows:

PATERSON GENERAL HOSPITAL,
Pathological Laboratory.

Paterson, N. J., June 2, 1910.

Dear Doctor:

I beg to report that the pathological examination of the specimen from the superior maxilla of M. B. shows the condition to be a malignant one. The process is sarcomatous and can be classed with the alveolar sarcoma. The cells are largely of the spindle form variety and arranged in distinct nests from the disposition of the fibrous tissue. There are also present large round cells epithelioid in character.

Very truly yours,

FRANK R. SANDT.

The following letter was received in relation to the case:

Ramsey, N. J., Sept. 17, 1910.

Dear Doctor:

I saw Mrs. M. B. referred to in your letter, on Thursday last. There has been no evidence of a return of the sarcoma. The woman has gained in flesh and is caring for her family.

Very truly yours,

C. P. DEYOE.

Re-examination of the Patient June 7, 1911—The face is more sunken than at last examination; the sinking seems to have lifted the eyeball so that it is nearer the horizontal plane of the fellow eye; there is a small corneal opacity just below the pupil; she does not complain of lachrymation; the cheek can be lifted forward nearly level with the opposite side. The scar of the incision is almost entirely obliterated. Inspection through the nostril shows healthy mucous membrane. In the mouth the opening is one and a quarter inches long and seven-eighths of an inch in width and has whitish dense cicatricial edges: the mucous membrane of the cavity looks healthy; there are some thin brownish crustaceous deposits. The distance from the edge of the cicatrix to the faucial pillar, that is the present width of the soft palate, is over an inch. The vision in each eye is 20/20, normal vision. The patient states that she can do any kind of work she was ever able to do, feels well and never has any pain about her face. She speaks well enough to be understood, and looks strong and well.

DISCUSSION.

DR. JOHN G. RYERSON, of Boonton, opened the discussion on Dr. Johnson's papers. He said that he had removed the upper jaw twenty-five or thirty years before in the case of a young man with a fibrous tumor, a little larger than a medium-sized orange. The outside incision was made in the usual way. Another incision was made down the median line of the roof of the mouth to the palate bone. The point of interest emphasized by Dr. Ryerson was that by drawing the teeth well aside, he was able, with a sharp cutting instrument, to cut down over the junction of the palate bone with the other bone and to enucleate and remove the tumor, leaving the palate bone behind. Afterward, the cavity was filled by the dentist, leaving almost no deformity. The patient was alive and well twelve years ago. The matter of leaving behind the palate bone was one that he had not heard of before nor since; but it seemed to be a good operation. The danger of the operation was in getting blood into the trachea, and it had been recommended that in order to prevent this one should let the head of the patient hang over the edge of the table, as the blood would not run up hill. He had not seen or read much of the operation since, and did not know whether that suggestion had been followed.

DR. MORTIMER LAMPSON, Jersey City, said that this case seemed to him like a voice from the past. In 1870, while practising in the northern part of the State, the case of a farmer's daughter, fourteen years old, had been referred to him. It was diagnosed as one of epulis. There was a bulging of soft tissues between the teeth on the anterior part of the upper jaw. The teeth were removed, and, after a time, the soft epuloid tissue floated down and began to fill the mouth. He had referred the case to Dr. H. B. Sands, of New York, who advised the removal of the upper jaw by the Lombach operation, which he kindly consented to come and supervise. Two of Dr. Lampson's country friends were asked to assist. With the crude methods then at their disposal, they did a very satisfactory operation. They had no gas cautery, but, in order to guard against hemorrhage, they brought in an ordinary coal fire and had some irons heated, ready to use in cauterizing. They did not find it necessary to extend the incision, but operated with just the incision through the lip. They found it possible to remove the jaw. The procedure was about the same as that suggested, sawing through the bone centrally, carrying the incision of the saw laterally and wrenching the bone out of its place. The hemorrhage was an important factor. Inasmuch as they had to administer an anaesthetic, it caused a great deal of inconvenience, and when they got through the little room represented a typical butcher shop. The tumor was attached to the body of the bone, filled the artrum, but did not involve the plates of the orbit at all. It came out very cleanly, and within fifteen days the young girl was apparently well. Dr. Lampson referred to a specialist in dentistry in New York, Dr. Goodwillie, who fitted a plate, and no deformity was apparent. Fifteen years afterward Dr. Lampson met her. She was then a married woman with two children. There had been no recurrence. This was forty years ago.

DR. DAVID T. HUSTON, of Philadelphia, had noticed that Dr. Johnson had spoken of the very marked hemorrhage in the removal of the maxilla. This, of course, Dr. Huston thought, was to be expected, because of the large vessels contained in the posterior palatine canal and in the accessory palatine canals. These canals not only contain nerves, but also the blood vessels coming down from the internal maxillary artery; so that it is difficult to control hemorrhage, and this renders the operation one fraught with danger. Dr. Huston had recently had a case in which he had had to remove the maxilla. In doing this, he felt that the vessels in the posterior and accessory palatine canals were to be reckoned with. In order to control this hemorrhage, he conceived the idea of ligating the external carotid artery. This procedure had rendered the removal of the maxilla almost bloodless. The external carotid artery can be readily ligated in the neighborhood of the greater cornu of the hyoid bone, and there is then no danger of any infection of the ligation wound through the removal of the maxilla above. This is not, of course, the case in the removal of the mandible, but Dr. Huston said that it is possible to remove the latter and ligate the external carotid without having any infection through the mouth to the carotid incision. It is also possible, in the removal of the maxilla from above through the classical incision used by Dr. Johnson, to have an almost bloodless operation and, at the same time, to preserve, when the growth has not extended too far, the portion of the palatine process of the palate bone and some of the palatine canals, provided that there is not too extensive union of the palatine bone with the maxilla.

The case to which Dr. Huston had referred was an epulis, involving the alveolus of the maxilla. Following the incisions mentioned by Dr. Johnson, the bone was easily removed. Fearing that his ligation of the external carotid artery might not be of as much use as he had expected, Dr. Huston was prepared to use the cautery on the vessels of the posterior palatine canal. This, to his great satisfaction, was found to be absolutely unnecessary. No ligation was necessary other than the tying of a small branch of the coronary artery. The wound was packed, and the recovery was very rapid. The services of a good dentist had been secured, and the latter was able to replace the maxilla by an artificial bone and thus preserve the speech of the patient. This operation was performed a year and a half ago, and the man has had no return of the epithelial growth in the maxilla. Dr. Huston, however, was unable to extend his maxillary incision far enough into the neck. Consequently, there was some return of the growth in that region, several operations on the neck being subsequently necessary in order to remove these growths. The patient resided in New Jersey, and had since succumbed to recurrences in the neck.

DR. ELBERT S. SHERMAN, of Newark, thought that Dr. Johnson had had an unusually good result in his first case, because there is almost always a rapid return of these growths. Dr. Sherman has now a similar case in the Newark Eye and Ear Infirmary. This woman had come to the clinic six weeks before, with a marked exophthalmos and an upward rotation of the eye. She had first noticed something wrong

four weeks previous to this. In addition to the displacement of the eyeball, he could just feel a small growth inside the socket, over the inferior orbital ridge. Transillumination showed a dark area on the right side and a diagnosis of sarcoma of the maxillary sinus was made. It was decided to give the patient the benefit of specific treatment, but the growth progressed very rapidly. On looking up the literature of the subject, Dr. Sherman found that the consensus of opinion is that it is best in such cases to leave the growth alone, though this advice seemed to depend somewhat upon its cytologic formation—whether small cell, large cell or spindle cell. In a case of rapidly growing sarcoma, it is absolutely impossible to remove the growth, because it extends back into the ethmoidal and sphenoidal sinuses. There is a difference between rapidly growing and slowly growing tumors, Dr. Johnson's case being one of the latter. Every one had advised Dr. Sherman to let this growth alone. It had progressed very rapidly, until, six weeks after the patient was first seen, the entire side of the face was very much swollen. There was no protrusion into the nostril. Dr. Sherman had had an injection of salvarsan given the patient, on the possibility of producing some improvement. He thought he was making no mistake in not advising this patient to submit to an operation.

DR. JOHNSON said that the unfortunate thing about these cases of cancerous disease is that most of them recur. He had reported this case a year and a half after the operation. He did not say that there would be no recurrence; but that up to this time there had been none. The vision has remained normal, regardless of the fact that the orbital plate of the malar bone was destroyed, and the growth extended up to the eye. This is quite unusual.

In regard to Dr. Lampson's case, in which the patient had remained well so many years afterward, Dr. Johnson said that he considered this very encouraging. As to the question of a dental plate, he said that the patient was very poor, and that if she needed a plate, they would have to get it for her.

As to the matter of hemorrhage, the reason that the hemorrhage was alarming in this case was that the bone was so friable that it had to be picked out a little at a time and the tumor enucleated first with the fingers and then with the forceps. This prevented reaching the blood vessels and stopping the hemorrhage as soon as this could have been done had it been possible to seize the superior maxilla with a pair of forceps and jerk it out quickly. Personally, he had not usually seen such tremendous trouble from hemorrhage in operations of this character. At the same time, he thought that it might be desirable to ligate the carotid artery. Tracheotomy, however, he considered a rather formidable complicating procedure, and he believed that the use of the Brophy method in the administration of chloroform assisted to such an extent that, by means of the use of plugs and a little care, one might keep the throat clear of blood.

Pressure from a mediastinal tumor or enlarged tubercular glands will often give rise to an irritative condition of the throat which can in no way be relieved by local measures.—*Amer. Jour. of Surgery.*

THE OPERATION FOR CLEFT PAL-
ATE AFTER INFANCY.

BY LINN EMERSON, M. D.,
ORANGE, N. J.

The credit due to Dr. Truman W. Brophy is acknowledged by Owen in the dedication of his excellent monograph on cleft palate.

Of all the literature consulted this monograph of Owen was found the most valuable. His ideas have been followed in the main in my work, but it has seemed to me there are some points of practical value which need to be emphasized. As I shall quote frequently, I here desire to give full

ing. The two curved steel raspatories angular scissors, wire twisting forceps, long mouth toothed forceps, scalpel, artery forceps (for sponges), Sims hollow or tubular needle, tenaculum and Gaeffe cataract knife complete the list of instruments required.

A careful consideration of my failure to obtain a complete closure in my first case, and observation in subsequent operations, leads me to recommend the following method of procedure. If the patient is a child the first thing to do is for the surgeon to secure the confidence of the child. If the operation is to be done in a hospital it is advisable to have the child in the institution about one week before the operation,

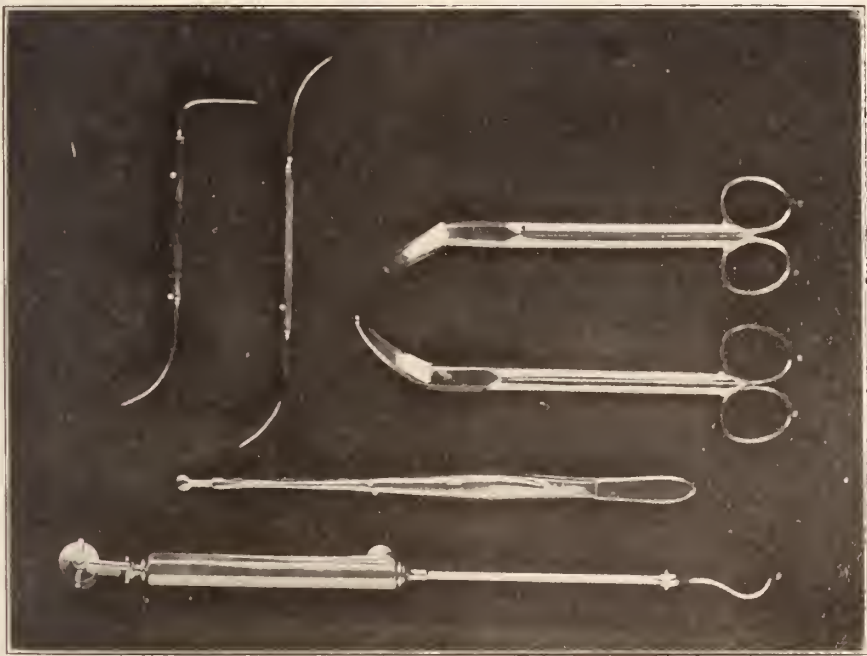


Fig. 1 Showing special instruments required.

credit for everything I have taken from his book. He states that the best time for operating is within the first few weeks of life, but that for various reasons the child often comes under observation when it is too late to undertake Brophy's operation.

The operation considered and here described will be that for uncomplicated cleft of the hard and soft palate. The instruments recommended by Owen were used, with one or two exceptions. The Whitehead mouth gag is very satisfactory. The extension piece to the tongue depressor, however, should be removed for use with children as it is too long and crowds the base of the tongue over the laryngeal open-

ing that it may become accustomed to its surroundings and to the nurses.

I have found it a good plan for children to make certain marks on a slate, and for adults to write their wants, thus avoiding as much as possible conversation after the operation. The patient should be liberally fed the week preceding operation, and should have the rectum and lower bowel well cleaned out by enemata just before the operation. This permits of the withholding of everything, even water, by mouth for 72 hours following the operation.

The chloroform can best be given with a Junker inhaler, but this is not absolutely necessary, as a skillful anesthetist can keep

the case well in hand with a gauze sponge on a convenient carrier.

As the operation is a tedious and back-breaking procedure, the position of the patient is of considerable importance. Owen recommends the head hanging over the end of the table, conceding, however, its interference with the respiration. The Trendelenburg position is more satisfactory, but the legs, when flexed over the end of the table, should be protected by having the table covered with several thicknesses of blanket to prevent injury from pressure during a necessarily long operation. This position will bring the head of a child of five years at about the middle of the table, waist high, thus enabling the operator to vary his position from time to time. If he becomes wearied from standing, he can work with equal ease and comfort sitting on a moderately high stool.

The blood accumulates in the vault of the pharynx and is easily removed by stick sponges. While the ordinary portable electric light affords suitable illumination, it multiplies the number of assistants and interferes with the operator's view of the small field of operation, therefore, the electric photophore is much to be preferred.

Before the introduction of the mouth gag a heavy silk suture is passed through the tongue. This is tied tightly across the lower bar of the gag after its introduction, and serves to prevent the tongue from falling back into the throat.

The first step is the denudation of the margins of the cleft, and adrenalin is first used to reduce the hemorrhage to the minimum.

Instead of denuding deeply and cutting the periosteum from the margins of the bony cleft, thus removing a part of the tissue which should be left to form the flaps, only a thin shaving of the mucous membrane should be removed from the edge, but great care should be observed that the margins are denuded through their entire extent. Owen recommends the use of a blunt bistoury, but in my experience there is nothing that equals a Graefe cataract knife. Its keen, narrow blade ensures rapid and perfect denudation and, under suitable illumination, there is no danger of doing damage with its sharp point.

The next step is a radical departure from Brophy's procedure. While in his skilled hands the dissection of the periosteum from the hard palate with his curved periosteotomes working outward beneath the denuded margins, is no doubt possible, I feel

sure that in most inexperienced hands it would result, as it did in mine, in the tearing of the mucoperiosteal flaps.

Figure 14 (from Owen) shows the location of the lateral incisions and they can be made longer than is shown in the figure if necessary.



Fig. 14 (Owen), showing lateral incision.

The closer these incisions are made to the teeth the less the chances of wounding the larger branches of the descending palatine arteries, the broader will be the flaps, and the less likelihood of their blood supply becoming impaired.

The incisions pass through the mucoperiosteum down to the bone.

With a raspatory of moderate curve introduced through these lateral incisions the mucoperiosteum is readily detached from the hard palate until the end of the instrument appears at the margin of the cleft. An instrument whose curve is more nearly a right angle is then introduced in an outward direction, and by their alternate use the mucoperiosteum is completely detached.

At this time considerable hemorrhage is encountered which is controlled by pressure and the use of adrenalin. The blood is removed from the pharynx by small absorbent cotton sponges carried on Halsted artery clamps or suitable sponge holders.

Figure 15, from Owen, shows the operation up to this point, and the firm connection between the posterior margin of the hard palate and the velum. This is severed by the introduction of a pair of scissors curved on the flat almost to a right angle, and on the complete severance of this attachment will depend the success of the operation.

When properly severed the mucoperiosteum and the velum hang loose and are easily approximated to the corresponding flap of the opposite side.

Even when this has been done the most difficult part of the operation is yet to fol-

low, namely, the introduction of the sutures. Undue stretching and laceration of the flaps are liable to occur when the old-fashioned curved needle is used and the flaps necessarily held by a pair of forceps.

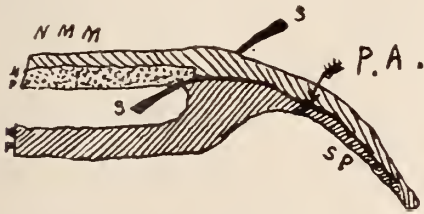


Fig. 15 (Owen). H P and S P junction. N P, muco-periosteum detached from H P. N M M, mucous membrane from floor of nares. S S, blades of scissors to cut through aponeurosis of membrane.

The introduction of the tubular mechanical needle by Owen was a great saving of time, but its use, even as he describes it, makes it necessary to grasp the flaps with forceps and considerable traction ensued when the needle is withdrawn. In its use as I shall describe it the time required to introduce the sutures is reduced by more than one-half and the flaps do not have to be grasped by forceps. Thus bruising and laceration of them is obviated. Owen lays great stress on having an assistant to look after the needle to see that the end of the wire is just inside the tip of the needle ready for emergence when the wheel is turned after the needle has been passed.

It has not been my good fortune to secure such an assistant, and the rapidity with which the sutures can be introduced by the method I am about to describe leads me to keep the needle in my own hand and manipulate it myself. It goes without saying that a mechanical needle of this sort to be of value must be a perfect instrument. After having three instruments submitted to me by various instrument makers, all of which were unsatisfactory, I induced Meyrowitz to send to Weiss, of London, for the needle here shown. I have found it almost a marvel of perfection. The mechanism is very simple and I have never known it to balk or fail.

The advantage of putting the stitches in from before backward is that the posterior ones being put in last leaves the operator free to sponge the blood up from the pharynx at frequent intervals without pulling on the stitches or palate.

If the posterior stitches are put in first they are liable to become caught and torn out by the frequent sponging.

In introducing the needle from the oral

side of the flap as is usually done it is necessary to pull the flaps downward, and even when held by forceps considerable difficulty is encountered, on account of the small space in which one must work. The procedure recommended is as follows: The needle is entered between the flaps into the nasal cavity, rotated to one side and the point pushed through the flap from above downward, the point entering the flap on its upper surface and emerging on the inferior or oral surface. (Photo No. 2 indicates its position.) As soon as the point



Fig. 2. Showing manner of passing sutures with hollow needle.

emerges, the milled wheel is turned and about 12 inches of the silver wire extruded from its point. The reason for the extrusion of such a long piece will be noted as the description proceeds.

If difficulty is experienced in forcing the needle through the flap a pair of forceps, or, better still, the long curved scissors can be pressed against the oral surface of the flap.

The blades of the scissors are slightly separated at their points and through the separation, the point of the needle emerges. The needle is now withdrawn and the point rotated through about 150 degrees in the nasal cavity and passed through the opposite flap in exactly the same manner. (Photo No. 3, on next page, indicates its position.)

It will be noticed that the wire which projects from the end of the needle is folded back upon the outer side of the needle in its passage through the second flap and

forms an angular loop at the tip of the needle. This loop is increased in size by the extrusion of two or three inches of wire. The wire is then cut off and the needle removed.



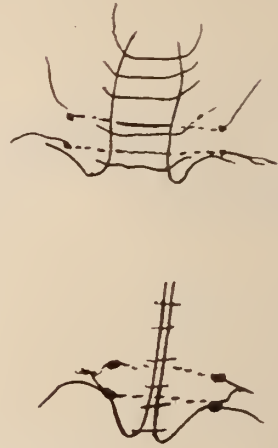
Figs. 2 and 3. Also showing manner of passing sutures with hollow needle.

The reason for the long end on the opposite side now becomes manifest. Close to the under surface of the second flap is the kink in the wire made by its being folded back. If this kink is left near the flap, the wire is almost sure to break when it is twisted to tighten the suture. The short end of the wire is now seized and gently pulled out until each projecting end is about eight inches long. This fine wire pulls through the flaps with perfect ease and no traction or cutting out ensues. The two ends of the wire are grasped by an artery clamp and passed to the anesthetist or an assistant. Thus seven to ten sutures are inserted passing from before backward.

Before putting in the last two sutures which hold the uvula, two sutures are passed far out from the median line to prevent the tensor palati from pulling and tearing out the stitches in the soft palate and uvula.

These are shown in Figures 4 and 5. (Also in photographs 2 and 3.) Instead of being united across the roof of the mouth, as are the other sutures, to prevent their tearing out, they are slotted and their short ends twisted together as shown in Figure 5. Thus even should the shot come off,

there would still be a loop over the bridge of tissue and little probability of their cutting out.



Figs. 4 and 5.

Fig. 4. upper, showing sutures inserted.
Fig. 5. lower, showing sutures tied.

The after care of a case requires a nurse of considerable tact and skill. In children, if struggling and crying follows attempts to use the antiseptic spray, it is best to omit it. If possible absolutely nothing should be given by mouth for 72 hours, conversation should be inhibited as much as possible, and children entertained in every conceivable way. Nutritive enemata alternating with large amounts of saline solution passed high into the bowel will maintain the strength and allay thirst.

(See next page.)

Rigidity of the muscles in the flank on deep palpation is as valuable a diagnostic sign as is rigidity of the anterior abdominal muscles. In the presence of a urinary disturbance (e. g., anuria, pyuria hematuria) unilateral tenderness and rigidity in the loin are presumptive evidence of affection of the kidney on that side.—*Amer. Jour. of Surgery.*

Careless Treatment of Abdominal Conditions—By giving something for the relief of indigestion in the chronic case, without a physical examination demonstrating the presence of a gastric or duodenal ulcer or gallstones, the physician may be responsible for the peritonitis which may occur weeks or months later as a result of perforation. Quite as certainly, by giving a cathartic for acute indigestion without a physical examination in a case of gangrenous appendicitis, he may cause a distribution of the infectious material over the entire peritoneal cavity by stimulating peristalsis, producing a diffuse peritonitis. This in turn may destroy the life of the patient in a few days.—*A. J. Ochsner in The Boston Medical and Surgical Journal.*



W. B., 3 1/2 years after operation.

DR. EMERSON'S CASE OF CLEFT PALATE, BEFORE AND AFTER OPERATION.



W. B., before operation.

DIAGNOSIS AND TREATMENT OF SOME SPECIAL CONDITIONS SEEN IN EPILEPTICS.*

BY WILLIAM T. SHANAHAN, M. D.,

Superintendent of the Craig Colony for
Epileptics at Sonyea, N. Y.

The conception of the epilepsies has changed materially during the past two decades in consequence of which a different viewpoint must be assumed relative to certain forms of this condition. Epilepsy may be defined as a symptom complex, chronic in nature, characterized by recurrent abrupt attacks of impairment or loss of consciousness, with or without convulsive phenomena and usually resulting in mental and oftentimes physical deterioration. The field is so vast in extent that only certain small portions can be gone over at this time.

I will first review some general factors and then endeavor to call attention to some phases of the complex which are oftentimes overlooked.

An exact satisfactory classification of epilepsies which is broadly inclusive does not seem to have been made as yet. The International Liga for the Study of Epilepsy has recently submitted the following:

- 1—Idiopathic or genuine epilepsy.
- 2—Degenerative epilepsy.
- 3—Metabolic epilepsy.
- 4—Traumatic reflex epilepsy.
- 5—Late epilepsy.
- 6—Epilepsy in connection with syphilis.
- 7—Epilepsy of other, especially exogenous etiology (alcohol, etc.).

This can be but tentative, however, as further research must necessarily result in modifications being made.

A study of statistics of many thousand cases shows that eighty-five per cent. of all cases of epilepsy begin before the twentieth year of life, which fact lends great weight to the theory that the condition is the result of some primary defect in the development of the brain, in consequence of which the component nerve cells are rendered so unstable that they react abnormally to various stimuli. As time goes on, this instability becomes more marked as a result of structural changes imposed upon the primary defect.

An individual born into the world with such a handicap as a nervous system subnormal in its make-up, as a result of syphilis, alcohol or a taint of general defectiveness, cannot be expected to withstand physical insults which on a stronger make-up would produce no permanent ill effect. We must not forget, however, that the individual may be born with a normal constitution, but, through birth injuries or disease occurring during early life, acquires some serious injury to the central nervous system, following which the symptoms of convulsions and mental impairment appear to constitute what in later years we understand as epilepsy. Ten per cent. of the patients at the Craig Colony are epileptics as a sequel to an infantile birth palsy. The exanthemata and other acute disorders in children may have such a deleterious influence on that delicate structure, the brain, as to have follow them the symptoms of epilepsy. In later life, traumatic lesions of the intracranial structures, cerebral neoplasms, arteriosclerotic changes in the cerebral vessels, syphilitic endarteritis, gummata, etc., are factors in producing phenomena which are either epileptic or at least epileptoid in nature. Some of these factors may be held in abeyance, or apparently be removed, by medical or surgical means without bringing about a disappearance of the symptoms of the epilepsy. Such a result is due in all probability to some structural change, either microscopical or gross, in the brain substance. Again these later epilepsies are supposed oftentimes to have occurred where a predisposition existed, which was brought to light by the trauma or what-not which latter in itself was but an incident. This opinion applies also to cases in which the symptoms appear somewhat earlier in life but subsequent to a fall, a blow or some indefinite injury, the nature of which is obscure and in many instances is nothing more or less than what all of us are subjected to during our childhood days.

The probable causes of the various phases of true epilepsy are such that an inherent instability exists which, when once it makes itself known and is manifested for years, does not again remain permanently in abeyance during the lifetime of the afflicted individual.

It must be ever borne in mind that any new treatment, no matter what it may consist of, frequently produces benefit either as a result of psychical influence or a better regulation of the patients every action. A congenital or acquired defect cannot be re-

*Read at a joint meeting of the Mercer and Somerset County Medical Societies and Officers of the Medical Society of New Jersey at the New Jersey Village for Epileptics at Skillman, N. J., September 14, 1911.

moved and a normal nervous system given an individual thus afflicted.

Referring back to hereditary influences, Muller Schurch calls attention to the possibility of the individual use of alcohol lighting up the complex of epilepsy; small quantities in susceptible persons may suffice. It is generally accepted as a fact that psycho and neuropaths are intolerant of alcohol. Alcoholism in maternal grandparents remains latent in children and appears in grandchildren as epilepsy (changed germ plasma). It is well known that abstinence produces cessation of symptoms in these people. Some consider these cases as epileptic, Bratz and others class them as nervous symptoms of alcoholism. It should be borne in mind that a debauch may make negative an apparent cure of epilepsy of many years' duration.

Regarding the influence of alcohol, two classes of cases must be considered. First those in whom a predisposition plus alcohol produces epilepsy; second, those already epileptic in whom the use of alcohol renders more marked the symptoms of the epilepsy. As you know, it is thought by many that the majority of true alcoholics are neuropaths previous to the use of the alcohol. Whether a perfectly healthy individual becoming alcoholic can develop epilepsy is rather open to question. Moeli found in Berlin that from 36 to 40 per cent. of all cases of delirium tremens were epileptics. It must also be borne in mind that in these predisposed cases alcohol in comparatively small quantities exercises its deleterious effects.

I will cite some histories of patients at the Colony to illustrate the role played by traumatism, alcohol, syphilis and factors other than heredity in the development of the syndrome of epilepsy. It is true that even in these there is oftentimes an underlying predisposition due to a congenital defect or resulting from some damage to the central nervous system occurring in early life.

The universal incompleteness of most of the histories obtained precludes absolutely positive statements being made as to the non-existence of a previous neuropathic state.

The first case shows the effect of alcohol and a possible syphilis:

CASE 1.—H. J. Van B., No. 3253. Aged 46 years, single, education good; newspaper man.

Father died at age of 68 years of pulmonary tuberculosis, following gripe. Was

never robust. Mother died at 62 years of paralysis, exact variety not stated. Nothing definite can be ascertained relative to the grandparents, beyond that they were over 80 at time of demise. Patient last in line of birth of six children. Normal labor, natural delivery. Normal infancy and childhood, apparently. Began school at five or six years of age and continued until fourteen, making good progress. Gives history of a possible syphilis, acquired at some time between the ages of thirty and thirty-five. All his life, since early youth, patient has been a hard drinker, using principally whiskey. He states that at no time did he drink to the extent of being drunk, but at the same time indulged in great quantities of liquor with, he claims, no apparent effect on him.

His first seizure occurred in 1896, while he was in the postoffice in Cleveland, Ohio. It was in the daytime when he had an indescribable feeling, including prickling feeling all over his body, following which he was unconscious. He was taken to a hospital, where he remained a week. He states that he was conscious at that time that he was affected with epilepsy. Second seizure occurred a short time later, following which he entered the Ohio Hospital for Epileptics, Gallipolis, where he remained for six months, having no seizures while there. After leaving this institution, he again went to Cleveland, where he resumed the use of alcoholics, and his seizures recurred after a period of about six weeks. During that time always a number of weeks intervened between attacks. From that time up to the time of his admission to the Colony, he worked in different cities and for brief periods was a patient in various hospitals. He stopped using alcohol in September, 1910.

He has no aura. Bites his tongue and occasionally urinates in bed during attacks. Following seizures he becomes depressed, feels like one who has committed a crime, having a fear of impending danger and grave apprehensions. Twice in his life he has had periods of mental confusion; once for a week following a seizure, and at another time for a period of three days, the latter condition resembling a prolonged psychic seizure. Apparently is quite automatic following some seizures.

Mental condition at the time of his admission to the Colony was that of a dementia, due in all probability to his overindulgence in alcohol and appearing as a concomitant with the seizures before described.

Noguchi modification of Wassermann positive.

The next case illustrates effects of alcohol:

CASE 2.—E. J. P., No. 3252. Aged 55 years, married, tinsmith.

Father died at age of 75 years. Is said to have begun drinking at age of 25 years and in later years drank to excess. One sister is said to have had a slight shock at age of 16 years. Nothing known of grandparents. Patient sixth in line of birth of six boys and one girl. One brother dead, assigned cause stomach trouble. Patient's eldest brother was shot in the thigh in the Civil War and died from resulting infection. Patient's birth normal. Father alcoholic preceding the birth of patient. Infancy and childhood negative. Married at age of 22 years, has two children living and well. Worked on farm in early life, then learned cooper's trade, following which he became a tinsmith.

First seizure occurred when patient was 45 years of age, Grand Mal in type, followed by numerous mild seizures. Supposed cause, alcoholism. Second attack occurred six months after first. Since that time seizures have occurred from five to six weeks apart, increasing to every two or three weeks, some mild, some severe. Occasionally urinates, but does not bite tongue or vomit. Has a nervous condition preceding attacks. Attacks usually nocturnal. Has used alcoholics to excess for many years. Mental state fair.

From many aspects, Starr's statement that all epilepsies have an organic basis would seem to have a well established proof. I am still of the opinion, however, that there are some individuals in whom the convulsive tendency is due to some abnormal metabolic processes influencing supra-sensitive brain cells which cells have been sensitized by the long continued absence of these abnormal substances. This latter condition may also occur as a result of certain other toxins, *e. g.*, epileptoid phenomena appearing in the second stage of syphilis and due, according to Binswanger, to the toxic substances of syphilis acting injuriously on the substance of the central nervous system.

In this connection I desire to call attention to the fact that syphilis may be engrafted upon a pre-existing epilepsy. Successful treatment of the former would not, in consequence, necessarily influence the latter. Epileptic manifestations appearing in the third stage of syphilis are due, however, to neoplastic processes in the brain and its

membranes as well as blood vessels. These seizures may be complete Grand Mal or various gradations of the same.

Hereditary syphilis may act as a predisposing cause if to which no exciting cause is then added, the individual never becomes epileptic. In other cases the luetic toxins have produced sufficient damage to make the attacks appear in early life and continue.

The following case, No. 3, shows epilepsy existing previous to luetic infection and latter having no apparent effect thus far on course of former.

CASE 3.—C. F. Y., No. 3300. Male, white, single, age 32 years. Admitted May 25, 1911. Occupation contractor's purchaser.

Father died at age of 50 years of apoplexy. He was a physician. Mother died at age of 45 years, of cancer of stomach. Parents not related. Paternal grandfather died at age of 72, cause not given. History of other grandparents not known. Patient states that father had epilepsy and died of asphyxia while in bed. He also states that paternal grandmother was hysterical and a paternal aunt was epileptic. Patient was born March 11, 1878, at full term. Infancy and early childhood normal. Attended school for several years, where he made good progress, receiving a high school education. At the age of 12 he had scarlet fever, diphtheria at 14 and syphilis at 28. Seven years previous to the attack of syphilis he had his first epileptic seizure. Patient ascribes its onset to heredity, which is undoubtedly true, as his father and paternal aunt were also epileptic.

His seizures are preceded by no aura, are Grand Mal in type. At first he had but one attack annually. Now he has from 6 to 8, usually diurnal. He received anti-syphilitic treatment for some time after the infection occurred, both at Hot Springs, Ark., and from several physicians in New York City. He uses distilled liquors moderately. In October, 1908, he began to feel very nervous, his lower extremities failed him and became weak in his left leg. There was no dizziness, but before this time he was subject to attacks of unconsciousness every month, which, however, did not interfere with his business.

Examination shows that cutaneous sensibility is unimpaired. There are no trophic disorders except dilatation of the peripheral veins of the lower extremities. No objective or subjective sensations, except that at times he has a difficulty in walking, being obliged to walk on his heels with an

ataxic-like gait. He says that at times he has had such difficulty in walking that he has fallen down stairs. Often staggers about because of this difficulty. There is some swaying. No tremors or fibrillary twitchings. His right knee-jerk is exaggerated. Plantar active. Babinski. Hyperaesthesia over the plantar surface. There is no ankle clonus. Left knee-jerk active. Bilateral Oppenheim. Syphilitic paraplegia; Wassermann-Noguchi reaction negative.

Patient's mental status is good.

In Case Four we find syphilis as the prominent etiological factor:

CASE 4.—J. F. McD. No. 3167. Aged 31 years, widower, education good, occupation locomotive engineer.

Father died at 65 years of age. Is said to have taken both beer and whiskey to excess at times. Mother living, aged 71 years. Patient has one brother, aged 33 years, well, and one sister living, aged 34 years, has two healthy children. One sister is said to have died from epilepsy at the age of 35 years. She left a child now aged 12 years who, so far as the patient knows, is well. Birth, infancy and childhood negative. Ten years ago patient had syphilis following which he received treatment for about one and a half years from numerous physicians, and finally went to the Hot Springs in Arkansas and took treatment.

His first attack occurred two years ago at the age of 29 years. Occurred at night while patient was in the rooming department of Y. M. C. A. at Salamanca, N. Y. Fell down stairs at time. Previous to this he states he had symptoms which he now concludes were mild epileptic seizures. Describes them as a queer feeling which occurred whenever his mind became fixed on any one subject. With diurnal seizures he has an aura which he describes as an "all-gone" feeling. Automatic following mild seizures. Occasionally bites tongue. Has had sometimes four seizures in 24 hours. He claims that his mind has failed since the onset of his seizures. Mental status fair. Noguchi modification of Wassermann positive.

There are many probable causes of epilepsy which are often overlooked or not given sufficient weight. Among these are prolonged and difficult labor during which meningeal hemorrhage may occur; some hemorrhage into brain substance or at least within the cavity of the skull; some lack of proper development; encephalitis or meningitis or both during infancy or early life;

all of which may have been not very severe in type and consequently not noticed. Too often, however, these matters escape being observed owing to lack of skilled medical attention. If observed, it happens that in later years these conditions may be forgotten, so that the appearance of symptoms of epilepsy seems as if coming from a clear sky.

The next case shows neuropathic heredity plus an early polioencephalitis:

CASE 5.—L. L. L. No. 2656. Admitted August 2d, 1908. Discharged July 11th, 1909.

Patient himself stated that he had teething paralysis when an infant which finally left some paralysis of the muscles of his right leg. This was operated upon and the leg straightened, being put in splint and braces. In walking the heel of the right foot strikes the ground first. Knee-jerk of that side is somewhat exaggerated.

First seizure is said to have occurred at the age of eight years and was nocturnal. He was unconscious for a few minutes and vomited. It was thought to be a bilious attack, and not much attention was paid to it. Attacks at first occurred once every week or three months. An aura consisting of a localized pain in the head a few hours or a day before attacks sometimes occurs. Patient stated that as a rule attacks were mild. Patient himself realized that his mind had deteriorated. Claims to control seizures by exercising will power. He states that at times he has sensations of dizziness, but he does not lose consciousness. Has used amyl nitrite to prevent seizures.

Patient is said to have been born at eight months. Mother attributed premature birth to severe shock and accident that happened two days previous to the delivery of the child. Labor was normal, but somewhat prolonged. Patient was not injured during delivery. Was strong at birth. No spasms. No paralysis that the parents knew of. At the age of 9 months was very ill. Contrary to what the patient states, the mother says that there were no spasms or convulsions during teething. When the patient began to walk it was noticed that one leg and ankle were weaker than the other. Mother says that patient was supposed to have had infantile paralysis—type not stated. Patient was very troublesome, and insisted upon having patent medicines. Was removed from the Colony by his mother.

Readmitted January 11th, 1909. Second admission states that the father was alcoholic, and that all of the relatives were

high-strung, nervous people. Personal history obtained at the time of second admission states that the patient had poliomyelitis anterior, probably at the age of 18 months, which left a paralysis of the right leg.

Physical examination showed that patient was a poorly nourished adult male, 38 years of age, and there was wasting of the muscles of the right leg from the hip downward and also slight shortening. Head was slightly hydrocephalic in character and the face was asymmetrical. Nose shows signs of old fracture; palate is narrow and high arched; well marked torus; teeth in poor condition; slight talipes equinus varus; contracture of the tibialis posticus of the right side. Incipient pulmonary tuberculosis. Reflexes: Pupillary pain reflex present; pectoral and scapular moderate; biceps and triceps active on both sides. Extensor and flexor wrist jerks moderate. Epigastric, abdominal and cremastic very active. Left knee-jerks slight—almost absent; right knee-jerk moderate. Achilles active on the left and absent on the right. Plantar slight and of toe flexion type. Patient shows some dementia.

Since the second examination he has had frequent seizures, mostly mild in type, and also periods of mental confusion.

The next case shows a very early polio-encephalitis:

CASE 6.—L. L. No. 3077. Age 38 years, single, grammar school education, waiter by occupation.

Father died at 73 years, of senility. He was 54 years of age when patient was born. Mother died at age of 78, of senility, 43 years of age when patient was born. One aunt had goitre. Otherwise family history as obtained is negative.

Patient was delivered at full term by a midwife. While an infant, it was found that his right lower extremity was shorter than the left. Attended school at age of 8 years and continued until 14 years. Made fair progress. At 7 years of age, he had his first seizure. He describes an aura of a leaden taste, followed by malaise. He bites his tongue and urinates during seizures. Some seizures are Petit Mal in type. Has both nocturnal and diurnal attacks.

Although it is impossible to obtain any further information relative to his early history, it would seem as if this were a case of polioencephalitis occurring during infancy and that the damage done to the brain which resulted in the paralysis was also responsible for the appearance of the epileptic seizures later in life.

Cases 7 and 8 have neuropathic family histories plus possible sunstroke as the exciting factor:

CASE 7.—A. T. No. 3050. Nineteen years of age, single, common school education; no occupation.

Father living, aged 55; mother living, aged 51. Paternal grandfather living, aged 80; grandmother living at age of 76. Mother had had nervous prostration and rheumatism. Father's mother had a right hemiplegia appear at age of 69 years. Parents visited patient at Colony and from their appearance, etc., seem to be markedly neurotic.

Patient's birth and infancy apparently negative. Began school at 5 years and made slow progress. At 3 years of age, while playing in the sunshine, she commenced to have convulsions of the entire body, lasting two days, some elevation of temperature, definite degree cannot be ascertained. Was sick in bed for about two weeks but had no convulsions except during the first two days. States cause of this condition was sunstroke. Second attack occurred about a month later; then they commenced to be more or less regular, occurring weekly. Patient has Grand Mal attacks. Occasionally bites tongue, sometimes vomits after attacks. Some seizures appear to be Petit Mal. Automatic following some seizures. Has had 10 seizures in 24 hours.

Mental condition fair.

CASE 8.—V. K. B. No. 3274. Aged 42 years; university graduate; school principal.

Father died at 68 of debility from hard work. Mother living, aged 71. Paternal grandfather died at 92 of senility. Maternal grandfather died at 85 and grandmother at 81 of influenza. A maternal uncle had epilepsy and died at the age of 15 years from tuberculosis. Patient's mother is said to have had slight paralysis of left arm, but age at onset, etc., cannot be ascertained.

Patient second in line of birth of three boys and a girl. Birth normal, also early infancy. He attended school at the age of 9 years and made excellent progress. Graduate of Syracuse University, Department of Arts. Has taught school. At the age of 8 years, he fell down stairs and struck on his head, receiving an abrasion of the scalp. When three years of age, he had a sunstroke and was unconscious all night. It is stated he had influenza with chronic purulent otitis media until the age of 9 years, when it healed.

His first seizure is said to have occurred when 37 years of age, while teaching in

school. He fell and had a severe convulsion. In all probability, he had had mild seizures preceding that time and may have had nocturnal Grand Mal. Two or three weeks after this seizure, which occurred in the school room, he had another. Since then at irregular intervals of from four to eight weeks, he has had a recurrence of his seizures. Sometimes preceding a seizure, he has a feeling of a rush of blood to his head. He denies all history of venereal infection, alcoholism, the use of tobacco, etc.

While being examined, he had a very mild seizure. His head turned to the right, then his chin dropped, he made a few movements with his mouth as though tasting, and almost immediately returned to consciousness and resumed his conversation. He describes periods during which he has had visual hallucinations.

In the next two cases, Nos. 9 and 10, cited, I desire to call attention to the tendency to convulsions having expressed itself previous to the occurrence of the traumatism:

CASE 9.—L. F. S. No. 3243. Thirty-five years of age, married, common school education, farmer.

Father 65 years of age, living and said to be well. Mother died at 63 years of heart disease and carcinoma of stomach. Paternal grandparents died at 65. Both maternal grandparents dead, causes unknown. Patient has five brothers, four of whom are married, with healthy offspring. Patient had one sister who was either stillborn or died soon after birth. A second cousin on father's side had epilepsy. Patient had first cousin, paternal, who became insane. Was in Willard State Hospital for seven years, following which he was discharged and is said, during the past fifteen years, to have become a prosperous farmer.

Patient born at full term, normal labor. Infancy normal. At the age of 4 years, he is said to have had a worm fit at which time he passed 13 worms from 5 to 6 inches in length. At the age of 6 years is said to have had an abscess of the liver. Began school at 7 and made good progress. Married at 21, had no children. About age of 25, he was assaulted by three drunken fishermen at which time he was severely injured, being unconscious for some time. At age of 33, while chopping wood, he had the misfortune to have a splinter pierce the right eyeball, resulting in immediate total blindness.

There is an indefinite history of his having had some epileptic seizures at the age of

15 and others at the age of 24. Patient states that his first seizures began at the latter date, about a month after he was assaulted, at which time he received blows on the head which made him unconscious. His seizures are Grand Mal in type, occurring from four to six weeks apart. He claims he has a sensation of his head whirling just before seizures. Bites tongue and urinates. Right side seems most involved. Formerly was markedly prostrated for some time following seizures. Automatic after seizures. Has become irritable and memory has failed. Evidences of incipient tuberculosis.

CASE 10.—J. D. C. No. 3308. Twenty-three years of age, single, common school education, farmer.

Father a retired railroad man and follows farming. Has been a regular drinker for many years. Maternal aunt has epilepsy, details unknown to patient. Mother died when patient was three years of age, alleged cause heart disease. Patient has four sisters who are married and well. Three of them have normal children. Patient's mother is said to have had hysteria and given to overindulgence in alcoholics. Patient himself states that he has inherited a desire for drink but has confined himself to frequent potations of malt liquors. States that he was temperate until two years ago, when he, in company with his father and sister, visited Coney Island, and being separated in the crowd, he drank a great deal of beer. Following this, on his return to his home in Orange County, he was frequently drunk.

Patient is said to have been a puny child at birth. Nothing known as to character of labor. Fed artificially. Is said to have been late in walking and talking. Began school at 7 years of age and left at 15, making good progress. At the age of 15, while at a picnic, he met some friends who accompanied him home. While showing them about the farm, he attempted to mount a horse and ride bareback. He fell and the horse kicked him in the head, fracturing his skull at the vertex. He was taken to a hospital in Middletown, where he was trephined and the depressed fragments removed. He was said at that time to have had a compound depressed fracture; he was unconscious for two days and paralyzed for a week or more. At time of examination he showed an irregular depression at the vertex to the left of the median line.

His first epileptic seizure is said to have occurred during the past year. Patient

states that he awoke with a feeling of pins and needles in the toes of his right foot. This extended upward until it reached his head and he became unconscious. Simultaneous with this there occurred noises in his head like the hum of an automobile engine. At this time he had been drinking heavily and thinks that this might have been the cause. Second seizure followed in two weeks, occurring at night, and was of the same character. After a month, they came both day and night, each succeeding attack increasing in severity. In the night attacks he would urinate. The aura is described as constant. It would seem as though the site of the fracture was rather far forward to account for his aura, although there may have been a fracture of the inner table which might explain the aura. Patient states that when he stops drinking, his seizures also disappear.

Wassermann-Noguchi reaction negative.

In this case the influence of heredity is marked; patient suffered trauma to the brain at the age of 15 years, and these with his alcoholism all have to be considered.

I present the next case to show the great difficulty in many cases of ascertaining the cause.

CASE 11.—J. D. No. 3155. Forty-four years of age, common school education, single, broom maker and farmer.

Father died at age of 70 from cholera morbus; mother at age of 55 from peritonitis. Grandparents are said to have died from senility. Patient has five living sisters and one brother dead, cause unknown. Female cousin on father's side had epilepsy. No other obtainable history of nervous and mental disease in family.

Patient was born at full term, labor normal. Apparently a healthy infant. Began school at 7 years, made good progress. At five years received some injury to his left eye which resulted in blindness. Six years ago this eye was enucleated. Scarlet fever at age of 2; whooping cough at 10. Lost sight of right eye in 1884 as a result of sympathetic infection. An iridectomy done nine years ago partially restored his vision in the right eye, so that, with the aid of a cane, the patient is able to walk about. Right disc shows marked evidence of atrophy. Patient denies venereal exposure and use of alcohol.

First seizure occurred at the age of 39 years. Is described as patient making a peculiar noise and then having convulsions. This occurred when he was preparing to go to bed. Second seizure a month later.

Patient states that seizure occurred shortly after the enucleation of the left eye and thinks that the effect of the anæsthetic helped to bring on seizures. Seizures are of Grand Mal type, both nocturnal and diurnal. Bites tongue and sometimes urinates. No aura. Automatic following seizures. Mental state demented. Wassermann-Noguchi reaction negative.

A group of cases to which I desire to again call attention are, as stated by Gowers, attacks originally syncopal in nature which seem sometimes to become epileptic. It is rather a common error to regard mild epileptic seizures as symptoms of cardiac disease. Sudden unconsciousness with a sudden return to normal is epileptic in nature.

The vagal and vaso-vagal attacks of Gowers are more prolonged symptoms due chiefly to a disturbance of the pneumogastric. They are mostly sensory and, therefore, subjective. Gastric, respiratory and cardiac discomfort, sometimes cardiac pain and even sense of impending death are present. A slight mental change may appear, some circulatory constriction in the extremities. These seizures last for from several minutes to half an hour or longer. These attacks are on the borderland of epilepsy.

Vertigo, combined with tinnitus may be the initial sensations of a true epileptic seizure. Nausea may also occur. These symptoms may occur in the non-epileptic as you well know. Where neuropathic hereditary influences are active in such an individual, or there is a history of an early meningitis or brain injury, the patient must be kept under close observation over an extended period before a definite diagnosis can be arrived at.

Gowers believes that although the symptoms are somewhat similar, the traces of a definite relation of migraine to epilepsy are slight.

Night terrors, somnambulism and narcolepsy in the adult are thought by some to be epileptic equivalents and by others, just as observant, to have no definite relationship to epilepsy.

Senile changes play a prominent role in the following two cases:

CASE 12.—J. C. No. 3214. Aged 61 years, laborer, can read and write.

Father died at 65 years of age, cause unknown. Mother died at 70, cause unknown. Nothing definite obtained relative to grandparents, or other members of family.

Nothing definite ascertained relative to

birth, infancy and childhood of patient. Education meager. Patient youngest in line of six girls and two boys. Denies venereal infection or alcoholism. No definite history of any trauma. States that when about three years of age, he bled freely from his nose to such an extent that medical attention was required. Does not state as to whether this was the result of some injury. Patient is married and has three boys and one girl, all well.

First seizure occurred when patient was 59 years of age. For a year preceding this, he had frequent attacks of nosebleed. Seizures average two or three a month. He claims that they involve principally his right arm and leg. Nocturnal in type. Aura described as spots before the eyes, tingling sensation. Probable cause, arteriosclerosis. At times has what seems to be an epigastric aura.

Peripheral arteries on palpation show evidences of hardening. Area of cardiac dullness is increased downward and to the right. Systolic murmur at apex. Left heart presents evidences of hypertrophy. Systolic blood pressure varies from 210 to 300. Right hemianopsia present; optic discs normal.

Mental condition fair.

CASE 13.—C. P. H. No. 3113. Forty-three years of age, high school education, clerk, married.

Father died at age of 80 of senility, was a professor of languages, moderately alcoholic. Mother died, cause unknown. Nothing definite known of grandparents. One brother of patient committed suicide, another died of tuberculosis. Patient himself has six children, four boys and two girls. One son is a civil engineer, another a salesman and another has charge of a stock room in a soap factory.

Patient's birth and infancy said to have been normal except that he did not begin to walk and talk until two years of age. Attended school at age of six years and made good progress. First seizure occurred at age of 43 years, cause assigned to overwork. Patient states he had to work for 16 hours a day. Four weeks between first and second attacks. After that they appeared about once a month.

Marked arteriosclerosis; radial arteries of pipe-stem variety. Marked varicosities on lower extremities.

Patient morose and dejected and worries about his condition.

Relative to the general principles of treatment of epilepsy, I can but say as I would

TYPICAL COTTAGE AT CRAIG COLONY FOR EPILEPTICS.



Building occupied by 30 patients who are cared for by a man and his wife.

for any diseased state—remove the cause if possible. As this can be done in but a very limited number of cases, we must be content with alleviating the individual's condition as far as lies within our power. To accomplish this, a constant and continued attention to every detail of diet, activity of emunctories, bathing, exercise, occupation, recreation and hygiene in general is exceedingly important. Ofttimes this amounts to a general readjustment of the individual's mode of life before any improvement can be looked for.

Many cases of epilepsy are difficult to treat, as they and their friends cannot or will not realize the great importance of long-continued treatment.

The means of prophylaxis available are many, but they can be included in what the term "simple life" implies. This must begin at birth and continue during the lifetime of individuals whose family is neuropathic. Neglect of proper care in early life may result in one or more convulsions which act as precursors to a well defined epilepsy in later years. Proper management of the ingestion and assimilation of food and elimination of waste products is the key note to successful prophylactic treatment.

The propagation of defectives by defectives is tangible. Physicians especially should never lose an opportunity to advise against the marriage of the epileptic and other defectives. If all could but study the thousands of family trees showing these defects handed down from generation to generation, there would be effective laws to prevent at least known defectives from mating.

I am not so optimistic as to feel that this can be accomplished at once, but I do feel that we should at every opportunity agitate the subject so that eventually a considerable percentage of defectives will be prevented from increasing their kind. The enforcement of restrictive measures will not blot out defectiveness any more than it will tuberculosis, numerous authorities to the contrary. I believe, however, that part of a loaf is better than no bread.

I fear I have already taken up a great deal more of the time of the meeting than my subject warrants. There are numerous other matters such as early diagnosis, treatment of special symptoms, etc., which require the best efforts of the practitioner if he wishes to obtain results of a satisfactory nature. To these I can but thus allude.

I trust that the members present will bear in mind that the data presented is nothing

new but consists of matter which seems to me worth reiterating with the hope that a more general attention to these facts may result.

A New Tenotomy Scissors

By T. Richard Paganelli, M. D., Hoboken, N. J.

The accidents during the operations for tenotomy, while very few in number, have occurred in the hands of most skilled ophthalmic surgeons

In order to avoid chiefly a perforation of the sclera. I have devised a scissors with a prong set at an angle of about 75 degrees to the lower blade which possesses the following advantages over the ordinary blunt curved scissors:

First: That once introduced under the recti the muscle can be severed at one stroke or cut partially.

Second: It cannot by any means perforate on account of the prong acting as a safety.

Third: Even should the patient move on account of nervousness or pain or whatever cause the recti will not be lost by the operator, and consequently the

patient is not subjected to more inconvenience and pain to regain the muscle.



Simple Method of Removing Sebaceous Cysts.

An incision is made, not over the cyst, but through the healthy skin alongside it, parallel to and the same length as the shortest diameter of the cyst. A small blunt hook is then inserted into the incision and is worked round the cyst, tearing through the adhesions of the cyst wall, first on the superficial aspect, as that is where the cyst wall is thinnest and most liable to burst, and then on the deeper aspect, until the cyst is completely separated, when it can easily be delivered by pressure from above, much in the same way as a cataract is delivered. A dab of collodion on the wound is sufficient dressing.—H. Freeth, in the British Medical Journal.

If pain on walking persist after a fracture of the os calcis, or, indeed, after an injury in which fracture may have been overlooked, determine with the X-ray whether there is a projecting fragment or a breaking down of the inferior arch of the bone, or both.—Amer. Jour. of Surg.

Clinical Reports.

Dentigerous Cyst of Antrum of Highmore.

Reported by Dr. Wolff Freudenthal, New York, in *American Medicine*.

This case was of a lady about thirty years of age. She had had no tuberculosis or syphilis. Six years ago while out west she contracted a severe cold and later developed an empyema of the antrum of Highmore. She went to Chicago and there a dentist drilled a hole in the superior maxilla and washed out the antrum. This was done continuously for two years but the symptoms did not disappear, so she went to a rhinologist in Chicago who did a radical operation. After this she thought she would feel better but the symptoms remained the same. She suffered a long time and then was advised to consult me. When I saw her, she complained bitterly of headache over the right side and a bad discharge from the nose which was purulent and foul smelling. Both these symptoms were extremely annoying and disagreeable. I examined her and found the typical symptoms of empyema of the antrum. To be absolutely certain, I had an X-ray picture taken. It gave a very good idea of the anatomy, and as it showed a distinct empyema, I did another, i. e. the second, radical operation. I opened the antrum through the canine fossa when I was struck by the small size of the antrum. The naso-antral wall was bulging into the antrum very much, which was very unusual. After I was satisfied it could not be the naso-antral wall I went through it and found it was a dental cyst. I removed the whole mass and the patient in two weeks was entirely well.

Vitreous and Subhyaloid Hemorrhages.

Dr. W. H. Roberts, of Pasadena, Cal., reported at the annual meeting of the A. M. A. at Los Angeles, the following cases:

Case 1.—Miss J. F. N., aged 64, came under my care February 21, 1902. She had lived in California for several years and had recovered from a pulmonary tuberculosis. Vision O. S. had suddenly been reduced to counting fingers at five feet, and the vitreous was too full of blood to permit of a view of the fundus. Fundus O. D. normal; O. D. V. with correction 6/5. Later when the media of O. S. cleared, an almost complete detachment of the retina was found, and this eye has had little more than light perception since. January 16 of the following year she had hemorrhage in her right eye, mostly in the nerve-fiber layer, but some blood escaped into the vitreous. This was the beginning of a series of small hemorrhages occurring in this eye extending through a period of over seven years. She has had two partial detachments of her retina to the nasal side of the disk, which have reattached. The patient has been under constant observation for over nine years. She has been an ideal patient in every respect, obeying implicitly all orders, and is now in good physical and mental condition.

Case 2.—J. F. B., aged 20, was first seen September 27, 1910. He was in a sanatorium for pulmonary tuberculosis. He had noticed black spots before each eye for some two months. At this time the periphery of each retina showed flame-shaped hemorrhages, mostly about the

veins. December 14, 1910, he had two subhyaloid hemorrhages below the muscular region of the left eye. His blood-pressure has never been taken, but the coagulometer has shown very slow coagulation; hemoglobin 95 per cent. He was placed on calcium lactate but the hemorrhages persisted in recurring, and the coagulation of his blood continued to be tardy. Then as the hemorrhages seemed to come from the retinal veins, he was given uid extract of hamamelis with immediate cessation of all hemorrhages up to the present time.

Brain Tumor.

Reported by Dr. Sherman Voorhees, of Elmira, N. Y., in a paper in the *A. M. A. Journal*, July 29, 1911.

Patient.—J. D. M., male, aged 23, machinist, consulted me March 25, 1908, for severe headaches, which he stated he had had since boyhood. Recently they have been much more severe; and about three weeks before consulting me he began to have attacks of vomiting. The vomitus, he stated, was bilious. He has not been free from headaches for three weeks, and the pain is referred to brow and occiput. Just before these severe headaches came on he had noticed dimness of vision at times, and occasionally diplopia. The latter was not constant, however, and was more apt to come on when he was tired. There was no nausea preceding the vomiting. He has vertigo, which began about six weeks before I saw him, and he has had dizzy spells daily since. On two occasions he had fallen, when these dizzy spells began, once on the street. After this attack he seemed confused mentally and did not appear well. With the vertigo he says he feels a peculiar sensation in his left hand and arm, like the arm being "sleepy." Patient had not been working for the past six weeks. He seemed slow of comprehension in answering questions.

Examination.—Vision in right eye was 20/15. Patellar reflexes were normal. The patient had a homonymous diplopia. The right disk had 3 D of swelling, and the left 2 D. The right ear was normal for watch and bone conduction; in the left ear watch could be heard but 10 inches, and whisper 5 feet. I told him of the nature of his trouble. He had denied any history of lues; and on close questioning there seemed to be no specific family history.

Consultation.—I referred him to Dr. Frazier, of Philadelphia, who, in conjunction with Dr. Spiller and Dr. de Schweinitz, examined him. Their opinion was that he probably had a brain tumor, but that an operation was not imperative at that time. It was also suggested that he might with safety wait a little time while a course of mercury and iodid was tried, which was done.

Course of Disease.—The patient soon began to improve; his vertigo and vomiting subsided, the neuritis rapidly lessened; and on examination in the following June he had but 2 D. of swelling in the right eye and 1 D. in the left, chiefly to the upper side of each disk. He complained of some headache, and of deafness in the left ear. He was feeling very much better in every way, was quicker of comprehension; had returned to work, and had not fallen or noticed that he staggered recently. I have examined him from time to time since; and on my last examination, February 26, 1911. Dr.

Frazier being at my office, there was no swelling of either disk, but both were reddened. The patient said that he had worked steadily, and had splendid health since being given the specific treatment; and that he had kept it up at times ever since his leaving the hospital. There is no diplopia, and the patient feels that he is cured.

Stokes-Adams Disease.

Reported by Dr. J. C. Johnston, of Oklahoma, in the Medical Record, June 10, 1911.

Mrs. R. B. C., age 29, housewife. Family history negative, previous health splendid, with the exception during the past three years of periodical attacks of cervicooccipital neuralgia, which occurred on an average of every forty days and lasting for thirty-six to forty-eight hours. The attacks developed gradually. Coal tar derivatives and opiates were used under the direction of physicians, only, but without entire relief of the paroxysm earlier than twenty-four to thirty-six hours. When I was first called to the case the pulsation in the neck was plainly visible and so rapid that I expected to find considerable temperature. However, the radial pulse was only thirty to the minute. Auscultation revealed the fact that the pulsation in the neck was synchronous with the auricular contraction, but the radial pulse corresponded to the ventricular systole only. A consultant diagnosed the case as one of meningitis, and took charge of the patient, as I withdrew, not agreeing. The further history was that the patient suffering much pain (occipital) and had fainting attacks follow her efforts to rise from the bed. This condition lasted three hours and she passed into an epileptoid state. Upon effort to stand up she collapsed. Autopsy was refused.

Resection of Twenty-one Inches of a Dilated Sigmoid and Descending Colon for an Intestinal Prolapse Through the Anus.

Reported by Dr. LeRoy Broun, of New York, at the meeting of the New York Academy of Medicine, April 27, 1911, as printed in the American Journal of Obstetrics, August, 1911.

This patient is an inmate of the Manhattan State Hospital. She is thirty-two years old and single. She was admitted to the hospital in 1902 for her mental disturbance. During her residence in the hospital she has shown a progressive mental deterioration, the mental condition being one of the dementia precox. On January 11, 1911, she had an extensive prolapse of the rectum and sigmoid. The house surgeon, Dr. Haviland, reported that "she was found at stool with fully fifteen inches of gut protruding. This was replaced but recurred again the same day." For several days following the replacement of the gut she had a slight temperature with some abdominal distention. The operation was done a few days later.

A left lateral incision was made in the abdominal wall. The pelvis and lower portion of the abdomen was filled by a much distended and congested redundant sigmoid and descending colon. The small intestines and the remainder of the large intestine were pushed out of sight by the distended gut, which occupied all the ready field of vision. The distention and congestion of the descending colon commenced

about midway and was in marked contract with the part above which showed no abdominal condition.

Any procedure other than that of a resection of the redundant portion of the gut was out of the question. Twenty-one inches was removed and end-to-end anastomosis made. The free ends of the gut and of the part resected were occluded for the time by Huerter's sponge holders, of which an abundance were on hand. They made an excellent substitute for intestinal clamps with which the hospital was not supplied.

The patient's recovery was excellent, only being complicated by a colon bacillus infection of the abdominal wound.

Non-Parasitic Cysts of Spleen.

Reported by Dr. H. A. Royster, of Raleigh, N. C., in a paper in the Medical Record, August 5, 1911:

Case I.—A colored school girl, twenty-four years old, has been healthy with the exception of chills, which she thinks were probably due to malaria. Menses began at the age of thirteen, always regular, but very free; she has indigestion occasionally, but complains of no special pain. In November, 1900, she felt an enlargement in her abdomen about the size of a hen's egg; it gradually increased in size until the present time (May 16, 1901) when it seems to her as large as the fist. Examination: Patient well nourished. There is in the abdomen just above the symphysis a central globular enlargement, smooth, of the size of a large orange, with a linear mass extending upward to the left; on bimanual examination the growth appeared to move with the uterus; the cervix was rather soft. The diagnosis was considered obscure, opinion inclining to fibroma of the uterus, with the possibility of its being an ovarian cyst. No plasmodia were found in the blood. Operation: May 18, 1901, at St. Agnes Hospital. A three-inch abdominal incision was first made over the most prominent part of the tumor. When it was exposed and seen to be cystic, the fingers were swept around the broad ligaments, but no pedicle was found in that region. The mass was pushed upward and disappeared entirely from view, but was felt through the abdominal wall in the left hypochondrium. The incision was prolonged until it reached above the umbilicus, when it was discovered that the growth was a cyst of the spleen. After separating the adherent omentum, in which were found two smaller cysts, the vessels were tied with a doubled silk ligature and the whole spleen removed. Not a drop of blood was lost in this maneuver. The right ovary, which contained two or three cysts, was also removed. The abdomen was closed without irrigation or drainage. The patient had a perfectly normal convalescence and made a nice recovery. She continued to have chills for several months. She is now married, lives in another State and has recently written to say that she is in good health. The specimen after removal was seen to consist of a spleen nearly normal in size and shape, with a thin-walled cyst growing from its lower portion, containing about a pint of clear, watery fluid. Dr. R. H. Whitehead, who examined the specimen, reported that it was a serous cyst of the non-parasitic type.

Case II.—Young white man, age twenty-two, cotton-mill operative, first seen March 5, 1910. He complained of pain in the upper abdomen, chiefly on the left; also of "soreness under the breastbone." From September 1 to December 21, 1909, he had chills at irregular intervals; he never had any before that period and has had none since. About the time the chills began he noticed a swelling of his abdomen, which has remained and grown gradually larger. Examination shows the abdomen distended in its upper region by a huge cystic mass, fifteen inches in its longest diameter. It was easily traced to the left and a diagnosis of cyst of the spleen was made. The urine was normal; the blood analysis gave 5,000,000 erythrocytes, 14,000 leucocytes, and 70 per cent. hemoglobin; hook-worm examination was negative. Operation: March 7, 1910, at Rex Hospital. A high left-rectus incision exposed the tumor, which showed dark liquid contents through its thin wall. A trocar was inserted but the sac was very friable and the whole cyst suddenly collapsed, discharging four quarts of bloody fluid. The sac was then carefully peeled off from the abdominal walls, liver, diaphragm, stomach and intestines; the spleen was turned outward, the pedicle ligated with linen and whipped over with catgut. The wound was closed in layers without a drain. The patient ran a pleasant post-operative course and was in the hospital only seventeen days. He is now restored to health, having made a considerable gain in weight. This large blood cyst sprang from the inner surface of the spleen and the organ itself was enlarged, weighing nine ounces. As traumatism may play some part in such a case, it is well to state that after the operation this patient remembered that during his work he often had occasion to press his sternum and the lower part of his chest against a frame run by machinery. Dr. C. A. Shore, of the N. C. State Laboratory, examined the specimen and reported: "Wall of cyst consists of splenic tissue; not hydatidiform. Spleen hyperplastic."

Foreign Body Removed from the Lung.

Reported by Dr. E. C. Sewall, of San Francisco, in the California State Journal of Medicine, September, 1911.

Girl child, 6 years old. Previous to illness very strong and always well. On September 12, 1910, during play the child aspirated the brass leg of an alarm clock. She choked severely and ran to her mother, who said there was a little bleeding from the throat. There was, however, no pain of any moment, nor has there been any local pain since. Up to four weeks ago the child appeared to be well and the incident, though not forgotten, was thought to have passed without consequences. Four weeks ago, prior to the time she entered the Lane Hospital, she became sick at the stomach. "Threw up" for several days and began at the same time to cough—there had been no particular cough up to this time. This cough persisted up to her entrance to the hospital and was at times very severe. Once she coughed almost steadily for four hours—till she was exhausted. After a few days she would appear better for a short time, then the coughing and prostration would come on again. There was a daily temperature and the formerly active child became

dull and listless and content to lie quiet. She complained almost constantly of headache and earache. Never expectorated much till about one week before coming to the hospital, then there was some blood stain to the expectoration.

The child was taken to the local physician, Dr. C. H. Congden, of Jamestown, California, who had an X-ray picture made at once. This showed a foreign body in the left lung. When first seen by Dr. Congden the child was emaciated, coughed exhaustingly. Temperature, 103 degrees; pulse, 140. No respiratory sounds could be made out on the left side. After attempts to remove the foreign body by manipulation of the child proved futile, a tracheotomy was done and a sound was passed and the foreign body could be felt plainly and its position was undoubtedly changed, for afterward the breath sounds in the left upper lobe of the lung were fairly normal.

The foreign body had first obturated the entire left bronchus and then through the probing was pushed on till it occupied the position in which I found it, that is, blocking the bronchus to the lower lobe of the left lung.

When first seen by me through the courtesy of Dr. Wallace I. Terry, about 6 months after the aspiration of the foreign body, the child showed extreme emaciation, had no appetite, and had constant coughing paroxysms. She was taken to the operating-room. Ether was administered, the tracheotomy wound opened and a small-sized Killian tube as modified by Brunnings introduced through it. The foreign body was quickly found, entirely blocking the left lower bronchus. The shining, smooth metal end showed very plainly. As seen in the X-ray plate it showed itself to be about the size and shape of a "22 long" calibre rifle slug. It was so firmly impacted in the bronchus that it was impossible to grasp it by the most delicate forceps. It was barely possible to pass a wire with small hooked extremity between it and the inflamed, swollen and easily bleeding wall. The blood was partly stayed by the use of adrenalin and the mucus and blood drawn out by means of my suction apparatus which I use for tonsil work. The field was then kept clean and finally I was able to hook the foreign body with an improvised instrument, a small, long-handled hook, fashioned at the time by Dr. Green, who was assisting. We had some pieces of moderately thick german silver wire at hand and this was quickly converted by means of pliers and file into instruments of various shapes. On hooking the foreign body firmly it was drawn up against the end of the tube and tube and foreign body drawn out simultaneously. The tracheotomy wound was drawn together with surgical plaster. The following morning the patient was sitting up in bed and asking for food, a thing she had not done for months, and in a week she was out and shortly afterward went home with tracheotomy wound closed and quite well. There were no symptoms of pneumonia following. The light area in the X-ray plate showed the compensating emphysema of the left upper lobe of the lung.

The passage of a sound or catheter into a tortuous or narrowed urethra is facilitated by injecting the urethra full of sterilized olive oil—*Amer. Jour. of Surgery.*

Abstracts from Medical Journals.

Diet for Children Inclined to Dyspepsia.

From a paper by Dr. H. Legrand, in *Annales de Médecine et Chirurgie Infantiles*, Paris.

Legrand's article is a detailed review of food adapted for school children of all ages with recipes for numerous dainty French dishes. He lays great stress on passing certain dishes through a very fine "silk" sieve, especially beans, peas and green vegetables, to form a digestible puree. The butter or cream should not be added, he says, until just as the dish is served. Potato should never be allowed a dyspeptic except mashed or in a soufflé. Bread should be allowed only in small quantities to dyspeptic children, and only very well cooked or toasted. Not much raw fruit should be allowed; the preference should be given to stewed fruits or jellies not very much sweetened. The dyspeptic should never drink at the commencement of a meal and very little through the meal, but between meals skimmed milk and kefir may be allowed. A rest after eating, immaculate condition of the teeth and slow chewing are indispensable for dyspeptic children. He adds the yolks of eggs and butter to certain soft mashed vegetables just as they are served, thus increasing the palatability and nourishing value. He commends in particular frogs' legs and poached yolks alone as particularly digestible. Very little soup should be taken as it has small nutritive value while it dilates the stomach. He expatiates further on the importance of actually fresh eggs for dyspeptics; the more recently laid the more easily digested and the less likely to induce putrefaction in the intestines.

Examination of Infants' Stools.

Dr. F. B. Talbot, in *Archives of Pediatrics*, 1911, xxviii., 120, insists upon the diagnostic value of examination of infants' stools and describes simple methods. A white stool usually indicates a fat indigestion, and a brownish-yellow stool, which gradually becomes lighter and lighter, suggests diminishing powers of fat digestion. The odor of butyric acid or a shiny, oily surface means fat. Rough test for fat, place a piece of stool on ordinary soft paper and allow it to stand until the paper is wet through, then remove the stool and dry the paper thoroughly; if the stool contains a large excess of fat the paper will be oiled. One cover-glass preparation should be stained with Sudan III, another with carbol-fuchsin. The former stains both neutral fat and fatty acids; the latter, fatty acids and soaps. Absence of fat very often shows why the baby does not gain, and always means that fat is not the cause of the indigestion. This rough method of estimating the relative proportion of neutral fats, fatty acids and soaps also gives an idea of the digestive functions. If there is an excess of fat, most of which is split, the digestion is normal and assimilation is abnormal; if the majority of the fat is unsplit or only partially digested both digestion and assimilation are abnormal. It is of value to examine the stool for the products of sugar cleavage, i. e., lactic and lactic acid; their presence may often be determined by the odor alone. A strong acid reaction of the stool, and especially such as burns the buttock, means that the sugar

in the food should be reduced. Lactic acid may be demonstrated in many of these stools by the Uffleman test; this test, however, is not absolutely reliable. The presence of starches may be easily determined by mixing a portion of stool with Lugol's solution, which will turn the starch blue or violet. There are two distinct kinds of curds—one small and soft, composed of fat, and the other large and tough. These large, tough masses are composed of casein and undigested milk fat (neutral fat). Casein curds, accompanied by symptoms of indigestion, always mean that the amount of casein in the food should be lowered. Blood and pus are easily recognized under the microscope and indicate an ulceration of the bowels. Strongly alkaline stools mean putrefaction of protein, and highly acid ones fermentation of carbohydrate.

The Significance of Gastric Hypersecretion and Pyloric Spasm.

Dr. K. Winslow, of Seattle, Wash., in a paper published in the *Northwest Medicine*, June, 1911, emphasizes the following points:

(1) Stomach troubles are not stomach troubles because the gastric functions are disturbed by lesions of the whole digestive syndicate.

(2) The interdependence of the members of the syndicate hangs upon: (a) Common origin and purpose; (b) the chain of hormones initiated by HCl secretion; (c) common causative pathology and frequency of associated lesions.

(3) Hypersecretion and pylorospasm are symptomatic of ulcer, gallbladder disease, chronic appendicitis, pancreatic stone, cancer and tuberculosis of the cecum, early pyloric cancer, loose kidneys, eye strain. To give the symptoms of the symptom, hypersecretion, is absurd.

(4) Diagnosis is impossible from these symptoms or any special gastric sign or test.

(5) Clinical experience of the symptom-groups in these causative diseases must be our chief guide.

(6) Brief descriptions of the various symptom-groups characteristic of these causative and stomach-like or near-gastric diseases.

Acute Anterior Poliomyelitis.

The following are the conclusions of the report of the committee of the Medical Association of the District of Columbia on the prevalence of the disease in the District:

1. The cerebrospinal fluid in acute anterior poliomyelitis is generally clear; there is in the early stages of the disease an increase of pressure, although this is not generally pronounced and there is usually an increase of the protein content sufficient to give a positive Nonne-Alpert and Noguchi butyric acid reaction.

2. In the early stages of the disease there is more or less pleocytosis in the spinal fluid. There are many polymorphonuclear leucocytes which are probably dependent upon the reaction of the meninges to the penetration of the virus into the central nervous system.

3. The increase of polymorphonuclears disappears a few days after the acute onset of the disease and is substituted by a lymphocytosis with some plasma cells and sometimes a few mast cells.

4. The disappearance of the polymorphonuclears is brought about through the rapid and vigorous phagocytic activity of the macrophages

which sometimes contain twenty or more rests of the polynuclear elements.

5. These degenerated polymorphonuclear leucocytes show in the framework of the macrophages very different degrees of histo-chemical changes which are indications of rapid processes of digestion.

6. The presence of the altered red blood cells in the spinal fluid is probably dependent upon capillary hemorrhages in the spinal cord which is a consequence of the selective preference of the disease for the spinal vessels.

7. Kornchenzellen, altered lymphocytes and other mononuclear elements are commonly present in the fluid until after the fever period.

8. In our histological study of the spinal fluid in poliomyelitis to that of the fluid in some protozoan diseases affecting the nervous system is argument in favor of the protozoan nature of the virus in poliomyelitis, even though some other investigators claim the disease to be produced by a much smaller organism.

High Blood Pressure and its Causes.

Dr. Oliver T. Osborne, of Yale University Medical Department, opened the discussion of a paper read at a meeting of the Medical Association of Greater City of New York, with remarks on high blood pressure.

Syphilis and the various infectious febrile diseases, he said, were only incidental causes of this. Why was it that cardiovascular and renal disease were so much on the increase at the present day? Year by year apoplexy was getting younger men, weak hearts were more in evidence, and Bright's disease was increasing. This state of affairs was largely due to the general stress of modern life, including a great variety of sensory irritations, such as light, noise, shock, and fear. Whether one drove automobiles oneself or walked the busy streets one was subjected to a constant strain. Fear was a potent factor, especially in the case of children. So, there was a continually increasing vascular tension. Old and young alike were engaged in both physical and mental competition. Day after day one rushed from one appointment to another. One ate too much meat and drank too much water. While less alcohol was indulged in than formerly, more tea and coffee were consumed. Consequently, more caffeine was taken into the system, and this was a cerebral irritant. The blood-pressure might be lowered by means of rest and a milk diet. Alcohol also had this effect, by flushing the peripheral circulation. Exhaustion and neurasthenia resulted from lowering of the blood-pressure. Normal blood-pressure was principally the result of the action of the suprarenals and, to a less extent, of the pituitary body, while the thyroid and most of the secretory glands had the effect of lowering the pressure. Consequently, anything that would exhaust or tire out the thyroid would tend to raise the blood-pressure. With abnormally high pressure one would have such symptoms as increased urination, flushings, etc., indicating the beginning of cardiorenal disease. When the blood-pressure was too high, what should one do? Not too much. The pathological process could be arrested if taken in time. The patient should be ordered to take rest, the quantity of meat eaten should be reduced, and intestinal putrefaction should be looked after. Frequently a small amount of

thyroid, not more than two or three grains a day, would be of service. Or, one might give a little nitroglycerin. According to laboratory results, the action of this agent was extremely evanescent, but clinically this was not found to be the case; 1/200, or even 1/400 grain might be sufficient. One should give just enough to relieve the symptoms. The reason why iodine had been so long in repute in these conditions was simply because it had the effect of stimulating the thyroid, so that it would reduce the blood-pressure to normal. Body-baking was an efficient resource in lowered compensation and arteriosclerosis. It should, however, be employed in moderation; once a week at first, and then every two or three weeks. As to raising the blood-pressure, this could not be done if neurasthenia were present. As an actual remedy digitalis was to be relied upon, and strophanthus was useful in acute trouble. All other cardiac drugs Dr. Osborne would do away with. Strychnine was apt to harm. He believed that it was a mistake to use it, and that it had been too much resorted to. Alcohol might be of service by dilating the peripheral vessels. Of late the blood-pressure proposition had become a fearsome sort of thing, and this was largely due to life insurance examiners. The ideas concerning it constituted a very bad nervous element. Consequently, Dr. Osborne did all that he could to discourage his patients from thinking about the subject, and he never took the blood-pressure unless he needed it for therapeutic reasons. In concluding he said he would liken our present-day life to the second speed of an automobile. With this, more gasoline and more lubricating oil were used, and more work was required to keep the engine cool. There was also more smoke, and when the car stopped it took quite a long time for the machinery to cool off. This was bad for the engine and bad for the rest of the apparatus, and it was hard work to adjust the fuel and weight.—Medical Record.

The Prevention and Treatment of Septic Infections of the Extremities.

Dr. E. H. Ochsner, of Chicago, in closing a paper on the above subject in the Wisconsin Medical Journal, recapitulates as follows:

Absolute rest and proper elevation of the affected extremity. Recumbency in bed of the patient if there is the slightest pyrexia. Do not incise until there is unmistakable evidence of pus, and do not remove the lymph glands unless they are necrotic and suppurating. If incision becomes necessary, it should be within the line of demarcation, and, if possible, distal to it and to an Esmarch constrictor. Swab the incision with tincture of iodine before releasing the constrictor so as to close the cut veins and lymphatics. Manipulate, knead and squeeze the inflamed part as little as possible. Attend to general hygiene and elimination. If very red and inflamed, paint the skin with ninety-five per cent. carbolic acid until it turns white, and then wash it off with strong alcohol, and apply a copious wet dressing, consisting of from one to five parts of saturated solution of boric acid, and one part of ninety-five per cent. alcohol.

If these directions are carefully followed, healing can be secured in a relatively short time, with the minimum of morbidity and almost no mortality.

Successful Treatment of Case of Tetanus.

Dr. Henry Beates, Jr., in a paper in the *Monthly Cyclopaedia and Medical Bulletin*, June, 1911, reports an interesting case and closes with the following summary of treatment:

1. The removal, by curettage, cauterization, excision, amputation, and the application of iodine, of the tetanus bacilli engaged in elaborating the tetanic toxins.

2. The neutralization of the free toxins in the blood not yet combined with the nerve-cells by inoculation with antitetanic serum primarily, preferably, by intravenous injection, followed by its administration intraspinaly, intraneurally, and subcutaneously. For the intraspinal and intraneural, if not the subcutaneous, injection, the greatly concentrated serum (in our case from two to eight times the strength usually marketed) may prove signally meritorious.

3. The control of spasticity, muscular spasms, or convulsive seizures by either magnesium sulphate intraspinaly or chloretone by rectum or both, alternately, dependent upon conditions.

4. The elimination of all tetanus poison from the system, as far as possible, by free catharsis and the administration of normal salt solution.

5. The administration of cardiac, pulmonary and renal stimulants to meet the particular conditions.

Thus, the three fundamental principles underlying the therapeutics of tetanus have been observed:

1. The destruction at the focus of origin, of the tetanus bacilli.

2. The neutralization of the tetanolysin in the tissues.

3. The neutralization of the tetanospasmin in the cord itself.

The special symptoms, such as sleeplessness, the spasms themselves, etc., were treated by the administration of suitable remedies meeting the indications with marked amelioration of suffering.

Movable Kidney.

Dr. W. B. Clarke, in the *Practitioner*, London, May, 1911, speaks of five cases as being remarkable on account of the anomalous and puzzling symptoms which they presented. Vomiting is well known to be associated with what may be described as the gastric type of movable kidney. As a rule, however, it is exceedingly severe, and is associated with other symptoms of movable kidney, so that it is readily ascribed to its true cause and an appropriate line of treatment is carried out. These cases are, however, one and all, remarkable from the fact that, though in some instances the vomiting was severe, no associated signs or symptoms were present to give aid in the diagnosis, and thus the true significance of the vomiting was for a long time unappreciated. If, however, one reviews carefully the condition of vomiting which existed in every one of these cases, it is clear that, with the exception of the single fact that the patients were quite well and in the enjoyment of their health between the attacks, there is little to distinguish this type of vomiting from that which is associated with many other ailments. Besides the fact that the patients were all in the enjoyment of their usual health between their attacks, Clarke says attention should be called to the circumstance that great intestinal distention was present in

most of the attacks. In several of the cases when once the suspicion has arisen that the kidney might be the prime cause of the mischief, an examination of the right kidney revealed the fact that it was more movable than it should be. In one case, in which jaundice formed a prominent feature, there was ample evidence of kidney trouble on various occasions during previous years, but the true relationship which existed between the jaundice and the kidney trouble was cleared up only by operation.

Ulcer of the Stomach and Duodenum with Special Reference to the End-Results.

Dr. William J. Mayo, Rochester, Minn., read this paper at the annual meeting of the American Surgical Association, at Denver, June, 1911:

Of 1,000 cases in our series, 428 were classified as gastric and 572 as duodenal ulcer. Of 379 cases of gastric and duodenal ulcers operated on previous to June 1, 1906, 227 (59 per cent.) were classified as gastric and 152 (41 per cent.) as duodenal. Of 621 cases of gastric and duodenal ulcers operated on from June 1, 1906, to January 17, 1911, 201 (32.5 per cent.) were gastric, 401 (64.5 per cent.) duodenal, and 19 (3 per cent.) had an ulcer of each viscus. That at least two out of three cases of ulcer will be found to have their origin in the duodenum rather than in the stomach is a conservative estimate. Of the 1,000 cases, 225 were women and 775 (practically three out of four) were men. The operative mortality in this series was 2.4 per cent. Three hundred and seventy-nine of these patients were operated on previous to June 1, 1906, before the operative technic had been well worked out, and the imperfections in methods were responsible for some failures to cure and an increased mortality. In studying the histories of the gastric ulcers we found that practically all situated close to the pylorus and accompanied by obstruction, were relieved by gastrojejunostomy, whether or not the ulcer was excised. However, whenever it was possible to do so, we excised the ulcer because of the liability to cancer degeneration. In a few cases very extensive ulceration of the body of the stomach precluded the employment of any operation on the stomach, and jejunostomy, with complete rest of the organ for some weeks, has been necessary. The results were good. It is very evident that operations for duodenal ulcers present a higher average of cures than operations for gastric ulcers. Gastrojejunostomy, with or without infolding the ulcer, not only affords a great relief to the patient with duodenal ulcer, but a permanent cure in a remarkably high percentage of cases.

In acute posterior gonorrhoea with frequent urination and all portions of the urine cloudy, if these symptoms do not respond to irrigations of the bladder, gently massage the prostate—the expression of pus will indicate repeated massage as the treatment to be pursued.—*Amer. Jour. of Surgery*.

Overdistention of the bladder due to neurasthenia, hysterio, shock or prolonged voluntary retention may be overcome by administering a rectal enema consisting of a pint of warm water and an ounce of glycerin.—*Amer. Jour. of Surgery*.

Reports of Medical Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The first regular monthly meeting of the Atlantic County Society was held at the Hotel Holmhurst on Friday evening, October 13th, with the president, Dr. E. H. Harvey, in the chair.

Dr. Samuel Weiner was elected to active membership, and Dr. Mortimer Shoemaker was elected to associate membership.

New members proposed were Dr. George Pennington, Dr. Byron Davis and Dr. Manford Kudlich.

The visitors for the evening were Dr. Michael Burns, of Montreal, Canada, and Dr. J. E. Jones, of Philadelphia. The regular routine business of the society was transacted, after which a most excellent scientific program was thoroughly enjoyed by the thirty-five active members and visitors present.

Dr. John A. Fordyce, of New York City, gave a very instructive talk on Salvarsan, which was discussed by several of the members present.

Dr. William H. Schmidt read a paper on the "Technique of Cystoscopy," with a report of a case.

Dr. Emery Marvel made a short address in memoriam of Dr. Joseph Price, of Philadelphia, once an honorary member of this society. Dr. Marvel said in part:

"Immediately after the University of Pennsylvania conferred the degree of Doctor of Medicine upon Joseph Price in 1877, he began his work of alleviating suffering women by the application of his knowledge and efforts in the service of the Philadelphia Dispensary. The obstetrical and gynecological department of this institution, under the inspiration of this unique worker became a potent factor in the assets of medical teaching of Philadelphia. His labor here for ten years was marked by unusual advances in the methods of combatting the ills of women applying for relief. These were the pre-anti-septic days, and it is not easy for us to appreciate the difficulties under which a surgeon was obliged to work. Price did not follow the beaten tracks but explored new and daring fields. A dark house, a kitchen table, and a few instruments, with sometimes only a candle for light the way, constituted the operating paraphernalia for him.

"In 1877, the Gynecean Hospital was founded to provide a more adequate means for the continuance of this good work. At this hospital, Dr. Price instituted an operative clinic, giving an opportunity for his work to be observed by visiting physicians. He was later given charge of the Preston Retreat, the direction of which institution he yielded in 1894. His home work was done mostly at his private hospital on Logan Square, where he not only cared for patients who could pay for hospital accommodations, but also gave his services to many unable to pay for hospital attention.

"His indefatigable energy never yielded, and on the morning of the day of his death, Dr. Price attended to his usual work at his office and operated upon a patient. He diagnosed the seriousness of his own condition, and asked his associate to operate upon him. He fought

for his principles with vigor, even if rewarded with animosity and envy. He was foremost in practising many of the epoch-making methods of surgery. His constant thought was for the good of others, and no distance was too far, or trial too great for Dr. Price to assist another. He was always willing to travel long distances to the most remote and uninviting places to help a fellow doctor or a patient."

At the conclusion of the scientific program, an elaborate repast was served, to which the members and visiting physicians were all invited.

BERGEN COUNTY.

Fred S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club building, Hackensack, October 10th, at 8:15 o'clock P. M. Vice-President F. C. Bradner, M. D., occupied the chair and 29 members were present.

The following physicians were elected to membership: Drs. Samuel Alexander, Park Ridge; G. L. Edwards, Bogota; John H. D. Finke, Hackensack, and William C. Williams, Ruthersford.

Dr. Fred H. Albee, of New York City, and Colonia, N. J., was the guest of the evening and he read a most interesting paper on "Certain Displacing Forces and the Importance of Their Consideration in the Treatment of Juxta-joint Fractures," illustrated by the lantern.

After a pleasant social session with a good collation the meeting adjourned.

CUMBERLAND COUNTY.

From the Daily Pioneer, Bridgeton.

The Cumberland County Medical Society met in the City Hotel, Bridgeton, October 10, 1911, the president, Dr. Francis F. Corson, in the chair, Dr. H. Garrett Miller acting as secretary.

The medical profession of the county was well represented, and there were also delegates from Salem and Gloucester County societies. The meeting was one of the most important and interesting the society has ever held.

Dr. George B. Wood, of the University of Pennsylvania, gave a most interesting and instructive lecture on "What Can Be Done for Chronic Deafness." In the course of his remarks Dr. Wood said that there were certain kinds of deafness, regarded as incurable, which are now wholly curable, especially deafness following cold in the head, but, to this end, the time to begin treatment is where sounds of sizzling, or humming, is noticed in the head and ears. If treatment is not then begun changes will progress that will render a cure less probable or harder to accomplish. The Eustacian tube—the air passage from the mouth to the ear—may become too much affected.

Dr. Wood demonstrated some of the newer methods of treatment for stoppage of the eustacian tube, showing that it is possible to pass a tube from the mouth out of the ear without injury. Many people are now under the impression that treatment results at first in aggravating the ailment, but this is erroneous. Such results of course, may follow from lack of skill in ear treatment.

The popular tendency to employ various apparatus to cure deafness or aid the hearing, he

said, is much abused commercially in that many forms of apparatus are foisted upon the public which have no merit at all. There are two forms of instruments only, which are reliable, that of the megaphone principle, which collects large volumes of sound waves, and the other that of the modern telephone principle in which the sound waves are simplified. When there is absence of the ear drum, artificial ear drums are beneficial, but there is great danger in their use by stopping the discharge from the ear and thereby increasing the trouble.

Dr. James K. Young, also of the U. of P., who has just returned from the continent, where he visited some of the most celebrated surgeons and clinics of Europe, and of the age, presented a paper of absorbing interest on the "Newer Methods of Treating the Various Physical Deformities of the Extremities." Dr. Young demonstrated that in case of infant paralysis it is now possible to pass silk threads from the live muscle to the dead muscle, or to the place where the dead muscle is, and attach it to the bone where a new live muscle will soon build up to take the place of the dead muscle. The paper gave much vital information to the society.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The Essex County Medical Society held its first scientific meeting for the season Tuesday evening, October 17th. Dr. Albert C. Geysler, of New York, delivered a lecture on "The How and Why of the High Frequency Current in Medicine." It was made specially interesting by experiments with incandescent lamps, water, albumen water, a potato, a guinea pig, etc., whereby the speaker demonstrated the action of the electric current from his high frequency machine and thereby elucidated the theory of physiological effect in therapeutics. The large attendance and the interest manifested by their remaining late indicated the instructive, as well as novel, entertainment enjoyed.

The Public Health Education Committee of New Jersey, by Dr. Maria Vinton, and of Essex County, by Dr. Kathryn Porter, made reports on plans for courses of lectures to the public and made a plea for the enthusiastic co-operation of all physicians—especially by advertising the lectures to the people.

One new member, Dr. Alice B. Condict, Orange, was elected.

A proposed amendment to the by-laws providing for the president's annual address being read "by title" only was up for final action. It was sharply criticized and then laid "on the table."

The Pathological and Anatomical Society met Thursday evening, October 12, with the following program:

1. Primary Carcinoma of Appendix, Dr. Sutphen.
2. A Case of Calculus in Kidney, Dr. Miningham.
3. A Case of Foreign Body in Bladder, Dr. O'Crowley.
4. Demonstration of Biurate Crystals in Gouty Tophi, Dr. Sutton.
5. Cystadenoma Papilliferum Ovarii, Dr. Hawkes.

6. Accessory Pancreatic Tissue, Drs. Martland and Haussling.

7. Adenoma of Nipple, Dr. Richman.

8. Renal Cysts, Their Varieties and Origin; Traumatic Ulcer of Small Intestine; Specimen of Typhoid Perforation of Small Gut; paper, Hodgkin's Infectious Granuloma, Dr. Martland.

9. Demonstrations of Spirochaete Pallida and Spirochaete of Vincent's Angine, Dr. Patterson.

The Academy of Medicine has been following their announced program, the Section on Medicine with a historical paper on New Jersey Medical Societies, by Dr. Disbrow, October 18, and a paper on Acute Pyelitis in Children, by Dr. Philhower; the Section on Pediatrics, October 19th, on Surgery; October 20, on Gynecology, and on Ophthalmology October 23.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

A dinner was tendered by the society to Dr. John B. Deaver, of Philadelphia, at the Downtown Club, Jersey City, which was attended by a large number of the members of the society and their friends.

After the dinner Dr. Deaver was escorted by the participants of the dinner to the regular meeting place of the society at Lincoln Hall, Jersey City, where he met a number of the physicians of Hudson County and outlying districts who were introduced to him.

The meeting was called to order by Dr. George M. Culver, president. On motion the routine business was dispensed with and the paper of the evening was read by Dr. Deaver on "Surgery of the Common Bile Duct." A copy of this paper for publication you may be able to obtain from Dr. Deaver.

The paper was discussed by Drs. E. J. Ill, G. K. Dickinson and F. D. Gray.

Dr. Ill complimented the writer and remarked that probing of the common duct is at times a very difficult procedure.

Dr. Dickinson said that he sometimes met with an obliterative form of the common duct with thickening of all the ducts and in some cases complete obliteration of the common duct. He considers palpation of great importance in gall-stone surgery as the probes may pass by the side of the impacted stone.

Dr. Gray said that where symptoms of gall stones exists and no stones but only a thickening of the head of the pancreas is found upon operation, stones might have been there before.

Dr. Deaver closed the discussion. He agreed as to the importance of a palpation during the operation for gall stones, but he thought that in that part of the common duct that passes through the head of the pancreas a flexible probe and scoop will do better service. He met with many cases of obliteration of the duct as mentioned by Dr. Dickinson. He ascribed the reason for the large per cent. of common duct stones in his series to the fact that cases coming to him for operation are far advanced.

Application for membership was received from Drs. Louis Lange and William Fessler.

Dr. T. R. Paganelli presented to the society a new instrument for strabismus operation, drawing and description of which I send you.

I enclose a paper read before the Jersey City Hospital Alumni Association by Dr. G. F. Baume, Jr., for publication in the Journal.

MERCER COUNTY.

Frank G. Scammell, M. D., Reporter.

The regular October meeting of the Mercer County Component Medical Society was held Tuesday October 11, 1911, in the handsome municipal building, with the following officers and members present: Dr. E. L. West, president; Dr. C. H. Holcombe, vice-president; Dr. H. R. North, secretary; Dr. F. G. Scammell, reporter; Drs. Adams, Norton, Schoening, Craythorn, Freeman, Hawke, Mitchell, Beatty, Yuzujian, Taylor, Sandy, Lalor, Reddan, McGuire, Clark and Costill.

The death of Dr. George M. Ridgeway, one of our beloved and most respected members, cast a gloom over the meeting and every one was visibly affected as they realized one of our members had succumbed in a gallant fight against the most untiring of diseases, acute attack of chronic nephritis, with the menacing sequelae of a heart complication.

Dr. Ridgeway was an untiring and successful physician, with whom it was pleasant to be associated and made more agreeable by his gentle disposition. The society passed resolutions on the death of Dr. George M. Ridgeway and appointed Drs. Clark, Adams and Holcombe to present them to the society.

The resolution from the Bergen County Society with reference to rabies in New Jersey was referred to the Legislative Committee.

The society felt that its correspondence should have some official mark of recognition when addressed to other bodies, and they, therefore, decided to purchase an official seal which was to be affixed to all communications sent out by this society.

The members attention to the annual banquet met with the usual approbation and the banquet committee was again delighted to perform its duty.

An able paper was read by Dr. William A. Clark on "Hospitals and Nurses."

The paper showed, as all his papers do, conservatism and much concentration of thought, and his tribute to the nurses, the tireless vigils of night as well as day, the homage paid to the sainted person, Florence Nightingale, for her inspiration to the nursing vocation was distinctly expressed by his paper.

The discussion of the registered nurse from the legislative standpoint was opened by Dr. Reddan, surgeon to St. Francis Hospital, and continued by Dr. Craythorn, one of Mercer Hospital staff; Dr. Norton, one of St. Francis, and Dr. Clark, also of Mercer Hospital staff, advocating the registration of all graduate nurses.

Dr. Hawke spoke on the compensation to the surgeons at the hospitals in Ithaca, by the city, for work done in the wards.

Dr. Mitchell gave an eloquent talk on "The Abuses of the Out-Patient Department and Wards of the Hospitals," which led to the appointment, by the president, of a committee to try and arrive at a solution of this most menacing condition.

The Legislative Committee was asked to confer with the several Assembly nominees and determine their attitude toward the regular physicians should a bill come before them at the next legislative session.

Dr. Henry A. Cotton, medical director of the New Jersey State Hospital for the Insane, at Trenton, and Dr. Charles F. Adams, ophthal-

mologist to Mercer Hospital, have gone abroad for a few months.

MIDDLESEX COUNTY.

Martin S. Meinzer, M. D., Secretary.

The regular quarterly meeting of the Middlesex County Medical Society was held October 18, 1911, at the Packer House, Perth Amboy.

After partaking of a course dinner, Dr. John L. Lund, the president, called the meeting to order, at 4:15 P. M. Those present were Drs. English, Treganowan, Wilson, Lund, Riva, Henry, Hoffman, Morrison, Ramsay, Saulsberry, Voorhees, Albright, Tyrrell, Meacham, Silk, Hay, Gruessner, Fithian and Meinzer.

A communication was received from President Tait in answer to our action in reference to Dr. Harvey W. Wiley. It was received and ordered to be entered on the minutes.

A communication from the Bergen County Medical Society, asking co-operation in the effort to obtain legislation for the control of rabies, was received and the secretary was instructed to acknowledge its receipt.

Dr. Waters F. Burrows, of New York City, was then introduced and read an excellent paper on "Causes of Post-Operative Complications and Early Voluntary Muscular Movements, with Avoidance of the Usual Confinement to Bed as a Means of Combatting Them." He advocated the early rising of patients after most operations, believing that the mortality from embolism was thus greatly reduced. Through early rising the vaso-motor tone was kept up, which rendered the formation of emboli less likely. He also advocated the transverse incision in abdominal work in preference to the inter-muscular, claiming that the chance of hernia was practically nil and left as a rule a much stronger abdomen. The paper was discussed by Drs. Riva, Voorhees, Ramsay, Wilson, Fithian, English and Meinzer. A copy of the paper was requested for publication in the Journal.

On motion of Dr. English, the president was requested to appoint a committee of three on legislation, to co-operate with the committee of the State Society.

PASSAIC COUNTY.

Reported by William Spickers, M. D.

The Passaic County Medical Society met in the Braun Building, Paterson, N. J., at 9 A. M., the president, Dr. William Flitcroft, in the chair. This was the first meeting of the season 1911-1912 and 35 members were present.

Dr. George Fischer, Paterson, reported an interesting case simulating lues. Patient was a man 21 years, born in United States and a silk weaver by occupation.

On October 30, 1910, he first noticed a lesion on his penis. He consulted a physician, who applied a dusting powder. Then a swelling appeared in his inguinal region. He was given internal treatment of mercury in pill form for five months. The swelling broke down and ulcerated. He then went to another physician, who gave the patient 30 intramuscular injections of bichloride. The ulceration became worse. It involved the thigh and scrotum. In June, 1911, the patient came to the Dermatological Clinic

of the Paterson General Hospital. Dr. Fischer stopped all treatment for seven weeks. Then a Wassermann test was made by Dr. Sandt; this was negative. In spite of the negative result six decigrammes of salvarsan was injected intramuscularly in the lumbar region. Three weeks later the Wassermann was again negative; smear was negative; von Pirquet was negative; no roseola; pharyngitis not present. Microscopic examination showed a chronic ulcerative process.

Dr. Fischer said that constitutional treatment for syphilis should not be instituted until the eruption appears, except in the case of the spirochete having been found or a Wassermann test is negative. He has treated the ulceration with potassium permanganate for the past week. He will now apply a solution of chinosol and a dusting powder of the same drug.

Dr. W. B. Johnson thought that this condition might be greatly benefited by the X-ray. Dr. Fischer thought this a good suggestion.

Under the new by-laws and constitution the Passaic County Medical Society has divided itself into the Paterson and Passaic sections.

Notices of meetings of both sections are sent out to all members of the society, who may attend either section or both.

The Passaic Section reported that Dr. G. T. Welch was elected chairman and Dr. J. H. Oram, clerk.

The Paterson Section elected Dr. W. Flitcroft chairman, and Dr. J. A. Maclay clerk.

The Passaic County Medical Society has appointed a Committee on Public Health and Legislation composed of Dr. John S. Yates, chairman; Drs. Walter B. Johnson and B. H. Rogers. This committee has been instructed to prosecute vigorously all illegal practitioners in Passaic County. The committee reports progress.

UNION COUNTY.

George Knauer, M. D., Reporter.

The Union County Medical Society held its regular meeting, October 11, 9 P. M., at the Plainfield Country Club. The president, Dr. W. H. Lawrence, Jr., presided. The attendance was fair, considering the inclemency of the weather.

The feature of the evening was an interesting paper read by Dr. Thomas P. Prout, of Summit, on "The Nervous Element in Diabetes." The discussion of the paper was opened by Dr. Thomas N. Gray, of Orange.

Dr. T. F. Livengood reported two cases of gonorrhoea in young girls in which the use of anti-gonococcus vaccine had no effect on the discharge.

Dr. C. R. Keppler spoke of the dust in rooms as a mode of transmission for the infecting agent of anterior poliomyelitis.

Dr. B. V. D. Hedges reported a case of imperforate anus and a case of ectopic gestation mistaken for appendicitis.

Dr. S. Franklin Wade, of Elizabeth, was elected a member of the society.

Dr. C. B. Holmes, of Rahway, and Dr. A. G. Sheppard, of Plainfield, were proposed for membership.

The next meeting of the society will be held November 8, 1911.

Tri-County Medical Association.

Morris-Sussex-Warren.

Charles B. Smith, M. D., Secretary.

The thirteenth annual meeting of the Tri-County Medical Association was held in the Washington Athletic rooms, Washington, N. J., October 17, 1911, at 10:45 A. M., with the president, Dr. J. M. Reese, of Phillipsburg, in the chair, who made an introductory address.

Dr. Clyde K. Miller, of Hackettstown, and Dr. Harry Bozzard, of Harmony, were elected to membership in the association.

The annual address was delivered by Jonathan M. Wainwright, A. M., M. D., surgeon-in-chief of the Moses Taylor Hospitals, Scranton, Pa., on "The Importance of the Early Recognition of Cancer by the General Practitioner." It was regarded as a paper of so much importance that the association unanimously requested that he allow it to be published in our State Journal, and it will be forwarded in a few days.

Dr. E. E. B. Beatty, of Newton, read an interesting paper on "Stomach Washing and Its Therapeutic Value."

Dr. A. E. Carpenter, of Boonton, also read an able paper on "The Modern Treatment of Syphilis."

The reading of these papers was followed by the reporting of some interesting cases.

The following officers were elected for the ensuing year:

President, Dr. Enos E. B. Beatty, of Newton, vice-presidents, Drs. Abram E. Carpenter, of Boonton, and George W. Cummins, of Belvidere; treasurer, Dr. Frederick W. Flagge, of Rockaway; secretary, Dr. Charles B. Smith, of Washington. Executive board: Drs. Fred. J. LaRiew, of Washington; Stephen Voorhees, of Newton, and John Walters, of Wharton. Finance Committee: Drs. Henry W. Kice, of Wharton; Ephraim Morrison, of Newton, and Charles M. Williams, of Washington. Committee of Arrangements: Drs. E. E. B. Beatty, Bruno Hood, E. Morrison and H. D. Van Gaasbeek.

An excellent dinner was served at the Hotel Windsor. The next meeting will be held in Sussex County.

Camden City Medical Society.

A regular meeting of the Camden City Medical Society was held, at the Dispensary Building, on the evening of October 3, 1911, with the president, Dr. J. Watson Martindale, in the chair. Dr. Alexander McAlister read an instructive paper entitled "The Nervous Child," which caused an animated discussion.

New Medical Society.

The Cooper Hospital Clinical Society has recently been organized in Camden, N. J., the membership consisting of the members of the various attending staffs of the hospital, with provision for associate membership of those who have been residents of the institution. To Dr. Thomas B. Lee, of the gynecological staff, is due the credit of fostering the growth of this society and establishing it upon a practical basis.

The primary object of the society is the mutual instruction and advancement of its members, thus increasing the efficiency of the work of the hospital, and further advancing its use-

fulness to the public. With this in view clinical conferences are held twice a month, at which times papers are presented and discussed and rare or unusually interesting cases are presented for the consideration and study of the members.—Camden County Society Journal.

Clinical Society's Banquet.

Seventy members of the Clinical Society of the Elizabeth General Hospital banqueted October 17th, at Achtel-Stetter's. The dinner was in honor of the anniversary of the society.

The speakers were W. W. Willett, president of the board of managers of the hospital; C. H. K. Halsey, president of the Elizabeth Board of Trade, and Dr. H. R. Livengood, president of the society. The committee in charge was Dr. C. H. Schlichter, Dr. Otto Wagner and Dr. M. A. Shangle.

Orange Mountain Medical Society.

The Orange Mountain Medical Society was entertained by Dr. F. J. E. Tetreault at his residence, Orange, N. J., Friday evening, October 18th, when Dr. Howard Lilienthal, of New York City, read a paper on "A New Method of Treatment of Fractures," which was subsequently discussed by several of the doctors.

Passaic City Medical Society.

Reported by J. H. Oram, M. D., Secretary.

The October meeting of the Passaic City Society was held in Elks' Hall, Passaic, October 12, with good attendance.

Dr. Martin J. Synnott, of Montclair, delivered an address on "The Practical Application of Vaccines." A discussion followed, led by Dr. Ralph E. Vreeland, of Passaic.

The question of lodge practice called out considerable discussion, but action was left to the County Society. The society is considering the question of owning their own rooms for meetings.

After adjournment the members partook of a collation that had been provided.

Summit Medical Society.

The sixth annual meeting of the Summit Medical Society was held at the Highland Club, Summit, on Friday evening, September 29th, 1911, with Dr. Josiah Meigh, of Bernardsville, in the chair, and Dr. D. E. English, of Summit, as host. The following guests were present: Drs. W. J. Chandler and R. D. Freeman, of South Orange; James Douglas, F. H. Glazebrook and H. Vaughan, of Morristown; F. H. Sward, of Madison; B. A. Prager, of Chatham; B. Van D. Hedges, of Plainfield, and E. E. Peck, of Caldwell. In spite of his protests, Dr. W. J. Lamson, of Summit, was elected secretary-treasurer, for the sixth time, this being the only office in the gift of the society. Dr. D. E. English read a short paper introducing the subject, "The Feeding of Children." The discussion was opened by Dr. R. D. Freeman, of South Orange, who said that at two years of age the child's diet should be practically settled, it only being necessary to increase the amount and variety of food a little from time to time. The American child in the nursery is the best and most carefully fed child in the world, but after it leaves the nursery, the worst fed child

in the world, and this improper feeding accounts for so many nervous children. In no other country do we find nervous children, and very few nervous adults. He is in the habit of weaning a child when it has two teeth, relying on this anatomical sign rather than on the age. He thinks Dr. Rotel's plan of using the development of epiphyses as a guide a most valuable one. There is a deplorable maternal ignorance as to the composition and value of foods for children. Three months after the development of two teeth he aims to have the child on three regular meals a day, with nothing but water between. He has had several children on this regimen at ten months with the happiest results. For breakfast cereal gruel, gradually strengthened to a stiff cereal, eaten with top-milk or cream, with milk to drink, and fruit. Dinner, meat broths, with crackers, potatoes (given early), rice and gravy, custards, farina puddings, corn starch, etc. Supper, light and plain, nothing better than bread and milk, with a little sweetening. The meals should be gradually strengthened until the child has three good meals a day. Fruit should be thoroughly ripened in the sun before it is gathered so that the chlorophyll may be developed. Bananas are good food if the children can digest them. Sweets are bad, as they take away the appetite for better kinds of food and create a craving for sweets only. The physiological reason for a child's desire for candy is that it is a concentrated easily assimilated energy.

Dr. Hedges said we are liable to rely too much on meat broths, which stimulate rather than build up tissue. Each child is a law unto itself in the matter of feeding, and no general laws can be laid down that will fit all children.

Dr. Prout thought the nervous child was caused by bad parental discipline in diet as well as in other things, and lack of oversight. The child apes the adult, and a nervous mother makes a nervous child.

Dr. Baker said the physical state of the food is very important, as the more finely comminuted the food is the poorer culture medium it becomes.

Dr. Chandler considers over-eating and eating between meals the most harmful factors in the diet of children. He allows sweets in moderation if eaten with meals.

Dr. Seward allows sweets after meals.

Dr. Glazebrook said the most important thing was to give the child a good start in life with good breast milk. In such case the future digestive problems were more easily solved.

Dr. Douglas emphasized the importance of mothers nursing their babies in order to give them a good start.

Dr. English said, in closing the discussion, he advised weaning the baby when it had four teeth, and did not get it down to three meals a day only until three or three and one-half years old, giving a light forenoon and afternoon lunch, until the twenty-eighth month, and a light afternoon lunch until three or three and one-half years.

The only way to cure a nervous child is to separate it, as far as possible, from its mother, and put it in charge of a competent nurse, who will give it the necessary discipline in diet as well as in all other ways.

All starches should be boiled four hours in a double boiler, no matter how finely ground, in order to burst the starch granules and properly

hydrate the starch. He endorsed all that had been said on the importance of breast feeding, and spoke of the harm so often done to the developing nipple in young girls by the pressure of undershirts without breast-pockets, and of other clothing bearing against them.

Lactose is a natural food for infants and children, but the glucose and levulose into which cane sugar is, or should be, converted, are not natural to the young, partly developed digestive organs. They are not all absorbed and the residue is prone to ferment, with the production of gas. This is one of the causes of the distended abdomen so often seen in children. This form of indigestion seems to be particularly apt to cause decaying of the teeth.

Dr. Glazebrook, of Morristown, gave an interesting account of his work in farming out sick babies from New York among housewives of moderate means in the country around Morristown. These women were taught how to care for their little charges, and a visiting nurse kept watch over them. Each woman was given one baby in arms and one runabout. This plan was strikingly successful, many infants apparently in the last stages of malnutrition having recovered. He strongly advised feeding infants with gastro-enteritis and diarrhea on boiled milk. The milk was boiled five minutes and then modified in the usual way. He always boils the solutions of milk sugar. He has given boiled milk for several months without any bad effect.

The secretary-treasurer, Dr. W. J. Lamson, read a brief history of the society, as follows:

The Summit Medical Society was conceived by Dr. R. H. Hamill on April 13, 1905, and the accouchement occurred successfully on April 28, 1905, the following accoucheurs being present as charter members: Drs. J. Boyd Risk, Eliot Gorton, W. Gray, W. H. Lawrence, Jr., R. H. Hamill, T. P. Prout, R. D. Baker, W. J. Lamson, W. H. Lawrence, Sr., and J. Burling. The physicians of Chatham, Short Hills, Millburn, and Springfield were invited to join with us in the care and nourishment of the infant. By-laws for its guidance were adopted, and regular monthly meetings were decided upon. Its growth was rapid so that on its first birthday anniversary it numbered nineteen members, and the limit of twenty members was reached soon after, in June, 1906, and it has kept up to this mark ever since. The average attendance for five years has been 12.24. We have lost one member by death, Dr. Walter Gray, in December, 1908, and the following by resignation or removal: Drs. W. M. Barnes, W. H. Lawrence, Sr., T. Y. Sutphen, E. B. Sutphen, A. Pell, J. Burling and J. T. Harrington. Dr. T. Y. Sutphen was made an honorary member in September, 1909.

The present membership of the Summit Medical Society is as follows: Drs. R. D. Baker, D. E. English, E. Gorton, R. H. Hamill, C. B. Keeney, W. J. Lamson, W. H. Lawrence, Jr., R. W. Moister, T. P. Prout, J. B. Risk and T. H. Rockwell, of Summit; T. W. Bebout, of Sterling; W. Campbell, of Short Hills; W. A. Jaquith, of Chatham; R. H. Macdonald, of New York; J. Meigh, of Bernardsville; J. E. Pollard and W. J. Wolfe, of Chatham; M. C. Smalley, of Gladstone, and J. A. Stites, of Springfield. Honorary member, Dr. T. Y. Sutphen, of Newark.

In 1909 it was decided that, instead of the

monthly feast of reason, there should be a light lunch served at each meeting, and an occasional flow of soul by having an annual dinner each June. This has been religiously done, and has given the members an opportunity for relaxation. Last year (February, 1911) a union meeting was held to which the members of the Orange Mountain Medical Society and the Morristown Medical Club were invited. This was so successful that it promises to be an annual event, and another union meeting will be held in January, 1912.

SUMMIT MEDICAL SOCIETY.

Object.

The cultivation of good fellowship and friendly intercourse among its members; the discussion of medical topics, and the encouragement of progress in medicine.

By-Laws.

Article I.—Membership. The number of members shall be limited to twenty, and all physicians in good standing of Summit and vicinity, are eligible to membership. Absence from three consecutive meetings without valid excuse will be considered equivalent to resignation.

Article II.—Entertainment. Members will entertain the society in alphabetical rotation. The entertaining member shall appoint the chairman, and provide a paper on some medical subject. He may invite a limited number of physicians not members of the society.

Article III.—Meetings. Meetings will be held on the last Friday evening of each month at 8:30 P. M., except July and August. One week's notice of meeting shall be given by the secretary, who will at the same time announce the subject of discussion.

Article IV.—Officers. A secretary will be elected at the September meeting to serve for one year.

Article V.—Dues. There are no dues.

Article VI.—Order of business. 1. Roll call; 2. Reading of minutes; 3. Election of new members; 4. Reports of committees; 5. New business; 6. Paper and discussion; 7. Reports of cases; 8. Refreshments.

Article VII.—Propositions for Membership. Propositions for membership may be made at a given meeting of society, and acted upon at any subsequent meeting. A majority vote by ballot of the entire membership of the society is required to elect a candidate.

Article VIII.—Amendments to By-Laws. Amendments to by-laws shall be acted upon in the same manner as propositions for membership.

Article IX.—Honorary Membership. Any physician who has been a member of the society in good standing for three years may be elected to honorary membership by a two-thirds vote of the total membership, at any regular meeting, provided that his name has been proposed and seconded at a previous meeting.

Arthur Home for Blind Babies.

In this institution, nestling in the hills just outside of Summit, N. J., about thirty children are being well cared for, most of them having been blind from birth and a number with the additional handicap of being deaf or dumb. The children range in age from a few months to twelve years, and a visit to the home is a surprise, for the little ones play and run about, much as do children who can see.

It is one of the homes of the International Sunshine Society. Miss Kitty Coleman is the superintendent. Dr. D. E. English is the medical attendant.

A. M. A. Public Health Education Committee.

The work of this committee in New Jersey is making good progress under the leadership of Maria M. Vinton, M. D., State chairman, of East Orange, N. J. Seven county chairmen have been appointed: Dr. Emma O. Gantz, East Orange; Dr. Louise Patterson, Vineland; Dr. Emma C. Clark, Dover; Dr. Margaret Brewster, Grantwood; Dr. Eugenia Jacques, Jersey City; Dr. Effie Graff, Somerville; Dr. Helen F. Upham, Asbury Park.

It is the purpose of the organization to secure a large number of physician volunteers to give lectures in their own localities concerning the nature and prevention of disease and the general hygienic welfare of the people. Any organizations desiring such lectures are invited to communicate with Dr. Maria M. Vinton, 15 Falsted place, East Orange, N. J. School superintendents have been asked to provide fifteen-minute talks on health occasionally or to have a health day appointed in each school.

N. J. State Pediatric Society.

A symposium under the auspices of the New Jersey State Pediatric Society on "The Welfare of Young Children from the Educational Standpoint," was held in the ball room of the Laurel House, Lakewood, N. J. on Saturday, October 28th, at 8:30 P. M. This was a general meeting to which all physicians, clergymen, teachers and others interested in child welfare were invited.

Dr. Henry L. Coit, of Newark, presided, and Dr. M. J. Synnott, of Montclair, was secretary. The following well-known educators and physicians read papers:

Dr. Henry E. Jenkins, District Superintendent of Schools of the City of New York. Subject: "The School and the Doctor."

Professor Howard C. Warren, Princeton University. Subject: "The Home Schools for Infants at Rome."

Mr. E. R. Johnstone, Superintendent New Jersey Training School for Feeble-Minded Girls and Boys, Vineland, N. J. Subject: "The Care and Training of Feeble-Minded Children."

Dr. David F. Weeks, Superintendent New Jersey State Village for Epileptics, Skillman, N. J. Subject: "What New Jersey Is Doing for the Epileptic."

New Jersey Sanitary Association.

The thirty-sixth annual meeting of the New Jersey Sanitary Association will be held in the Laurel-in-the-Pines Hotel, Lakewood, N. J., November 24th and 25th, 1911. Edward Guion, M. D., Atlantic City, president; James A. Exton, M. D., Arlington, secretary.

The preliminary program included the following subjects to be presented:

Some Features of the Larger Water Supplies of the State, by Morris R. Sherrerd, C. E., Newark; Outline of Proposed Anti-Tuberculosis Campaign in New Jersey, by A. Clark Hunt, M. D., of State Board of Health; Some Observations Upon the Collection and Disposal of Garbage, by Samuel A. Greeley, C. E., of Mil-

waukee; Symposium on Infant Mortality, by Drs. Charles G. Kerley, David C. English, Henry L. Coit and G. K. Dickinson; History of the Fly, by Dr. G. K. Dickinson, Jersey City; Progress Toward the Control of Animal Infection in the State, and Its Relation to the Public Health, by H. E. Stearns, D. V. S., Arlington; The Moral Phase of the Social Evil, by Rev. H. M. Gessner, Atlantic City; The Public Schools with Relation to Public Health, by Professor C. N. Kendall, Commissioner of Education, Trenton.

President Guion will deliver the annual address on Friday evening and several committees will report on Saturday morning. Members of the medical profession are invited to attend.

Clinical Congress of Surgeons of North America.

The second annual meeting of this Congress will be held in Philadelphia from November 7th to the 16th, 1911, and from the preliminary program, it gives promise of being one of the most interesting gatherings, to practitioners of all branches of surgery, that have been held this year. Dr. Albert J. Ochsner, of Chicago, is president and Dr. Franklin H. Martin, of Chicago, is general secretary. A clinical program, which is very extensive, outlines a very large number of clinics to be held in the 26 leading hospitals of Philadelphia, with a large number of the distinguished surgeons of the United States as lecturers and demonstrators. These clinics will be held in the daytime, morning and afternoon each day.

The literary program for the meeting held on the evenings of November 8, 9, 10, 13, 14 and 15, is as follows:

November 8—Surgical Pathology of the Stomach and Duodenum, Dr. J. F. Binnie, Kansas City; Surgery of the Liver and Bile Ducts, Dr. G. E. Brewer, New York; Surgery of the Pancreas, Dr. M. H. Richardson, Boston.

November 9—President Ochsner's Address, Co-ordination of Undergraduate and Postgraduate Teaching of Clinical Surgery; The Technique and Remote Results of Blood-vessel Anastomoses (Lantern Demonstration), Dr. Alexis Carrel, New York; Cancer of the Stomach; Its Surgical Cure (Lantern Demonstration), Dr. W. J. Mayo, Rochester, Minn.

November 10—The Technique and Results of Deep Injections of Alcohol for Tiedouloureux, Dr. H. T. Patrick, Chicago; Surgery of the Pituitary Body, Dr. H. Cushing, Baltimore; Operative Treatment of Experimental Lesion of the Spinal Cord, Equivalent to the Crush Injury of Fracture Dislocation of the Spinal Column, Dr. A. R. Allen, Philadelphia.

November 13—Some Observations on the Thyroid Gland and Its Diseases, Dr. Charles H. Mayo, Rochester; The Operative Treatment of Fractures, Dr. J. A. Blake, New York; The Significance of Blood in the Stools, Dr. J. M. T. Finney, Baltimore.

November 14—The Surgery of Childhood: (1) Pyloric Stenosis in Infancy, Its Surgical Treatment, Dr. C. L. Scudder, Boston; (2) Some Differences Between the Surgery in Children and Adults, Dr. C. N. Dowd, New York; (3) A Paper on Orthopedic Surgery, Dr. R. T. Taylor, Baltimore.

November 15—Surgery of the Tubes and Ovaries, Dr. E. Reynolds, Boston; The Treatment of Ectopic Gestation, Dr. E. B. Cragin,

New York; The Circulation of Fibroid Tumors (Lantern Dem.), Dr. J. A. Sampson, Albany.

Also a combined meeting of the sections on Otolaryngology and Ophthalmology, in Thompson Hall, College of Physicians, November 15, 8:15 P. M., with the following papers:

The Surgery of the Sinuses and Its Relation to Orbital Complications, Dr. J. H. Bryan, Washington; The Relation Between Otic and Intracranial Diseases, Dr. Gorham Bacon, New York; The Newer Operations for Glaucoma, Dr. J. E. Weeks, New York.

Discussions on most of the papers will be participated in by able men.

Invitations will be issued to physicians who desire to attend the Philadelphia meetings and become members of the Clinical Congress if their names and addresses are sent to Dr. Franklin H. Martin, 1210 Columbus Memorial Building, Chicago, Ill.

New York and New England Association of Railway Surgeons.

The twenty-first annual session of this association will be held at the Hotel Astor, New York City, on Thursday, November 16, 1911. A very interesting and attractive program has been arranged. Railway surgeons, attorneys, and officials and all members of the medical profession are cordially invited to attend. The president of the association is Dr. F. A. Goodwin, Binghamton, N. Y.; the corresponding secretary, Dr. George Chaffee, 338 Forty-seventh street, Brooklyn, N. Y.

International Tuberculosis Conference.

It has been decided to hold the next international conference in Rome, April 11-13, 1912, and to discuss as the most important questions, human and bovine tuberculosis, specific treatment, and the participation of woman in the campaign against tuberculosis. Also measures are to be taken to protect the symbol of the International Tuberculosis Association, the double red cross, against misuse. Twenty-eight countries belong to the association.

Dr. H. W. Wiley Entertained.

The Twilight Club, New York City, entertained Dr. Harvey W. Wiley, at its 623d dinner at the Hotel Cumberland, October 17.

The general topic for discussion was "How to Obtain Health and Longevity."

"Health," said Dr. Wiley, "is the normal condition of man, and the conservation of public health is of wonderful interest to me, because I want to be a normal man. I don't want to be a faddist or a radical. I want to be put down as a normal, conservative man."

The pure food expert uttered his belief in conservation of resources so long as the resources were not "kept in cold storage too long." He certainly objected to keeping Alaskan coal for his great-great-grandchild to warm his shins by, because he thoroughly believed that by that time scientists would have discovered a substitute for coal as fuel. To his mind, the only solution of the conservation of public health lies in the "back to the farm movement."

"Why do the country boys and girls flock to the city? I'll tell you why, because I was a

farmer's boy myself once. It is because country life is not attractive to them. To make it so we must teach it in the schools. Throw overboard such barbarous rubbish as tables of weights and measures, and in its place teach something about agriculture, about the birds, the trees and the flowers," he said.

Congested cities, to Dr. Wiley's mind, took the place of money as the root of all evil. He would hereafter prohibit by law the establishment of a producing plant in any city. That would make factories seek the country, and gradually the cities would be relieved of congestion, and half-fed, sickly women and babies in the slums would be induced to migrate to the green fields.

Dr. Wiley had no use for fasting. "The man who tells me that the human race has through all history eaten twice as much as it should is no friend of mine!" he cried. "Look at the successful nations—England, Canada, the United States, Germany! All of them omnivorous nations. Napoleon said that the success of a campaign depended as much on the commissariat as on the ammunition wagon.

"The human organism must be well nourished to keep at bay the germs of illness and death. Healthy men, like the speakers here tonight, are well fed men.

Dr. Wiley ended his talk with a plea for the children. He warned parents against letting children run to the corner drug or grocery store for "soft drinks," loaded with "caffeine." "You forbid them to drink tea or coffee," he said, but nobody raises a finger of warning against caffeine-laden soft drinks. If anybody does raise a hand, some unseen force pulls the hand down. It is your duty to find that unseen power and destroy it forever."

A Lawyer's \$800,000 Fee.

The attorney who defended F. R. Heinze, the "Copper King," in his trial for misapplication of the funds of the Mercantile National Bank, received a check for \$800,000 for his services. If a physician had saved his life or that of one of his family, what would have been thought of such a fee.—Medical Council.

The Doctor does not Work for Fees Alone.

It is something more than the prospect of good fees which enables us to endure obstetric vigils and other medical strains that would try the patience and fortitude of demigods.

The degree in which that "something" is possessed determines the physician's fitness.

Great practitioners always possess it in high degree.

Men who possess it not at all or in slight degree ought not to practise medicine.—Critic and Guide.

Scores Anti-Vivisection.

King Frederick of Denmark refused to give his patronage to the International Animal Protection and Anti-Vivisection Congress, which has been in session in Copenhagen, upon the ground that he could not bestow his support upon a body which was opposed to scientific methods of research. Thereupon the members of the Cabinet likewise refused to become patrons of the congress.

THE JOURNAL

OF THE

Medical Society of New Jersey

NOVEMBER, 1911

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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New Brunswick, N. J.

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Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

We call attention to two important meetings this month which some of our members will probably attend, as they give opportunity to hear questions discussed by eminent physicians and sanitarians—the Clinical Congress of Surgeons of North America, at Philadelphia, and the New Jersey Sanitary Association, at Lakewood, as announced on page 321. Also the meeting of the Academy of Medicine, 665 Broad street, Newark, on November 22d, at 8:30 P. M., when Dr. John B. Murphy, of Chicago, will speak on "The Conservation of Joints and Bones in Infections; The Prevention of Ankylosis and Necrosis." The Academy also announces a meeting for December 15th, when Dr. Richard C. Cabot, of Boston, will speak on "The Essentials and Non-Essentials of Physical Diagnosis."

We have been compelled, by the late receiving of reports and other important matter, to defer the insertion of the papers of Dr. Charles Z. Garside, on "Bacterial Vaccines;" Dr. G. H. Ward, on "Acute Suppurative Otitis in the Advance Stage of Exudative Otitis Media;" Dr. G. F. Boehme, Jr., on "Henock's Purpura;" Dr. D. E. English, on "The Feeding of Children;" Dr. George J. Holmes, on "Improved Medical Inspection of Public Schools and Its Results," and Dr. William Neer, on "Strictures of Male Urethra and Their Complications."

TO THE SECRETARIES.

With the October issue were sent the revised lists of members of the Medical Society of New Jersey and of all other physicians (as far as it was possible to obtain their names) practising in this State. Duplicate copies of the lists for their respective counties were sent to each secretary. These lists should be carefully examined and corrections made at once. It will lessen the work to be done next spring. Other copies of the lists can be then sent and all the corrections inserted on them.

All members are urged to read over these lists and communicate with secretary of their county society, or direct with the secretary of the Medical Society of New Jersey, stating any errors or corrections. It is also desirable that all newcomers should, if possible, be enrolled in the list of regular members. We have now 1,456 members. We should have at least 300 additional names on our list by next spring. W. J. C.

MEDICAL SOCIETY REPORTS.

We are pleased to state that more medical societies have reported the October meetings than ever before and we take this opportunity to return thanks to the secretaries and reporters who have so faithfully served their societies and the profession at large—through the Journal—for we recognize the fact that these reports are helpful to all, while they demonstrate the good work that is being done to the credit of their respective societies. It is evident from recent reports that our county societies are improving both in the scientific character of, and attendance upon, their meetings, and that the social functions connected therewith are tending toward the uplift of the profession in the ethical relations and kindly intercourse of its members toward each other.

We hope that the good beginning made in reporting society meetings—both county and local—will continue and we respectfully ask that the reports shall be as full and accurate as possible, names and technical terms especially being very legibly written to avoid type-setters' mistakes, and that they be sent if possible within twenty-four hours after the meeting's adjournment.

Please avoid postal card reports especially such as are merely the announcement in advance of the meeting with illegible addenda. Typewritten reports are preferred when it is convenient—but please give the editor an early report of *every* meeting, even if pressure of professional work has compelled its hasty preparation.

We emphasize the importance of reporting every death of a physician within the society's bounds, with brief obituary; also any items concerning medical men. Our "Personal Notes" items are almost invariably culled, by the editor, from the few daily newspaper exchanges.

QUALITY VS. QUANTITY.

Some people estimate the power and value of organizations or enterprises according to their "bigness," or the claims and the noise their promoters; with large headlines or brass bands, stir up in order to enlist and sometimes beguile the public. Sometimes the best organizations and business or beneficent enterprises are damaged by unwise methods or extravagant claims in their prospectuses and subsequent plans and statements.

In times of war the first essential for success in the opinion of the average citizen is a large army—he rests his faith on the comparative numbers of the contending armies. The more careful thinker looks deeper and more wisely forecasts the probable outcome of the conflict. He considers the question of quality rather than quantity; the character and ability of the leaders; how thoroughly trained and disciplined are the respective opposing forces and their powers of endurance; whether mercenary motives, compulsory service or the spirit of patriotism and lofty conceptions of duty have led them into and will nerve them for the conflict. He also takes into consideration the question of the wisdom and righteousness of the cause for which the war is waged.

So in all great national projects or business enterprises, success depends not so much on numbers as on the character, ability, courage and perseverance of the men,

whether few or many, who plan and carry on the work, *e. g.*, the great Panama Canal. So also in great beneficent movements like the anti-tuberculosis campaign. We believe that there are some mistakes made in the inception of that great movement that have tended to, if not actually caused, the prolonging of the campaign. Were not the greatest mistakes made in counting on immense numbers in the planning stage and the holding out of the false idea that we were going to stamp out the disease within the lifetime of the present generation. The idea of interesting and enlisting every citizen in the work was all right provided they were not ignorant of the etiology, character and methods of eradicating the disease, and entered into the fight intelligently, realizing that it was to be a hard, long, courageous, untiring warfare—fare more likely taking centuries than decades to obtain full and final victory.

We are in these later years turning our attention to and using our utmost endeavors to secure thorough organization of the medical profession. Straining every effort to secure the enrollment of every man who bears the title of M. D. into our medical societies regardless of his character, scientific attainments or methods. If he is sadly deficient in either of these respects, get him into the society in order to make him better, it has been argued and urged. This sounds well and is to be commended if intelligently—an intelligence based on discriminating judgment—and rightly applied. But let us not lose sight of two facts; the society is not a reformatory institution, though it ought to be making its members better and wiser, and, second, that the public is not discriminating in its judgment of and respect for the medical profession, we fear not so much so as a quarter or half century ago. Three of the chief reasons for this, we believe, are the increase in the number of incompetent or fairly competent physicians who lack courage, perseverance or opportunity; the increasing spirit of commercialism in its various forms and the lack

of the *esprit de corps* which should characterize the profession.

We do not wish to be misunderstood. *We believe in the thorough organization of the medical profession; that every intelligent and honorable physician ought to be a member of his County Medical Society—and local society where there is one—and ought to do what he can to advance the scientific and, in all proper ways, the honorable standing of the profession in his community; that he should always act the gentleman and the good citizen, using his influence with his fellow citizens for the promotion of the health, the educational and moral conditions of his community.*

There are other conditions affecting the medical profession which should have the careful consideration of its members, where quality should be emphasized as vastly more important than quantity; where our influence as individual members of the profession should be exerted and decided action by every medical society should be taken for the correction of harmful conditions. We refer especially to the vast increase in the number of medical students, the condition of the large majority of our medical schools and the lack of uniformity and efficiency of boards of medical examiners.

As far as numbers are concerned we are decidedly of the opinion that far too many young men of mediocre ability, with faulty conception of the physician's life and responsibilities and with unworthy motives are entering upon the study of medicine. This opinion needs no argument when we consider existing conditions—an overcrowded profession with many unable to obtain practice, and the average income of practitioners of experience who are more or less active in practice of only \$700, and the growing demands on the profession caused by the marvelous advance in the science and art of medicine. These hundreds of young men of immature thought and inadequate preparation have been encouraged by the mediocre, if not worthless, medical schools to take up the study of medicine by offering a

short cut at cheap rates. The result is that such young graduates find out when too late that they have paid dearly for an education that has utterly failed to fit them for the most exacting and responsible profession in life and they are compelled to choose between starvation and another vocation.

We believe that the good of the profession and the highest interests of humanity would be far better promoted if the number of medical schools in the United States were reduced to not more than 25 or 30, situated at the great centres of population in the different sections of the country, thoroughly furnished with laboratory and hospital equipment, with the ablest teachers, who shall give their time to the teaching function—which should be far more clinical than heretofore. We believe that the practice of such teachers, in their respective specialties, should be very largely, if not entirely confined to the hospital and laboratory of the medical college in which they teach. Then only the brainiest young men who have had a college education, who understand the demands that are and will be increasingly made upon medical practitioners and who are willing to pay the price, not only in money but also in self-denying work, should be encouraged to enter upon the study of medicine, and they should be advised to enter the medical school that is accessible and that offers the best education and training. If the young man happens to be the "poor boy" (for whom the supporters of the poor medical schools are so considerate), is a "brainy boy," with a courageous and persevering spirit, who has intelligently and deliberately chosen the practice of medicine as his vocation, the best preparatory and medical school education should be given him through scholarships which our wealthy men—who are giving millions to educational institutions—should be influenced to provide in our best medical schools. But don't give the "poor boy" a poor education that will end in failure and lead to worse poverty, or grievous disappointment to him and discredit to our profession.

The other condition, involving the question of quality and which needs careful thought that shall lead to the adoption of some method for the improvement of the personnel or correction of methods, is that of the State Boards of Medical Examiners. We have given some thought to the matter in carefully examining the results of 114 examinations that have been reported in our Journal since December, 1910, and in two other journals. We cite the following facts:

In those 114 State Board examinations there were 6,908 candidates examined, with 23 per cent. of them failing to pass. Among the various State Boards reporting results we note the following percentages of failures to pass: Alabama, one report gives 38 per cent., another 57 per cent.; Arkansas, one report, 66 per cent.; California, one report, 37 per cent.; Illinois, one report, 58 per cent.; Kentucky, one report, 28 per cent.; Massachusetts, one report, 36 per cent.; Mississippi, one report, 47 per cent.; another report, 62 per cent.; Oregon, one report, 36 per cent., another report, 45 per cent.; Washington, one report, 32 per cent., another report, 37 per cent. New Jersey shows in one report this year 14.3 per cent. of failures; during the year 1910 the failures were 24 per cent.

On the other hand we note the following instances in which State Boards report no failures, or but one: All the 65 examined passed; all 59 passed, at next examination same board, all 10 passed; all 41 passed; all 23 passed; all 18 passed; all 15 passed; 69 examined, of whom all but one passed; 51 examined, all but one passed; many others with small numbers examined and all passed.

We cannot at present comment on the significance of these figures; we only call our reader's attention to them, asking three questions for their consideration: Did nearly all the deficient students happen to come before the boards first mentioned that report so many failures, and nearly all the bright students before the boards that report no failures or but very few? Are the respective boards equally competent and do their decisions frequently do injustice to the candidates who fail to pass, or to the communities in which the successful candidates enter upon practice? To what extent do these figures show the standing of the medical colleges from which these unsuccessful candidates have graduated?

We are not prepared to pass judgment on our various State Boards of Medical Examiners as to their capability or methods,

because of lack of knowledge of the men and of insufficient data at hand, but we are entirely in sympathy with the thoughts on the subject presented in the excellent presidential address of Dr. Thomas H. Mackenzie, at the last annual meeting of our State Society as published in our July Journal. It is worthy our careful study. It is to be regretted that a committee was not appointed to consider its suggestions and report next year for the society's action.

We cannot close this editorial without expressing our decided conviction that far more is being done to raise the standards and the standing and efficiency of the medical profession by the efforts of the American Medical Association through its excellent Committee on Medical Education, and its able Journal, and by the Carnegie Foundation, to drive out of existence the low grade medical schools, to increase the matriculation requirements and greatly enlarge the equipment and lengthen the course of the better and best of the medical schools, than can be accomplished by such organization of our medical profession as would gather into our medical societies every class and description of men who bear the title worthily or unworthily of M. D. The profession's greatest needs are and ought to continue to be, to raise its educational standards, and to increase its honorable, ethical altruistic spirit and then, secondarily, its numbers—quality before quantity, our highest aim and effort.

SHALL DOCTORS BE ELECTED AS LEGISLATORS?

Several able physicians have been nominated for local political offices, but we have, as a medical journal, nothing to do with local politics and, we may add, no advice to offer concerning the election of State or National candidates, except in cases where we believe the office should be filled by a worthy medical man, because he is best qualified to decide matters which involve the health interests of the State or Nation. In the election of Assemblymen or State

Senators such men are certainly best qualified to pass judgment intelligently and rightly upon the legislation that affects the health interests of the State, as they are the logical and safe advisers as to legislation affecting the lives and the health of its citizens, who best know the measures which tend to safeguard or to jeopardize those sacred interests. In New Jersey there should be at least two physicians of sound judgment in the Senate and five in the Assembly. If the matter was one affecting the financial interests of the profession, or one in which physicians sought legislation favoring themselves as a class but was not for the benefit of the citizens of the State generally, we should not, in the Journal, call the attention of our members to the coming election of members of the Legislature. But the medical men of New Jersey have sought and fought for legislation for public health boards and health laws and the raising of the standards of medical education and medical licensure—all in the interest of the *people* and notwithstanding they might cause financial loss to the profession. Such has been the character of nearly all the legislation sought by the Medical Society of New Jersey since its organization—145 years ago.

Physicians have been nominated for the coming Legislature as follows:

Dr. Thomas Barber, of Warren County, for Senator; and for the Assembly: Dr. Henry O. Carhart, of Warren County; Dr. William E. Ogden, of Bergen County; Dr. Alexander Marcy, Jr., of Burlington County.

We believe the selection of legislators who will be true to such high and sacred interests as we have set forth above is of vastly greater importance than the mere question of the political complexion of the Legislature of 1911-12, especially when it is believed that the Senate and Assembly will be of opposite political faiths.

We insert the following from the Journal of the Kansas Medical Society:

DOCTORS IN THE LEGISLATURE.

"The time will soon arrive for the election of State Senators and Representatives. Are

we going to sit idly by and watch the formation of this legislative body without taking a part in its selection. We have heretofore waited until the Legislature convened and then have tried to get passed various bills for the good of the State, only to see them die an ignoble death. We have also seen bills enacted by the irregulars which are a constant menace to the people of the State, and incidentally have been powerless to prevent it. Now comes the 'Chiropractors' who, according to a Kansas City daily paper, have formed an organization and employed attorneys to help get recognition from the State of Kansas.

Wichita, Kas., Aug. 31.—A State organization of drugless doctors formed here to-day with a membership of 100. The name of the association is the Kansas Drugless Doctors' Association. The delegates declare that a medical trust exists in this State which is crushing out all forms of treating disease that do not meet their approval. * * *

A constitution providing for an association government similar to the commission form was proposed by Colonel S. L. Long and accepted. The purpose of the organization is to secure legislation which will permit the members to practice their profession in Kansas. Attorneys have been hired to represent the association in its fight.

"Perhaps they will have to wait until the next Legislature convenes before they get any encouragement because our State Board has put its stamp of disapproval upon these self-styled 'practitioners.'

"Now unless we can get elected a few at least of the legislators, who will not be swayed by the arguments that these irregulars advance we can not hope to have any standard for the practice of medicine in our State. We must *get busy*, fight fire with fire. It would certainly be a fine thing if the Legislature could be made up with the same proportion of doctors that there are lawyers, farmers, etc., then legislation that is necessary for the prevention of disease as well as laws elevating the practice of medicine, instead of lowering it would be an accomplished fact in place of an iridescent dream."

We give on page 328, by request, the vote on the medical practice bill this year and names of some who voted against it last year.

Correspondence.

Use and Abuse of Hospitals.

Discussion of Dr. Alex. Marcy, Jr.'s, Paper by
Dr. J. Finley Bell, of Englewood.
Englewood, N. J., Sept. 24, 1911.

Editor of the New Jersey State Journal.

My dear Dr. English: I have read with much interest Dr. Marcy's article on "Hospitals; Their Use and Abuse from the General Practitioner's Viewpoint," in the August number of the Journal.

While not agreeing with many points in Dr. Marcy's paper, I do agree in some, and in the main believe that its great value will be found in demonstrating the unsatisfactory, and I might say inadequate, service which the hospitals are at present contributing and that the trend of the discussion will continue in this direction.

I cannot agree with Dr. Marcy's idea of a county institution under existing conditions. Perhaps in the ages to come, when practical politics will have more virtue and less vice, when practical politicians will have the intelligence to appreciate and the honor to reward scientific worth, such a politically managed institution might be practicable and advantageous.

I quite agree with Dr. Marcy (and with due regard for Dr. Ill's exception) that in the large majority of instances the modern hospital is a close corporation and that the appointments are made just as he says by "social influence and favoritism rather than scientific worth and merit." Furthermore, that high class medical work is not always essential in holding such appointments indefinitely, can be proven times without number.

I also agree with Dr. Marcy that the hospitals under their present management are "pauperizing institutions," but that is because the hospitals refuse to carry their influence without their own walls; consequently a large class of patients deserving careful medical and surgical care, being refused by the hospitals, find their way to the dispensaries, which, as Dr. Marcy truly says, are "always overcrowded and almost always inadequately equipped" for high class service. Hence the hospital is a negligible quantity in preventive medicine.

The dispensary service should be correlated with the general hospital service and under the same government. The physicians or surgeons in charge should carry the entire responsibility for such a service. The out-patient or dispensary department to be so managed that it could betake itself into homes where patients not absolutely requiring hospital service, or who have been in the hospitals, and later in the dispensary, are watched and complete records made until final recovery has taken place. In this way the hospital service could be made effective in preventive medicine. The statistics gathered and tabulated in the annual reports of the average hospital are scientifically and professionally valueless. In not a small percentage of the cases quoted as cured in such reports, if investigated, would be found with relapses or complications from which some will have perished before the report finds its way to the public. They serve the sole purpose of interesting an impressionable public for contributions, endowments, etc.

I have wondered while perusing this paper and the criticisms in the next issue why the entire discussion should have assumed a surgical aspect. The spectacular halo which surrounds surgical procedure seems to overshadow all else, even pathology and bacteriology, upon which rests all modern surgical progress.

Chirurgi-mania seems to attack about ninety per cent. of the medical graduates who leave college and enter practice with the over-powering ambition to become surgeons, invariably buying a scalpel before a stethoscope. The young surgeon is prone to boast of his prowess and frequently explains in detail to laymen the operations he has just performed. That the untrained and badly trained young surgeons are quite generally addicted to this vice, is a matter of everyday observation.

In the smaller cities the medical fraternity is divided by the hospital, or hospitals, into two factions, the "ins" and the "outs." The "ins" are trying to keep themselves in and the other faction out, and I regret to say not always by conscientious and scientific service; but by hook or crook, by cunning manipulation and otherwise, and that the hospital boards, usually self-perpetuating bodies, composed of laymen and women, are for the most part incapable and frequently unwilling to consider merit when granting staff appointments, and fail to realize the serious obligations which such appointments entail.

Referring to the picture drawn by Dr. Marcy, of the preparations for operation in the hospitals, one must feel sorry for the lines and colors employed. Much he says is true, but he leaves the inference that much of the necessary preparation, either in the hospital or home, is avoided in the latter. This I am sure he did not intend, but nevertheless it throws him open to the criticism which Drs. Ill and Gray were quick to take advantage of.

In the matter of statistics, I quite agree with Dr. Marcy that results are just as good in properly selected homes as in the hospitals. The limited statistics alluded to by Dr. Ill cannot be considered as conclusive in a matter of so great importance.

The opinion prevails that the surgeon recommends the hospital because the more surgery he does in the hospital the more importance attaches to his appointment. In a hospital with which I was recently connected this matter of hospital patronage received long and serious consideration at the hands of the board of governors on more than one occasion, and in these discussions this was arrayed against the professional and moral shortcomings of the surgeon under consideration. Hence it is to the surgeon's advantage professionally, as well as pecuniarily, to recommend the hospital's private pavilion. While the private rooms may be open to the attending physician, assuming he is not of the chosen, the public wards rarely are; consequently the moment a patient enters the hospital ward she parts company with her physician, who may have made a creditable diagnosis, in which the operating surgeon concurs, and on which diagnosis the operation is performed. Not only is the attending physician deprived of proper credit and compensation for his skill, but also the professional obligation which he commendably wishes to render his patient.

If in the course of surgical convalescence a medical question should arise, the medical side

of the hospital would be called in consultation; rarely the attending physician, and never if such patient is in a ward. When such patient emerges from the hospital she quite naturally returns to the hospital physicians or surgeons, because of the possibility of her present difficulty resting upon conditions occurring with or in consequence of her operation, of which, to her mind, the family physician would not be familiar. This is not a word picture; it is a fact which the writer can verify by many observations.

Dr. Marcy refers to "trained nurses, trained anesthetists and perfect technique at hand." I trust every hospital has these, but I know few hospitals have trained anesthetists. For the past four or five years the smaller hospitals throughout the country districts have had great difficulty in getting desirable internes. Medical courses are becoming so long, arduous and expensive that those who cannot get service in the large and prominent hospitals feel that they must do more remunerative work; hence ambitious young doctors of limited means rarely find their way into the house service of the small hospitals. To such internes as can be secured the patients are delivered for anesthesia.

I have seen young internes in the hospital administer anesthetics in serious cases, when their experience was limited to two previous administrations. Needless to say the attending physician could in all probability anesthetize his own patient either in or out of the hospital with a great deal more safety than could such a young and inexperienced interne. To the incompetent administration of anesthetics is due a large percentage of the post-operative illnesses and complications, to say nothing of the tragedies which occur on the operating table or in the wards where the dying cases are hurried to save the credit of the operating-room service. The professional staffs and governing boards of hospitals are neglecting a serious obligation in this regard and have much to answer for.

Dr. Marcy is generally correct in his statement that after the operation is performed the patient is returned to the ward or private pavilion and in the vast majority of instances turned over to the house staff and nurses. Dr. Gray, being an exceptionally careful and humane man, probably does not do this, but the fact remains that it is done, not only occasionally, but regularly in a large number of the smaller hospitals.

The relative advantage of home and hospital operations depends entirely on three factors.

First—The nature of the operation to be performed and condition of the patient.

Second—The conveniences the particular house affords in which the operation is to be performed and the professional equipment of the attending physician, assuming he is to have post-operative charge.

Third—The standing and equipment of the hospital should it be selected, and the ability of the surgical and medical staff. The welfare of the patients demands that nothing should be taken for granted in either case.

The modern homes of the well-to-do, and even people in very moderate circumstances, if such homes are clean, are readily adapted with proper preparation to surgical work. Years ago, when the use of antiseptics overpowered everything pertaining to operative procedures, it was different. Bichloride dressings, extensive shaving and

skin scrubbing hours before the operation; antiseptic sprays played during the operation, were some of the laborious features not now considered necessary or desirable, but which rendered home operations difficult. Extreme cleanliness, direct and simple technique are the dominant factors of modern surgical procedure, readily available in the ordinary home, and not always utilized in the hospital. It not infrequently happens that patients recently operated have been quarantined in hospital wards because of the outbreak of communicable disease in one or more inmates to which such patients were not immune; a danger which would be obviated in the home.

Referring to Dr. Martindale's statement * * * "practice makes perfect, and that while the new surgeon may make a fat grave yard at the beginning, he eventually gains confidence, and profits by his mistakes till he becomes a fairly competent surgeon. His chances of becoming proficient are much greater than those of his colleague who has no surgical service in a hospital" * * * I have naught but sympathy for the doctor who is driven to make so damaging an apology in defence of the hospital. Operators trained in accordance with the above plan will not be surgeons in any stage of their career. Their hands may be steadier. Their self-confidence and courage greater, but they will still remain surgical pigmies with abundant opportunities for mischief.

Dr. Martindale refers to a Philadelphia surgeon who operated in three hospitals gratuitously in one day, comprising five abdominal sections. Doubtless this same surgeon would fight to the last ditch any well qualified young Philadelphia surgeon who would have the temerity to attempt to relieve him of even a small part of this service.

In every hospital which I have investigated, and they are not a few, I found either the staff overworked and much work left undone in clinical investigation, or—in many instances—no serious attempt made to carry on this work. The policy of such staffs strikingly resembles the "dog in the manger" and naturally stirs the laudably ambitious and worthy physician on the outside to righteous indignation.

What the outlanders ask is not for displacement but opportunity to do that which is now not done, or sadly neglected. Young men would then be in constant training to take the places of their seniors when removed by age, infirmity or death. Under this plan the hospitals could continue their onward march uninterruptedly as scientific institutions for human relief.

With such a plan as the doctor outlines, what consideration is there for the welfare of the patients upon whom these favored sons are to build up professionally? What consideration for the studious, scientific physician who must give way to incompetency, professional indolence and social indulgence?

Hospital management that will permit such a state of affairs is snobocratic and worse—it is infamous. The facts stand out in bold relief that the lines of modern hospital management are unjustly drawn when considered either from the standpoint of the sick, or honesty in professional apportionment. They are magnificently drawn when considered from the standpoint

of cunning, politically inclined medical manipulators.

It is high time there should be an awakening in this direction and that the abuse and negligence which is constantly going on in many of the small hospitals, and some of the larger ones as well, should be corrected in the interests of the sick and in accordance with professional justice and credit.

Yours very truly,
J. Finley Bell.

Dr. Stephen Pierson Memorial.

The Y. M. C. A. of Morristown, N. J., after completing their regular campaign to secure funds for the erection of a new building, raising \$135,613, decided to continue to secure subscription to the amount of \$25,000 which will be used as a memorial for the late Dr. Stephen Pierson, who was deeply interested in the Association's work.

Medical Practice Bill 299.

Action on, by the Legislature of 1911.

From the Assembly Minutes, page 1270: "Assembly Bill 299, entitled 'An act to amend an act entitled "An act to regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof," approved May twenty-second, one thousand eight hundred and ninety-four.'

"In the affirmative were:

"Messrs. Adams, Agnew, Booram, Brodhead, Burke, Coles, Davidson, Donnelly, Egan, Ford, Griffin, James, Kenny (Speaker), Lafferty, LaMonte, Macksey, Martin, Mather, Matthews, McCran, Meyer, Newman, Phillips, Pine, Ramsay, Shalvoy, Taylor, Turner, Walsh, Whiticar, Whyte, G. W.—31.

"In the negative were:

"Messrs. Boettner, Bunn, Cole, Geran, Hand, Jackson, Layden, McGowan, McLoughlin, Mylod, Radcliffe, Richmond, Simpson—13."

The following members of the Assembly voted for the Osteopathic Bill 381, before the medical practice bill was taken up, same session, but did not vote on the latter bill:

Messrs. Bacharach, Balentine, Bracken, Hendrickson, Leveen, Streitwolf and Thompson, page 1259, Assembly Minutes.

In the Senate no vote was taken on the Medical Bill 299. It was understood that those present at the closing session were evenly divided on the bill (10 to 10), one Senator being absent, who was favorable to it.

In the Assembly of last year—1910—several Assemblymen—not members of this year's Assembly—voted against a similar bill, some of whom were in Trenton working against the bill this year, and one of whom has been nominated this year for the State Senate.

Our criticism of and opposition to the legislators who voted against these excellent bills is not because they are antagonistic to the profession or our bills—for the bills were of no special advantage to us, as medical men—but because they voted and worked against bills that were designed and earnestly advocated for the saving of human life and the preservation of the health of the citizens of New Jersey.

American Public Health Association.

The thirty-ninth annual meeting of this Association will be held in Havana, Cuba, December 5 to 9, 1911. The preliminary program just issued indicates that it will be a meeting of more than usual interest and enjoyment. The scientific program is excellent, and ample entertainment has been provided. Hotel rates are: On European plan, \$2 per day; American plan, \$4 and \$5.

Death of Dr. Samuel A. Helfer

We are informed, as the Journal goes to press, that Dr. Samuel A. Helfer, of Hoboken, died October 24th, aged 68 years. Further notice will appear in the December Journal.

We regret also to hear that Dr. Ambrose Tiganowan, the oldest member of the Middlesex County Medical Society (aged 84), is very ill at his residence in South Amboy.

Therapeutic Notes.

Chloralism—The Treatment Of.

The withdrawal of chloral is attended by great dangers, referable to the heart. Withdrawal must be carried out very slowly. These patients have a special liability to acquire the alcohol habit, should that drug be used to combat the withdrawal symptoms. Strychnin, atropin and digitalis are useful. Isolation, rest and massage are requisite. The symptoms of withdrawal are dyspnea, weakness, nervousness, palpitation, vertigo, insomnia, of course, tremor, loss of memory and will power, and mental weakness, sometimes amounting to me anicholia. The substitution of some other narcotic, such as trional, sulphonal, or morphin, must, if possible, be avoided.—Critic and Guide.

Chronic Cough—Local Treatment Of.

Dr. W. Wolfram, in *Therapie de Gegenwart*, Berlin, treats both acute and chronic tracheal and bronchial catarrh, and the cough with it, by direct injection into the trachea of a warm disinfecting and astringent solution. He inserts Frankel's laryngeal syringe with the aid of the laryngoscope and has been amazed at the tolerance of the trachea and bronchi. Insufflation of a powder is liable to induce spasmodic contraction of the larynx; but he has never observed this with the intratracheal injections. He injects two or three syringefuls, using weak boric acid, tannic acid, silver nitrate or other disinfectant solutions, and has found this by far the most effectual treatment for low-seated cough.

Coryza—Treatment Of, by Menthol.

Les Nouveaux Remedes gives the following advice: Prepare a mixture of menthol and chloroform, equal parts, and mark "For inhalation." Place a few drops of the mixture upon the handkerchief and inhale through the nostril. It is stated that such an inhalation causes the sensation of obstruction in the nose to immediately disappear. A few drops may also be

placed in a cup of hot water and the vapor inhaled, and a little brandy may be added to improve the odor. We would suggest that the patient be cautioned not to pour too much of the mixture on the handkerchief because of the presence of chloroform.

Diabetes Mellitus—Treatment.

Dr. A. J. Hodgson, of Waukesha, Wis., in a paper read at the A. M. A. annual meeting at Los Angeles, stated that a very small percentage of cases of diabetes mellitus were caused by some severe pre-existing pathological condition, but that approximately 90 per cent. of the cases applying for treatment were due to errors of metabolism. The majority of cases were due to long continued gross errors in eating; oft repeated emotional excitement, the excessive use of starches or of alcohol, the gouty diathesis and heredity, sometimes associated with exophthalmic goiter, all seemed to play a part in the etiology of this disease. The quantity of food as well as the quality and manner of eating should be considered. In a disease that had been years in developing it was hopeless to expect a cure in a short time, and this should be made very plain to the patient. Codein and arsenic might have their use in a limited number of cases, but as a rule they should be left severely alone. They were not only useless in most cases but lessened the patient's chances of recovery. The drinking of plenty of mildly alkaline water was desirable. Olive oil and castor oil should be given in all cases in which there was constipation. The diabetic should be kept mentally indolent and physically active, but he should not be fatigued. Many of the so-called gluten flours contained from 40 to 75 per cent. of carbohydrate and consequently were worthless to the diabetic. The author had advised a starch-poor bread made from a flour consisting of unground poppy seed, ground nuts, eggs, flour or dried spinach, salt and milk. These biscuits contained only 5 per cent. of carbohydrate. Carbohydrate should be restricted in the beginning to the limit of safety and added gradually in but one form until the point of tolerance had been reached. Successful treatment depended wholly upon the degree of control that the physician was able to exercise over his patient.

Epilepsy—Treatment Of.

Dr. J. Bentley, in *The Australasian Medical Gazette*, March 20, 1911, reports that he has treated 12 cases with chloretone and found it to have a powerful action on the disease. He recommends that it be given a trial in cases where the bromides fail.

The cases treated with it were all confirmed epileptics, some of them markedly demented. All showed a pronounced decrease in the number of epileptic attacks, and one, complete cessation of the attacks. The beneficial effects were found to remain for a considerable period, usually about a month, after discontinuance of the drug. This can scarcely be due, the author thinks, to chloretone itself, as the drug is volatile, but must be due to some substances into which it is broken up.

Being almost insoluble in water, chloretone is best given in glycerin. In robust patients, 10 grains (0.65 gram) may be administered three

times daily. It is badly borne, however, by feeble, demented subjects.

The author describes under the name "chloretonism" a group of symptoms he has sometimes found it to produce. The first sign is increasing dullness and drowsiness. If the drug is pushed further, the patient suffers from vertigo and seems like one intoxicated. There may be irritability of temper. The lips and mucous membranes are pale, and the deep reflexes become sluggish. Tactile sensation is not obviously affected. Three of the author's cases showed albumin in the urine, but this quickly cleared up when the drug was stopped. Two cases also showed a papular eruption on the neck.

In view of these possible untoward results the author counsels that while administering chloretone it is well to examine the urine daily, the drug being stopped if albumin is found. The appearance of vertigo should also be taken as a signal to stop, and the patient be purged and put to bed on a milk diet. The dullness and drowsiness associated with this vertigo, and the fact that it is present constantly, permit of distinguishing it from vertigo due to epilepsy.—*Monthly Cyclopedica*.

Gonorrheal Joint—Treatment with Iodine.

Dr. Hildebrand, in *Berlin Klin. Woch.*, 1911, No. 31, reports that he has treated a number of gonorrheal knee-joints and one ankle according to the following method with uniformly good results. The cases selected were those of moderate severity, no very extreme case having yet been subjected to this plan of treatment. Five grams of the tincture are injected directly into the joint. The injection is followed by decided swelling, but this subsides in a short time. In all the cases thus far, the mobility of the joint after treatment has been unimpaired.

Impetigo Contagiosa of the Beard.

The treatment of impetigo contagiosa of the beard region is the same as for impetigo elsewhere. The crusts must be removed and a mild antiseptic applied to the exposed raw surfaces. The crusts are best removed by frequent bathing in warm water. A lotion of hydrarg. perchlor. r in 8,000 may then be mopped on, and afterward a little ungu. hydrarg. ammoniatæ (gr. x ad ʒj.) applied. In a few days the crusts will cease to form, and in a week the eruption will have disappeared, except for the stains, which eventually fade. It is important to treat these cases actively at the first, since a secondary staphylococcal follicular infection otherwise takes place, and an obstinate sycosis results.—Dr. H. G. Adamson in *The Hospital*.

Morphinism.

Charles J. Douglas, of Dorchester, Mass., gives three methods of withdrawal of morphin to cure the morphin habit. The sudden removal of the drug he considers unjustifiable on account of the suffering of the patient. The morphin habitue should be considered a sick man and treated accordingly. The gradual withdrawal, by decreasing the dose slowly until none is taken, is a very satisfactory plan. The plan of treatment preferred by the author is that of the use of various narcotic remedies so

combined as to keep the patient in a sleeping condition while the withdrawal is going on. Thus the period of suffering is passed in oblivion. Hyoscin may be used, but often causes delirium. The author uses a combination of remedies for this purpose. The treatment should always be undertaken at a sanatorium.—Medical Record.

"If during the last quarter of a century I have prescribed almost no alcohol in the treatment of disease, it is because I have found very little reason for its use, and it seemed to me that my patients got on better without it."—Sir James Barr, Dean of the Medical School of Liverpool University.

Whooping Cough—Treatment Of.

After making a diagnosis, Henriquez orders a fluid diet and prescribes:

R Compound syrup of squill..... ʒiii
Compound syrup of cocillana..... ʒiv

Dose to be regulated according to age as follows: From one to two years, fifteen drops; from two to three years, twenty-five drops; from three to four years, forty drops; over four years, teaspoonful; dose to be repeated every four hours.

This treatment will result in a cure in the severest case, in from four to twenty-one days. In every one of the author's cases the paroxysms were reduced in number from the first day, and by the end of the first week, were either from three to six hours apart or had entirely ceased. Vomiting is rare after the first week and bad nights the exception. The paroxysms during this time are easily borne by the child, and in the great majority of cases the child will not be frightened at its approach, but keep right on with its play.

In three cases the whoops ceased entirely after the first dose and the disease was completely aborted. In six cases the writer obtained a complete cure in one week; in another case complicated with bronchopneumonia the paroxysms were reduced from one every twenty minutes to every five hours, a cure resulted in twelve days. Nine stubborn cases resisted treatment, and he had to gradually increase the dose until he had doubled the original dose, and cures resulted in from sixteen to twenty-one days. In all the other cases, ranging in ages from one to sixty-five, the disease ran a comparatively mild course after the first week, and in none were there any of the complications which usually go with this disease.

Each patient demands constant watching, and the dose must be increased or diminished according to the symptoms. In not one of the cases which Henriquez has treated directly or indirectly during the last two years were there any bad effects produced by the drugs used; and although the doses may seem large to some it is absolutely essential in a severe attack to push it to the limit.

One word in regard to the drugs used in this mixture. After trying syrup of cocillana alone, and although it produced marked results, still, by the gradual addition of the compound syrup of squill up to three drachms, the most perfect results were obtained.—N. Y. Med. Journal.

Don't give stimulating expectorants in the first stage of bronchitis, as is so commonly done. Give a few drops of wine of ipecac or wine of

antimony every three hours. Apomorphine is useful, too, in the first stage. It will not cause vomiting when given by the mouth in doses of say gr. 1/50. When expectoration sets in drop the sedatives and resort to the stimulating expectorants.—Therapeutic Medicine.

Guaiacol locally applied is an efficient antipyretic in typhoid fever and pneumonia. Rub on 2 to 10 minims on the thoroughly cleansed skin.

In tympanites from typhoid or any other cause give turpentine 10 min. and oil of cajuput 5 min. Repeat every 3 to 6 hours.

The old Hope's mixture still does good work in obstinate dysentery. Its correct formula is as follows: Acidi nitrosi, ʒi; tinct. opii., m xl; aquæ camphoræ, ʒviii. Dose: ʒj every 3 or 4 hours, in water. (Be sure that nitric acid is not substituted for nitrous acid.—Editor.)

Antiseptic Value of Iodine.

Wollheim, in *The American Journal of Surgery*, speaks of the antiseptic value of iodine. He states that we possess in iodine a very potent drug. Its antiseptic power has been very conclusively proved by Kinnaman, from whose original paper he quotes: From 0.2 to 1.0 per cent. iodine is an antiseptic of marked potency. It is far superior to bichloride of mercury. Two per cent. solution killed *Streptococcus pyogenes* in two minutes. It is easily prepared and is stable. It is one-four as toxic as bichloride of mercury. It does not coagulate albumin. It is effective in very brief time. The stain soon disappears (easily removed by aqua ammoniæ). It is very penetrating. One-half of one per cent. is strong enough for all purposes as an antiseptic. He then quotes Nicholas Senn, who was a strong advocate of iodine in surgery. In his valuable article Senn's conclusions are: Iodine is the safest and most potent of all known antiseptics. Iodine in proper dilution to serve its purposes as an antiseptic does not damage the tissues; on the contrary, it acts the part of a useful tissue stimulant, producing an active phagocytosis—a process so desirable in the treatment of acute and chronic inflammatory affections. In the treatment of simple hyperplastic goitre, actinomycosis and blastomycosis the local use of iodine is made more effective by cataphoresis.

Hospitals and Sanatorium.

Camden Isolation Hospital.

The indications now are that the Camden Contagious Disease Hospital will soon be an assured fact. Already the buildings are nearing completion, and present a fine appearance, and will be a creditable monument to the public spirit of the Camden Board of Health, which initiated the movement, and the City Council, which authorized the expense.—Camden Society Journal.

Collier Memorial Hospital.

Bids have been received for the erection of Collier Memorial Hospital at Red Bank. The

building will be of buff brick and terra cotta and will be 200 by 100 feet. The administration building will be three stories with basement, while the wings will be two stories, including basement. The first floor of the administration building will contain four open wards, two for men and two for women, a number of private wards, a solar ward and an out-patient ward. On the second floor there will be two open wards and private wards. The operating room will be on the third floor. A concrete sun court and sun piazzas will be added to the building. The hospital is the gift of Mrs. P. F. Collier in memory of her husband, the late Peter F. Collier.

Cooper Hospital, Camden.

At a recent meeting of the Board of Managers of the Cooper Hospital, Camden, Dr. Alexander S. Ross was elected a member of the surgical outpatient staff, and Dr. Jesse L. Mahaffey and Dr. Alfred M. Elwell were elected members of the medical out-patient staff. The new out-patient and private room building was opened for the inspection of friends of the hospital, October 19th.

Cooper Hospital's New Building.

The new building of the Cooper Hospital, containing out-patient department and private rooms, was opened for inspection October 19th, and was opened for the use of patients on October 23d.

The first floor of the new building is entirely devoted to the out-patient department, and contains a large waiting room, suites of rooms for the medical, surgical and gynecological, eye, nose and throat, and other departments. All these rooms are fitted up with the most modern apparatus for the treatment of patients, and will be under the direct charge of the out-patient staff collected from among the most competent physicians in Camden.

The large, well-lighted basement is reserved for necessary future extensions to the out-patient department, laboratory and store rooms.

The second and third floors contain 25 beautiful rooms for private patients, with bath rooms, nurses' rooms, reception room, diet kitchens and store rooms. These floors are both connected by overhead fire-proof bridge with the main building, which will also be used as a sun parlor. Through this bridge access is secured to the operating rooms and other departments of the main hospital.

The building is constructed of gray pressed brick and is of fire-proof construction throughout. No wood is anywhere used except in the doors and windows. The floors and partitions are of reinforced concrete, and in the private room departments the floors are covered with battleship and oak plank linoleums, insuring the greatest degree of quietness and cleanliness.

The building was created from plans prepared by Walter Smedley, of Philadelphia, under the supervision of a special building committee, of which Edward L. Farr was chairman, and the secretary and treasurer, Richard H. Reeve.

The cost of the building and connecting bridge was \$47,356; the heating, \$4,300; plumbing, \$3,300; electric wiring and fixtures, \$2,200, making a total cost for the building of \$57,156.

The cost of the furnishings, which are of the best quality throughout, was about \$5,500.

In connection with the new building a Mack-ite drive and new cement walks have been laid down, adding greatly to the convenience of those visiting the hospital, at a cost of about \$1,500. The total cost of the improvements in connection with this building has been \$64,156.

Jersey City Hospital.

The Jersey City Hospital staff held its regular monthly meeting September 9th, at the staff house. Papers were read by Dr. William F. Faison, on "Chronic Pancreatitis;" Dr. W. T. Dannreuther, of New York, on "Recognition and Treatment of Neisserian Cervicitis and Endometritis;" Dr. Harry J. Pereberg, of the staff, on "Vaccine Therapy." Dr. Faison's paper was illustrated with charts and proved very instructive. Dr. G. F. Boehme, Jr., of the staff, presented an actual hospital case, with rare specimens.

After the reading of the papers there was an organization of the Jersey City Hospital Alumni Association. Dr. Frank D. Gray was elected honorary president; Dr. Gustav F. Boehm, Jr., the house surgeon, active president; Dr. John Lautmann, secretary, and Dr. George H. Mueller, treasurer. Meetings will be held at the staff house on the third Monday of every month. The association will give a dinner during the winter.

Perth Amboy Hospital.

The effort is being made to raise \$20,000 for this hospital, \$7,000 of it to be used for the improvement and enlargement of the hospital.

It is planned to enlarge the hospital to accommodate twice as many patients as it does at present. There are rooms enough for twenty-four patients now. At times there have been thirty-two enrolled at the hospital, and to accommodate the surplus, it was necessary for the nurses to give up their rooms, five in number. Patients were even placed on cots in the corridors. With the completion of the proposed nurses home, the five rooms now occupied by attendants will be turned over for the use of patients.

State Hospital, Morris Plains.

An inspection of the drinking water at the State Hospital for the Insane has revealed the fact that the water is contaminated. The inspection was made by H. P. Letton, field assistant of the State Board of Health, and two physicians of the State Hospital staff at the request of Dr. Britton D. Evans, the medical director.

It was ascertained, it is said, that there are fully a dozen properties in the vicinity of the hospital's watershed on which the conditions are such that the drinking water of the hospital might easily become contaminated from them. The matter is now in the hands of the State board and is being corrected.

Tuberculosis Sanatorium.

The Board of Freeholders of Union County have awarded a contract for the new sanatorium, for \$72,814. The total cost, including site, will be about \$90,000.

Marriages.

LA MOTTE—HALL.—At Finksburg, Md., October 11, 1911, Dr. William Oscar LaMotte, of Riverside, N. J., to Miss Sue Clary Hall, of LaMotte, Md.

LFE—WILLETTS.—At Port Elizabeth, N. J., October 4, 1911, Dr. Thomas Benjamin Lee, of Camden, to Miss Helen Lydia Willetts, of Port Elizabeth, N. J.

PATTERSON—MORNINGSTAR.—In Buffalo, N. Y., September 27, 1911, Dr. William P. Patterson, of Newark, N. J., to Miss Sara Louise Morningstar, of Buffalo.

Deaths.

RIDGWAY.—In the Eastern General Hospital, Bangor, Maine, October 8, 1911, Dr. George Malvern Ridgway, of Trenton, N. J., from Bright's disease, aged 37 years.



GEORGE M. RIDGWAY, M. D.

Courtesy of the State Gazette Publishing Co.

Dr. Ridgway was born in Stroudsburg, Pa., in 1874. His parents removed to Trenton, N. J., a few years later. He received his early education in the public schools of Trenton, after which he completed an academic course at the University of Pennsylvania and subsequently he was graduated from the Medical Department of the University with the degree of M. D., of the

class of 1899. He went to Trenton immediately and entered upon the practice of his profession, and was favored with success from the beginning.

Dr. Ridgway was a son of the late Colonel Joseph T. Ridgway, who was at one time an officer of the Star Rubber Company of Trenton. Colonel Ridgway was also in the employ of the United States Government, as an engineer in the United States navy.

Dr. Ridgway was a member of the Mercer County Medical Society, of the Medical Society of New Jersey and of the American Medical Association. He was also in high standing in the Masonic fraternity.

ROCKWELL.—At Nutley, N. J., October 20, 1911, Dr. William H. Rockwell, aged 71 years.

Dr. Rockwell was the son of Dr. W. H. Rockwell, of Brattleboro, Vt. He practised medicine in Brattleboro and was superintendent of the Vermont Asylum for the Insane. Later he removed to New York City and about sixteen years ago to Nutley, N. J. He gave up medical practice and went into the hardware business, from which he retired when his health failed about one and a half years ago. He is survived by his wife, one son, who is a doctor, and one daughter.

SCHAFER.—At Camden, N. J., October 16, 1911, Mrs. Mary E. Schafer, widow of the late Dr. William Schafer, of Camden.

SHANNON.—In New York City, October 5, 1911, Mrs. Carolyn E. Shannon, wife of Dr. Patrick A. Shannon, of New Brunswick, N. J.

Personal Notes.

Dr. Charles F. Adams, Trenton, and wife sailed last month for a few weeks' sojourn in Europe.

Dr. Abram E. Carpenter, Boonton, has recently been elected a member of the board of governors of the Boonton Club.

Dr. William E. Cladek, Rahway, spent his vacation last month shooting ducks at Chesapeake Bay.

Dr. Grafton E. Day, Collingswood, read a paper at the American Electrotherapeutic Association's annual meeting in September on "Treatment of Poliomyelitis Anterior."

Dr. Frank M. Donohue, New Brunswick, and family return to the city November 1st, from their summer home, Cedarcrest.

Dr. Arthur H. Dundon, Plainfield, spent two months this summer visiting various medical centres in Europe.

Dr. Clarence Garrabrant, Atlantic City, and family made a brief visit at Basking Ridge.

Dr. Philander A. Harris, Paterson, exhibited several specimens of gall stones and gall bladders at the annual meeting of the American Gynecological Society at Atlantic City.

Dr. Grant E. Kirk, Camden, has removed his office to 1717 Broadway, Camden.

Dr. W. Oscar La Motte, Riverside, has been visiting in Delaware.

Dr. Charles L. Lindley, Lakewood, and wife opened their new home on Forest avenue last month.

Drs. John D. McGill, Jersey City, and Charles A. Gilchrist, Hoboken, were drawn by the

elisors of Hudson as members of the Hudson County Grand Jury. Dr. McGill was appointed foreman.

Dr. Fred Wooster Owen, Morristown, addressed the Methodist Episcopal congregation October 15th, on "Christianity and Medicine."

Dr. Norman H. Probasco, Plainfield, has recovered from a severe attack of articular rheumatism and is at work again. He spent a month regaining strength at Atlantic City.

Dr. Clarence A. Plume, Succasunna, has been appointed medical inspector of the Roxbury Township public schools, by the Board of Education.

Dr. Edward B. Rogers, Collingswood, has been appointed chairman of the banquet committee for the annual banquet of the local Board of Trade, in December.

Dr. George L. Romine, Lambertville, recently had the rear axle of his automobile break in going over a street crossing, but no one was seriously injured. Dr. Romine sailed October 21st for a tour of the world, and he expects to return March 1st.

Dr. William G. Schaffler, Lakewood, attended the meeting of the Association of Military Surgeons at Milwaukee, Wis., in October, as a representative of New Jersey.

Dr. William H. Shippo, Bordentown, has recently moved into his handsome new residence.

Dr. Arthur L. Smith, New Brunswick, enjoyed a two weeks' vacation in Northern New York State.

Dr. John G. Wilson, Perth Amboy, has recently returned from a month's rest in Canada.

Dr. Peter J. Zeglio, Plainfield, has returned home after a month's vacation spent in hunting big game in Nova Scotia.

Dr. George H. Franklin, Hightstown, occupied the pulpit at the M. E. Church, in the absence of its pastor.

Dr. Louis C. Williams, Lambertville, wife and others enjoyed an automobile trip to Elizabeth recently.

Dr. Francis S. Grim, Baptistown, and wife have gone to Fort Snelling, Minn., for a short visit.

Dr. George R. Hampton, Morris Plains, assistant physicians at the State Hospital, has just recovered from an attack of typhoid fever and resumed his duties at the institution.

Dr. Charles L. Hoening, Hoboken, has recently returned from Europe and resumed his practice.

Dr. William Edgar Darnall, Atlantic City, has been appointed consulting surgeon to the North American Children's Sanatorium for the Treatment of Surgical Tuberculosis.

Dr. John H. Griffiths, Phillipsburg, was recently elected president of the Past Grands' Association of the Masonic Order of Warren County.

Dr. Orville R. Hagen, Paterson, has combined his office and residence at 306 Broadway, near Carroll street.

Dr. Edward W. Closson, Lambertville, recently returned from a ten days' vacation spent in Lancaster, Pa., and in New York State.

Drs. C. R. P. Fisher, Bound Brook, and John P. Hecht, Somerville, recently returned from a ten-days' sojourn in Canada.

Dr. John L. Lund, Perth Amboy, enjoyed a month's vacation in Western New York and Canada recently.

Dr. William S. MacLaren, Princeton, recently made a brief visit in Baltimore, Md.

Dr. Martin W. Reddan, Trenton, sailed for Europe, October 21st, to spend a few weeks.

Dr. William J. Wolfe, Chatham, has returned home from the Overlook Hospital, Summit, where he underwent a slight operation.

Book Reviews.

STEDMAN'S MEDICAL DICTIONARY. EDITED BY Thomas Lathrop Stedman, A. M., M. D., editor of "Twentieth Century Practice of Medicine" and "Medical Record." A practical dictionary of words used in medicine, with their derivation and pronunciation, including Dental, Veterinary, Chemical, Botanical, Electrical, Life Assurance and other terms, Anatomical Tables of the Titles in general use and those sanctioned by the Basle Anatomical Convention, Pharmaceutical Preparations Official in United States and British Pharmacopoeias and contained in the National Formulary, Chemical and Therapeutic Information as to the Mineral Springs of America and Europe, and comprehensive lists of synonyms. Published by William Wood & Co., New York.

The thrust, "Oh, that mine enemy would write a book," is so skillfully parried in this work that one finds little but praise for the judicious stand taken by the author.

While he sadly deplors the coinage of new words by a combination of Latin and Greek roots into one word, he wisely gives the word in common use and frequently suggests a proper substitute. He advocates the dropping of the diphthongs (hemorrhage, edematous, etc.). Considerable attention is devoted to synonyms. These are added to the definition of the term, as are also the various morbid conditions connected with it. The stamp of the scholar appears on every page. The definitions are clear and concise and there is added thereto an encyclopedic brief of much value. The book is well bound in flexible leather, on thin paper and in convenient size for ready reference.

THE MEDICAL EPITOME SERIES—ANATOMY. A Manual for Students and Practitioners, by John Forsyth Little, M. D., Asst. Demonstrator of Anatomy, Jeff. Med. Coll., Phila. Second edition revised and enlarged. Seventy-five engravings. Lea & Febiger, Philadelphia and New York.

This little book presents in a clear and concise manner something more than the essentials of anatomy by omitting the kindred subjects of embryology, histology and applied anatomy and limiting the space usually occupied by plates. It forms quite a full and convenient compendium of the anatomy of the human body.

THE PRACTICAL MEDICINE SERIES. UNDER THE general editorial charge of Gustavus P. Head, M. D., and Charles L. Mix, A. M., M. D. Vol. VI., General Medicine, edited by Frank Billings, M. D., head of the Medical Department of Rush Medical College, and J. H. Salisbury, A. M., M. D., Prof. Med., Chicago Med. School; Series 1911. Vol. VII., Pediatrics, Edited by Isaac A.

Abt., M. D., and May Michael. *Odthopedic Surgery*, Edited by John Ridlon, A. M., M. D., and Charles A. Parker, M. D.; Series 1911. The Year Book Publishers, Chicago.

NOSTRUMS AND QUACKERY. ARTICLES ON THE Nostrum Evil and Quackery from The Journal of the American Medical Association. Part I., Quackery. Part II., Nostrums. Part III., Miscellaneous. First Edition. Cloth. Price, \$1; with individual's name on cover, 25 cents extra. Pp. 509, with 220 illustrations. Chicago: American Medical Association, 535 Dearborn Avenue.

This book we unhesitatingly commend not only to the medical profession, but also to all laymen who wish to know—and all ought to know—the facts concerning nostrums and the practice of quackery. For this book is not a compilation of "glittering generalities" culled from newspaper articles, but the results of thorough investigations; its statements are authoritative and its writers speak plainly because they are absolutely sure of the facts they record.

It consists of three parts: Part I., on quackery; Part II., on nostrums; Part III., on miscellaneous subjects. It is an excellent book for use in the doctor's reception room and one that might well be circulated among his patients.

Medical Examining Boards' Report.

	Examined.	Passed.	Failed.
California, August..	163	127	36
Georgia, May.....	109	99	10
Illinois, Jan.....	53	17	32*
Indiana, July.....	107	100	7
Maryland, June....	152	130	22
Massachusetts, July.	147	94	53
N. Carolina, June..	123	92	31
N. Hampshire, July	15	13	2
New Mexico, July..	23	23	0
Rhode Island, July..	12	8	4
South Carolina, June	124	97	27
South Dakota, July.	26	24	2
Tennessee, May....	276	213†	42
Texas, June	148	133	15
Utah, July	5	5	0
Vermont	41	41	0
West Virginia.....	70	59	11

*Three candidates did not complete the examination and one withdrew.

†Twenty-one additional candidates received temporary licenses.

Public Health Items.

Diphtheria in Montclair.

Medical inspectors in Montclair discovered two cases of diphtheria in classrooms of town schools recently, according to a report made to the Board of Health of the mountain town last night. One of the cases, it was said, was found in one of the public schools and the other in the parochial school attached to the Church of the Immaculate Conception. The children are now at their homes suffering with the disease in a mild form. Prompt action by the

medical inspectors, it is believed, prevented the spread of the contagion.

West Orange Health Report.

The report of Dr. J. Minor Maghee as health officer at a meeting of the West Orange Board of Health last night showed forty-nine births, nineteen deaths and eight marriages. The cases of contagious diseases in the town were: Typhoid fever, 5; tetanus, 1; diphtheria, 10; tuberculosis, 2; infantile paralysis, 4; and scarlet fever, 1.

Diphtheria Closes Schools.

At Point Pleasant, N. J., schools, churches, theatres and other public places have been closed as the result of the efforts of the local Board of Health to check the spread of diphtheria in that resort. The disease first made its appearance in August, when one family was affected. No more cases developed until September, when one man was attacked. Up until October 17th ten cases were reported.

Death Rate Decrease in New York City.

The death rate for the nine months ended September 30 was the lowest recorded by the Department of Health for the first nine months of any year since the formation of the greater city. During the period there were 58,144 deaths, according to the department's figures, which is equivalent to 15.56 deaths to each thousand of the population. The rate for the corresponding period in last year was 16.27 to a thousand, while the former low record, made in 1909, stood at 16.06.

The average death rate for the first nine months of the last thirteen years has been 18.77 to the thousand of the population. If this rate had prevailed since the beginning of this year there would have been 11,997 more deaths in the city than actually occurred.

The death rate among infants under one year of age for the period also shows a decided decrease from the 1910 rate, the latter standing at 142.3 deaths to the thousand, as against 124.6 for the present year so far. The number of deaths of babies up to September 30 was 11,733, 1,667 less than would have occurred had the 1910 rate continued.

The death rate of New York City for the first week of October was the lowest ever recorded, reaching 12.60 per 1,000. This is 72-100 less than any previous week since the records have been kept.

Cleveland has introduced an innovation. Free breakfast is being served in five of the public schools, and the effect on the physical and mental development of the pupils is being closely watched. Hot cereals, cocoa and bread with jelly or jam are furnished, with the addition of hot soup on cold mornings. The practice was started because the sluggishness of some of the children was attributed to little or no morning meal at home, either by reason of the poverty of parents or the indolence of mothers. The children enjoy the school meal and some ate ravenously, and it is said there has been a marked improvement in the school work.—Hudson Observer.

The Reduction of Infant Mortality.

The Committee for the Reduction of Infant Mortality of the New York Milk Committee expresses itself as satisfied with the results obtained by the allied agencies in their warfare against diarrheal diseases this summer. It will now turn its attention to the prevention of infant deaths due to congenital troubles. These cause about 17 per cent. of all infant deaths. The committee is now giving special attention to 1,000 expectant mothers in an endeavor to bring to bear all of the community's resources which may enable the mothers to bring children into the world who shall be strong enough to combat the many foes that await them. An arrangement has been made with the Russell Sage Foundation by which a special nurse will be detailed to devote her time to this work. In addition to medical care and instruction in hygiene, help will be provided for the mother in case she is overworked. No midwives will be allowed to handle any of these cases. After confinement rest will be provided for the mothers and the children will be referred to milk stations. Last year about one-third of all infant deaths occurred among children not yet one month old; it will be the endeavor of the committee to prove by these 1,000 cases that this death rate can be materially lowered. If this study proves that this is possible an active campaign will be undertaken along these lines next summer.

Dr. R. B. Fitz Randolph's Good Work.

That tubercular cows are being boldly sold in New Jersey and consumed for food is the assertion made by Dr. R. B. Fitz Randolph, head of the Chemistry Department of the State Board of Health, who has actively followed up the crusade against bad eggs in storage houses, and to whom the Government referred its case against canned horse meat in a Kearny plant recently.

Dr. Fitz Randolph, in referring to the fact that in New Jersey, there are about 100,000 dairy cows, many of them being imported, says: "The State inspection of these imported animals is not what it ought to be," he declared, "and the result is that many animals whose lungs or other organs are infected with tubercular germs got into the State and are slaughtered. The meat is then sold to consumers. It is impossible with our present force to cope with this traffic or ameliorate conditions to any degree, but I am in hopes that we will be able to do so before long. The co-operation of municipal authorities is needed and I am confident we will get it."

Dr. Isaac Shaw, formerly a meat inspector and now employed in the State Board of Health department under Dr. Fitz Randolph, has made a public statement to the effect that poisonous bovine and tubercular meat is being sold in Trenton. He visited a South Trenton slaughtering house recently and found the conditions that gave rise to his statement.

Health Officers Meet.

Recently elected officers of the Health Officers' Association of New Jersey met in Achtel Stetter's recently. It was the second regular meeting of the association. President Chester H. Wells, of Montclair, presided. Following a

banquet, drug nuisances and methods for their abolition were discussed.

The following committees were appointed by the president:

Food and Drugs—William S. Green, of Paterson; F. W. Sell, of Rahway; J. J. O'Brien, of Plainfield, and Dr. R. B. Fitz-Randolph, of Orange.

Vital Statistics—R. M. Hoyt, of Summit; J. Scott McNutt and J. S. Taylor, of Orange.

Plans are under way for a conference in Trenton in January of the health officers of towns throughout the State.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, September, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending September 10, 1911, was 3,313. By age periods there were 870 deaths among infants under one year, 321 deaths of children over one year and under five years, and 856 deaths of persons aged six years and over.

The death rate for the State is slightly lower than for the corresponding period last year.

A noticeable increase is shown in deaths from cancer and the number of deaths for the past month compared with the same period for other years is as follows:

Deaths from cancer—1909, 119; 1910, 164; 1911, 177.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending September 10, 1911, compared with the average for the previous twelve months, the averages being given in parentheses:

Typhoid fever, 38 (33); measles, 6 (27); scarlet fever, 12 (19); whooping cough, 47 (35); diphtheria, 27 (58); malarial fever, 1 (2); tuberculosis of lungs, 280 (332); tuberculosis of other organs, 52 (50); cancer, 177 (156); diseases of nervous system, 339 (363); diseases of circulatory system, 339 (375); diseases of respiratory system (pneumonia and tuberculosis excepted), 135 (244); pneumonia, 111 (262); infantile diarrhoea, 577 (214); diseases of digestive system (infantile diarrhoea excepted), 246 (184); Bright's disease, 226 (229); suicide, 26 (38); all other diseases or causes of death, 674 (655); totals, 3,313 (3,277).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis:

Specimens examined from suspected cases of diphtheria, 176; tuberculosis, 350; typhoid fever, 572; malaria, 47; miscellaneous specimens, 79; total, 1,224.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending September 30, 1911, 269 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following results:

Thirty-eight samples were found to be below the standard, as follows: 19 of the 210 of milk; 2 of the 26 of cream; 1 of the 2 of butter; 1 of

the 7 of olive oil; 2 of the 21 of cider vinegar; 6 of the 9 of essence of peppermint, and 7 of the 14 of tincture of iodine. The one sample of saxonite was above the standard.

Seventeen suits have been instituted, 15 for milk and 2 for cream found below the standard.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 190 dairy inspections were made. The following table shows the number of dairies inspected and the number found 60 per cent. above and 60 per cent. below the perfect mark:

County.	Number inspected.	Above 60 %.	Below 60 %.
Bergen	4	0	4
Burlington	9	7	2
Essex	25	19	6
Hudson	1	0	1
Morris	28	11	17
Passaic	1	0	1
Somerset	5	1	4
Sussex	37	31	6
Union	6	3	3
Warren	65	8	57
Northampton Co., Pa.	9	1	8
Totals	190	81	109

Number of dairies, first inspection..... 82
 Number of dairies, reinspection..... 108
 Number of milk depots inspected..... 5
 Number of letters sent to dairymen..... 121

Inspections were made at the request of the following local boards of health: Cliffside, Dover, Moorestown, Orange, Paterson, Raritan, South Orange, South Orange Township, Summit and Tenafly.

Number of dairies inspected at the request of private citizens, 40; water samples from dairy premises, 2.

CREAMERIES INSPECTED.

Belle Meade, Bridgeville, Broadway, Califon, Changewater, Elizabeth, Hixon, Lafayette, McAtee, Middle Valley, Newark, New Germantown, Pattenburg, Trenton 2, White House. Total, 16.

ICE CREAM FACTORIES INSPECTED.

Bayonne 9, Cape May, Dover 4, Dunellen 2, Elizabeth 21, Florence, Fort Lee 2, Jersey City 29, Lawrence Township, Merchantville 2, Moorestown, Newark 7, New Brunswick 2, Orange 7, Plainfield 17, Princeton, Rahway 4, Roebling, South Orange 2, Summit, Tenafly, Trenton, 18. Total, 134.

Number of creamery licenses recommended, 2
 Ice cream factory licenses recommended.... 18
 Ice cream factory licenses revoked..... 1
 Letters sent to creamery and ice cream factory operators 78
 Number of ice cream factories in which unsanitary conditions were reported and referred to the board for special action..... 5
 During the month ending September 30, 1911, 63 inspections were made in 32 cities and towns.

The following articles were inspected during the month but no samples were taken:
 Milk, 102; butter, 114; food, 244; drugs, 50.
 Other inspections were made as follows:

Milk wagons, 47; drug stores, 2; creameries,

2; bakeries, 6; milk depots, 14; bottling establishments, 3; milk cans, 68; slaughter houses, 13; grocery stores, 102; canning factories, 32; meat markets, 3; miscellaneous inspections, 18.

Division of Sewerage and Water Supplies

Total number of samples analyzed in the laboratory, 254: Public water supplies, 112; dairy supplies, 2; sewage samples, 44; State institutions, 32; private supplies, 53; spring waters, 8; proposed public supplies, 2; miscellaneous, 1.

INSPECTIONS.

Public water supplies inspected at Plainfield, Lawrenceville, Skillman, Atlantic City, Lumberton, Roebling, Gloucester, Haddonfield 2, Allentown, Penns Grove, Salem, Bridgeton, Millville 2, Morristown, Merchantville, Belvidere 2, Hackettstown, Haledon, Rahway 2, South Plainfield Atlantic Highlands Keyport, Mount Holly, Smithville, New Milford, New Brunswick, South River, Lambertville, Asbury Park 2, Little Falls, Morris Plains.

Special inspections at Elizabeth, Newark, Lenoxia, Bound Brook, Mays Landing, Orange.

Spring water supplies inspected at Laurel Springs, Crystal Spring; Collingswood, Kalium Spring; Woodbury, Beach Springs; Gloucester, Home Brand Spring; Maple Shade, Ironrock Mineral Springs; Taylorsville, Pa., Keystone Springs.

Sewage disposal plants and systems inspected at Riverside, Moorestown, Merchantville, Westfield, Ventnor City 4, Margate City 4, Asyla, Haddonfield, Woodstown, Woodbury, Wenonah 2, Bridgeton 2, Vineland 2, Millville, Freehold, Red Bank, Verona, Essex Fells, Caldwell, Ridgewood, East Rutherford, Carleton Hill, Carlstadt, Wortendyke, New Milford, Cresskill, Rahway, Aldene, Morristown, Morris Plains, Overbrook, Jamesburg, Lakewood, Pemberton, New Lisbon 2, Lakehurst, Island Heights, Soho Park, Flemington, Mahwah, Washington, Glen Gardner, Asbury Park 2, Neptune Township 3, Interlaken 2, Ocean Grove, Medford, Wood Lynne 2, Ocean City, Stone Harbor 2, Collingswood 2, Atlantic City 2, Newton 2, Pleasantville 2, Plainfield 2, Atlantic County Asylum, Haddon Heights 2, Fort Lee 2, Roebling, Bordentown, Princeton 2, Burlington, Thomas Devlin Mig. Co., Burlington; Trenton 2, Lawrenceville.

Special inspections at Princeton, Montague, Deal Beach 2, Monmouth Beach, Sea Isle City, Avalon, Wildwood Crest, North Wildwood, Grassy Sound, Phillipsburg, Wildwood, North Plainfield, Elmer, Raritan, Somerville, Englewood, Maywood, Garfield, Belmar, Collingswood.

Stream inspections on Shrewsbury, Pequannock, Navesink, Shark, Maurice, Manasquan and Delaware Rivers, Great Egg Harbor, Cold Spring, Sea Girt, Absecon, Townsend and Hereford Inlets, Great Egg Harbor, Lake and Delaware Bays, Wesley Lake, Cornell Harbor, Ludlan, Thoroughfare and Atlantic Ocean.

Number of pollutions reported, 471; abated, 1; reinspections made 7.

Ten-day notices to cease pollution served, 15. Cases referred to the Attorney-General, 34.

Plans for sewage systems, disposal plants and extensions approved, 3; disapproved, 1.

Plans for public water supply plants approved, 1.

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FOREIGN BODIES IN THE EYE.

REPORT OF A CASE OF FOREIGN BODY (STEEL)
IN THE EYE, IN WHICH THE EXCESSIVE
PAIN WAS RELIEVED IMMEDIATELY
AFTER RADIOGRAPHY.*

BY WALTER B. JOHNSON, M. D.,
PATERSON, N. J.

When the eyeball has been penetrated by any extraneous material, the resulting injury and probable subsequent irritation and inflammation is always regarded with the utmost concern by the surgeon in attendance. Even if the particle comprising the foreign body is very minute, if the impact has been sufficient to cause it to penetrate the walls of the eyeball and it has passed within the globe, it is a grave and serious condition. The prognosis is nearly always unfavorable, as it may immediately become a source of severe suppurative inflammation resulting in destruction of the eye, necessitating its enucleation, or if allowed to remain may eventually result in disease of the injured eye, or possibly sympathetic irritation and inflammation of the fellow eye. Should a foreign body have entered the globe and only a moderate inflammation result, the question of its possibly becoming encysted and remaining quiescent, presents itself for consideration, and unless the location of the injury and the position of the foreign body should preclude the possibility of strenuous efforts resulting in a successful termination, or delay should endanger the fellow eye, all eyes should be given an opportunity to become quiet.

The eye should be treated in all cases of foreign body with antiphlogistic medicines

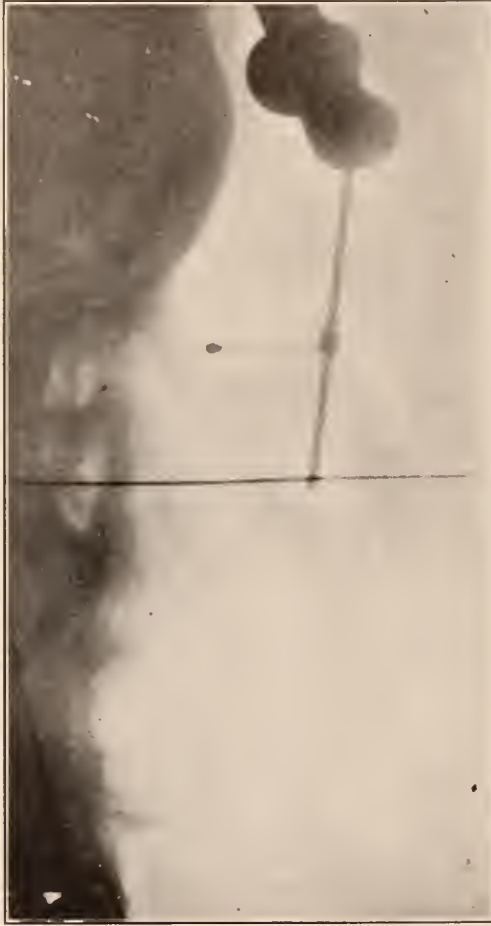
and applications, and general medications should be administered, when indicated; the object to be attained being the preservation of the eyeball even though it is almost certain that the eye will be sightless. Should the possibility exist of sufficient sight being retained to render the eye of any service to the patient, the efforts to quiet it should be continued as long as there is any probability of the inflammation subsiding; for, a natural eyeball, if not unsightly or a constant menace to the fellow eye is infinitely preferable to an artificial eye which is always a source of discomfort, and even if most carefully matched and constructed, somewhat unsightly, in addition to being a constant expense to the wearer.

The question of the possible after effects of a present foreign body is of importance and the many cases reported in which even very small particles of steel have, after years of quiescence, become a source of such severe irritation that the fellow eye has become diseased, or an enucleation of the eye rendered necessary, have had a tendency toward preventing protracted efforts to save eyes which seem to be too severely injured to undergo a satisfactory reparative process. If a patient carrying an encysted foreign body can not at any future time be easily reached, or may pass entirely from proper observation in case of subsequent irritation, as, under such circumstances there is a decided objection to the continued presence of a foreign body in the eyeball, the desirability of efforts at its removal by operation or even, if necessary, the enucleation of the eyeball itself should be carefully considered.

The time required for an inflammation resulting from the presence of a foreign body in the eye to subside is frequently a matter of great importance, especially to a patient who has himself and others depend-

*Read at the 145th annual meeting of the Medical Society of New Jersey, at Spring Lake, June 14, 1911.

ent upon his daily labor for their support. In such a case where the time would be too long, extending over a period of weeks and perhaps months before the eyeball would quiet, and if the eye were so severely injured that it would be sightless and there were some danger to the fellow eye, immediate enucleation would be a perfectly justifiable procedure.



Radiograph showing the foreign body in the eyeball, from which the localization plan is drawn.

In case the foreign body is steel or iron the questions of paramount importance are: How much injury has it done? Where is it located? And the location can be definitely established by the method shown on the accompanying radiographs and chart. The apparatus used for this purpose is the one devised by Dr. Dixon, of the New York Eye and Ear Infirmary Pathological Department.

The radiographs and the mathematical calculation and chart were made by Dr. Wil-

liam Spickers in the radiographic department of the Paterson Eye and Ear Infirmary.

The foreign body located, the next consideration is, Shall it be removed by the use of an electric magnet, and, if so, shall it be removed through the point of entrance or shall a sclero puncture be made? If the foreign body is of considerable size and has very recently entered the eyeball, and if there seems to be a probability that the tract of entrance is still open, the removal through the point of entrance has many adherents. In some cases the desirability of enlarging the external opening before using the magnet is an important consideration. If considerable time has elapsed since the entrance of the foreign body and its size is small and the tract walls have become somewhat agglutinated or the body is partially encysted by exudate, there are many who claim that the chances of securing an eyeball with useful vision are enhanced by making a sclero-puncture. I am of the opinion that either method should be used in accordance with the indications present in the case under consideration.

There are now on the market many forms of electro-magnets any of which have ample strength from the large Haab to the small magnet which bears the name of the writer of this paper, which was first used in 1898. It was the pioneer of all small magnets in point of strength and first in the form of construction, permitting its use in connection with the direct incandescent street electric service current.

The advantages over other magnets used for similar purposes are: Its portability, which permits its application at any desired angle as related to the position of the foreign body in the eyeball, and its use with the patient on the back or in any other desired position. Its adaptability for use in any place where a direct incandescent electric-light current may be found. Its applicability to use for traction by external application or for the introduction of the tip for direct approximation within the eyeball. Its strength—the ovoid tip of the magnet has magnetic energy in apposition with the end of a spring scale equal to a pulling strength of six pounds, and the elongated tip for use in the interior of the eye has a pulling strength of nearly one pound, so that it possesses strength slightly in excess of that of any of the other various forms of small magnet introduced for like purposes.

At the American Congress of Physicians and Surgeons at Washington in May last,

the discussion of the paper of Dr. Charles S. Bull on foreign bodies in the eye indicated that the use of the magnet there shown was generally recommended in preference to the use of larger and stronger magnets, for the reason that there was decidedly less danger of serious additional injury to the already injured eyeball. I can further state that I have not known of any case in which the Haab or any other magnet successfully removed a foreign body in which the Johnson magnet had failed.

G. S., age 42, was first examined July 28, 1910, having been referred to the writer by Dr. William Flitcroft, of Paterson, N. J.

Previous History—July 21st, while working, felt a piece of steel strike the right eye; the injury was followed by slight redness for the first four days and no other symptoms for the last three days; has suffered from pain increasing each day until last night, when he was not able to sleep at all.

July 28th, the examination showed a kerato-iritis, sclera conjunctival redness, pupil slightly contracted and sluggish. Iris darkened in color and the tension about normal. The media on ophthalmoscopic examination seemed to be clear and the fundus normal, there being no evidence of the presence of a foreign body in the eye, nor could any indication of a point of entrance of such a body be discovered. Diagnosis, kerato-iritis. R. V., 20/30; L. V., 20/15. Atropine, frequent bathing and rest were ordered.

August 3—Patient has reported on each visit an increased pain at night and during the day, and the ocular symptoms have been continuously more marked, although the pupil is widely dilated. R. V., 20/50.

August 5—Patient reports pain so severe last night that he was obliged to get up and dress and walk about the streets, and the pain was more severe than ever this morning. The ocular symptoms increased in severity; the ocular tension was if anything diminished to slightly below normal, as it seemed probable that a foreign body in the eye was the exciting cause of the condition. It was decided to make a radiographic investigation. R. V., 20/70.

He was radiographed at the Paterson Eye and Ear Infirmary by Dr. William Spickers, who has prepared the plates and charts herewith presented, in accordance with the methods of Dr. Dixon, of the New York Eye and Ear Infirmary, and by the use of the apparatus devised by him for the localization of foreign bodies in the eye.

The patient returned to my office about

an hour after the radiographic exposure and reported that his pain was entirely relieved.

August 6—Patient reports no return of the pain and a good night's sleep. The radiographic plates show a foreign body in the eye to the nasal side and below the centre of the pupil, which the charts locate in the sclera one-eighth of an inch to the nasal side of the cornea. R. V., 20/50, w+1/00 Ds. The ophthalmoscope discloses no foreign body in the lens, the anterior capsule presents a wavy appearance.

August 10—Patient reports no further pain, redness greatly diminished, atropine stopped, patient went to work. At this visit there was discovered under the conjunctiva in the sclera, about one-quarter of an inch to the nasal side of the cornea and slightly below the median line, which appears to be a piece of steel.

August 18—Patient reports no further pain, eye looks about normal, he is working regularly, black spot under conjunctiva shows distinctly. R. V., 20/15 w + .12 Ds. L. V., 20/15.

November 24—R. V., 20/15; L. V., 20/15. The foreign body seems to have become encysted and quiescent.

The case is reported mainly for the purpose of calling attention to the marvelous effect of the radiograph exposure upon the symptoms, which I am very positive were relieved by the X-ray and would have, without this exposure, continued to increase in severity. It should be noted that the pain had increased in severity each day from the time of his first visit to the time of the taking of the radiograph, which he thoroughly understood was taken to locate a foreign body and which could not have psychologically acted as a relief to pain.

The question of the use of the X-ray in inflammatory diseases of the eye is, in my opinion, worthy of serious consideration and investigation.

ABSTRACT OF DISCUSSION.

DR. THERON Y. SUTPHEN, of Newark, said that the treatment of injuries of the eye with the X-ray was somewhat novel, though he knew that it had been employed as a remedy. He considered Dr. Johnson's case one in which panophthalmitis was to be expected, and said that the question was why the X-ray should relieve such a case. The only way in which he could explain it was by the destruction of germs. He could conceive it possible that there might have been germs at the seat of injury that would have produced a panophthalmitis. He was rather inclined to think, however, that the apparent cure was merely a coincidence. The pain was probably due to the immediate

inflammatory condition produced by the foreign body. Such cases of increasing and severe pain often get suddenly better.

DR. WILLIAM G. SCHAUFFLER, of Lakewood, said that Dr. Johnson's reference to the use of the X-ray for the purpose of locating the foreign body, and to the effect that it had had, brought to his mind the use of the interrupted X-ray by Dr. Cook, of New York. Dr. Schaufler had had some experience with the use of it, and had found that the interrupted ray gives the good results of the ordinary X-ray without the bad results. He thought that for curative purposes around the eye, the use of the interrupted X-ray is perfectly safe. He had had a large number of cases, with no unhappy results.

DR. JOHNSON, closing the discussion on his paper on foreign bodies in the eye, said, in relation to the X-ray treatment of inflammatory diseases of the eye, there had been a considerable amount of work done in that direction. Still, the reports are not entirely satisfactory. Whether the X-ray itself is used or the high-frequency current, he did not think was the question involved. The question was what could be done to effect a change in the metabolic process about the eye at the time of the application of an X-ray current.

THE MOSQUITO AS A SANITARY AND ENGINEERING PROBLEM.*

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When we note that mosquitos are responsible for an annual loss of nearly a quarter million human lives, for the health of many millions more impaired below the utility point and for vast commercial restrictions, we are compelled to turn a very serious face to consideration of mosquito extermination. Only a few years ago the mosquito was a sanitary problem, but today it is an engineering and political problem.

We need wait no longer upon entomologists, protozoologists, or pathologists for information necessary in eradicating homo-mosquitoic diseases. There are from four to six hundred varieties of mosquitoes inhabiting every region of earth except those of perpetual ice and unending drouth, and five known mosquito-caused diseases in man—malaria, yellow fever, filariasis and its sequent elephantiasis and dengue; but in the one great issue of extermination there is only one variety of mosquito, and that is—a live one. Though academically incomplete

the chapter on homo-mosquitoic diseases in the history of medicine is a thirty-years' record of unparalleled achievement, which has had great influence in advancing the study of insect-borne diseases and the development of tropical schools of medicine. If our quest for the knowledge-which-is-power in the problems of tuberculosis, cancer, pneumonia and premature decadencies had reached as practical results as has mosquito study, we would see health departments *facile princeps* in the governments of the world.

Our federal control of bacteric, bacillic and protozoic diseases in man has been more effective in its territorial possessions than at home, because foreign sanitary measures are exercised by an undivided military organization, and when ordered are executed. But at home divided and distributed Federal, State, local and social organizations lessen efficiency, and also have potential commercial forces, blind to their own interests, to overcome. Similarly state and county efforts toward mosquito eradication are more effective than in city and borough districts. It is the number of human beings more than the number of mosquitos per square mile that obstructs sanitation. For these reasons it is easier to eradicate eighty per cent. than the remaining twenty per cent. of mosquitoes. Yet, the influence of the living twenty per cent. on the public mind is a fermenting obsession outweighing the memory of a dead eighty per cent. Conversely, the more human beings to the square mile, the more money available; and as success is wholly a matter of dollars wisely applied, with efficiency the above foreign-and-domestic sanitary rule ought to be exactly reversed. One unique and pivotal fact in public sanitation has not gained place in the legislative mind. Territorial sanitary correction applied in *partial* annual improvements cannot keep pace with insect multiplication, and is as sure to fail as would partial check of a prairie fire, and is sure to cause dissatisfaction in the public mind. Massachusetts leads the States in pure water achievements, but New Jersey stands first in mosquito warfare, yet she is threatened with failure. About six years ago the Legislature appropriated \$350,000 to be expended in \$50,000 sums annually, chiefly toward swamp drainage for mosquito eradication. Ninety per cent. of the ditching done holds good today in an engineering sense, but it does not represent fifty cents of sanitary success for the dollar expended, and was foredoomed

*Brief of illustrated address before the Medical Society of New Jersey, June, 1911; from the Carpenter Lecture, New York Academy of Medicine, 1907.

to awaken public distrust in the sanitary judgment of experts.

If it requires, say, \$500,000 in, say, Essex County to completely exterminate mosquitoes through one continuous and rapid effort, we might find \$5,000,000 applied in divided doses through a course of years insufficient. Conversely, the amount required to accomplish this wholly feasible work would be more than equalled, bonds, interest and all, in ten years by increased taxation receipts, with lives and health an unfigured surplus. All our public sanitation is marred by inefficiency because of inadequate appropriations.

We muzzle a few dogs on the heels of a hydrophobic flareup, with no actual gain, when one grand six months' muzzling of all dogs would render the Pasteur Institute obsolete. We are expending millions fighting typhoid fever by ineffectual Indian war methods, and typhoid contamination of our streams and lakes continues. Six years of close study of the mosquito question in fields, cities, laboratory and literature convinces me that its suppression is one of the surest of all epidemic evils.

LIFE HISTORY OF MOSQUITO IN BRIEF.

Every stage of mosquito biography can be observed with the naked eye.

The females are impregnated a few hours after birth. Most mosquitos feed on vegetation, but pregnant females, needing rich nutriment, seek "live" blood and favor man's blood because his skin is easily pierced. They lay their fifty to four hundred eggs within two to three days in warm weather, but may carry them in hibernation through the winter and lay thawed fertile eggs in early spring. In some varieties the conical eggs are stacked when laid into oval clusters on the water, with the larger ends—from which the larvæ will break forth, next the water.

As the growing cluster sinks a little the group becomes concave. Hence the floating "egg-boat" which will right itself if upset. The malaria-producing anopheles lay their eggs separately and these lie on the water horizontally. Eggs hatch in two or three days. Unless laid on water their larvæ cannot leave the shells. All larvæ resemble whales in one respect only—they must respire through air direct and not water.

All larvæ get air through caudle-end tubes—"respiratory syphons," the egg-boat varieties resting perpendicularly, heads down, when breathing, and can wiggle without air for nearly a minute at a time. Larvæ reach maturity in about five days,

then rapidly change to pupæ, discarding head and caudle tubes and long hairs, exuding a gummy substance which forms an armor-like encasement shell, and projecting two calla-lily shaped breathing tubes from the "frontal" region. They neither eat nor drink through their two-days' life as pupæ, but can paddle forward like projected torpedoes through the water, or rest head up against the water surface and breathe. When the developed but cramped mosquito begins to stretch, it splits open the upper pupa shell and slowly works out into the air without getting wet—in still waters—plants its air-cupped feet successively on the water, dries its wings and flies in search of food and mate.

PRACTICAL OBSERVATIONS.

Egg boats are dark brown-black, about two-fifths inch long, easily mistaken for pieces of bark, always float, usually clinging by capilarity to water edges. Larvæ and pupæ spend most time against the water surface, but dart bottomwards quickly on one's approach. To be sure of not overlooking them get within two feet of the water and watch. They must shortly reach air again or drown—suffocate. Still waters standing at least a fortnight and free from kerosene and little fish best favor breeding. Sunlight does not matter, cess-pools do quite as well as roof water-tanks. Flower pots and fountains, kept filled but never emptied, enable householders to scold inefficient health boards. Running water, such as brooks, if along selvaged grass-grown shores, provides abundant lying-in-house-boat harbors, though infant mortality is greater than in undrying puddles. The *Culex pipiens* is most often met in inland regions, and being much smaller than the *solicitans* of the sea marshes, is not kept out of houses by coarse meshed screens.

Only pregnant females bite us—a motherhood suggestion having no effect on local irritation. In cities one eggboat every two weeks to a house will keep the mosquito question alive. After croquet a lady's skirts may smuggle in enough mosquitos to discredit the best copper screens. Lay opinions on sanitary matters are often astray, but truth lies at the bottom of a well in many cases.

HOMOMOSQUITIC DISEASES.

Filariasis and its sequent elephantiasis, malaria—three varieties, yellow fever and dengue are definitely known as man-mosquito diseases.

Filariasis is a tropical parasitic worm dis-

ease of the two-host variety, characterized by the presence in embryonic form in the throat, stomach, thorax and parotid glands of the *Culex fatigans*, of the "*Filariae sanguinis hominis Bancroftii*," "nocturnæ" and "diurnæ;" and their injection into man's skin; where they enter the capillaries, roaming in the nocturna variety into the central (dark) vessels during daylight, and only in skin capillaries between sunset and rise. The *F. nocturna* is about 0.2 to 0.3 mm. in length (1-80 in.), and the width of a red blood corpuscle (1-3,200 in.), in embryo form, growing to 3-4 inch length in man, when it can no longer enter skin capillaries. Obstructing lymph channels, these adults may excite connective tissue proliferation resulting in elephantiasis. One man's blood may contain forty or fifty million of these nematodes, and Jackson claims that from ten to fifty per cent. of tropical and subtropical inhabitants are hosts of the worms, which would seem to make filariasis the most wide-spread of all human diseases. Though seldom fatal, it saps energy, and no doubt accounts for much tropical inefficiency.

Malaria is due to the interchange of a protozoon between man and the female *Anopheles maculipennis*, running a continuous cycle of asexual development in the red blood corpuscles of man, and a sexual cycle in the mosquito. Its character and extent need no exposition in this brief.

Yellow fever is known to require a two host existence between man and the *Stegomyia calopus*; but whether bacterial, bacillic, protozoic or simply chemic, neither microscope nor cultural medium have declared.

Dengue is closely similar to yellow fever in being ultra-microscopic, though of slower incubation and less virulency.

MOSQUITO EXTERMINATION WHOLLY FEASIBLE.

Complete eradication is wholly dependent upon dollars, determination, and intelligent engineering. In towns and cities, of complete weekly inspection of every breeding receptacle, which may mean a hundred inspectors—for a season. For our salt marshes, of the engineering range from filling, ditching, fish-stocking to permanent dyking a la Holland.

Drainage of swamps cannot all be done in a season, but once done, they must be under police inspection to prevent hay-gatherers, short-cut drivers and drift from clogging the ditches. Combination of sanitary

forces with commercial forces seeking permanent reclamation of this richest soil offers the best solution, the most probable undertaking, and the least expensive. Love of money will prove the main uproot of mosquitos. There are 77,000,000 unused acres of swamp-land east of the Mississippi awaiting a reclamation that will pay back its cost in one generation of active cultivation, support our present population—as Holland has proven, and incidentally remove the present tax of homomositic diseases. New Jersey offers the best financial proposition in permanent reclamation, through relative cost and large city markets, of any State in the Union.

The swamp and underbrush areas of inland lakes present harder problems than salt marshes, their correction bringing no money returns save sanitary enhancement of surrounding realty. Their correction is a moral test of government altruism. The introduction of larvæ-feeding little fish affords a partial substitute for clearing up these tracts, just as kerosene once a fortnight does temporary service on inexcusable ponds. A model mosquito motto to hang in every home: A slap for the moment, kerosene for a fortnight, killie fish *ad libitum*, ditching for a season, but reclamation for all time.

SIGNIFICANCE OF PAIN IN THE DIAGNOSIS OF DISEASE OF THE LOWER ABDOMEN.*

BY THOMAS B. LEE, M. D.,
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Pain in general is so purely a subjective symptom and so modified by the different stages of a pathologic state and by the race, personality, physical state and environment of the patient, that its interpretation is a matter of the keenest judgment. As is well known, the Semitic, Celtic and the Italian people show less fortitude to pain on the average than do the Teutonic and Slavonic; again, those whose environment is such as to subject them to hardships and distress are as a rule more apathetic to pain than those who have been shielded and protected. The personality of the patient may cause him to deceive the physician to a degree as to the severity of the pain. There are those, for instance, who take egotistical delight in minimizing the symptoms, while

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the type which constantly exaggerate from various motives is well known to us all. It may not be misappropo to consider for a moment the nerve apparatus involved in the production of pain by pelvic disease.

For convenience the pelvic organs may be divided into two zones:

¹The first zone consists of the fundus of the uterus, Fallopian tubes and ovaries; to this group are supplied: (a) Sympathetic branches from the hypogastric plexus in the broad ligament; (b) Sensory branches from the twelfth dorsal and the first and second lumbar nerves; (c) Autonomic filaments from the zone indicated, to spinal centres. These filaments run side by side with the sympathetic and reach the spinal cord in the lower thoracic and upper lumbar regions. They are distributed to the intertransversæ and the quadratus lumborum and to the psoas muscles.

²The second zone consists of the cervix uteri. To this zone are supplied the following: (a) Sympathetic branches from the lower ganglia; (b) Sensory branches from the second, third and fourth sacral nerves; (c) autonomic filaments efferent from the cervix to the spinal centre, through: (a) communicating branches of the sympathetic, (b) second, third and fourth sacral distributed to the two glutei muscles to the quadratus femoris, the coccygeus, and the levator ani muscles.

The lateral and anterior portions of the abdominal wall receive their nerve supply from the lower five or six intercostals, which supply the integument and terminate in the recti muscles. The lower portion of the abdominal parietes, anteriorly is furnished innervation by the ileo-hypogastric and ileo-inguinal nerves, which are derived from the first and second lumbar.

The posterior abdominal wall curiously enough is innervated by the lumbar and sacral nerves rather than the dorsal. The peritoneum varies greatly in its nerve supply, and likewise in its sensitiveness. The visceral portion, according to Mackenzie, being supplied by the sympathetic, which is not richly endowed with sensory fibers, is almost completely lacking in sensation. The parietal portion, being supplied by the spinal nerves, is highly sensitive. According to Ramstrom, however, the sensitive nerve filaments are not to be found in the peritoneum, *per se*, but in the subserous connective tissue, which he has demonstrated to contain sensory filaments in abundance.

This fact becomes of very practical importance in the diagnosis of certain abdomi-

nal tumors particularly ovarian cysts, in the estimation of the presence and extent of adhesions.

Two cases occurring in the wards of the Cooper Hospital recently may prove interesting in this connection.

Case 1.—A. C., female, age 58, white, very stout, negative family history, accurate personal history unobtainable at this time. She was brought to the hospital with what appeared to be a general peritonitis. There were present great distension, exquisite tenderness over the entire abdomen, emesis, very rapid and feeble pulse and leaky skin. Her condition was so precarious that operative interference was thought unwarranted at that time and an unfavorable prognosis was given to the family, who removed the patient to her home. Her condition unexpectedly improved and in about one month she was returned to the hospital. The distension having subsided, it was now possible to outline a large ovarian cyst, filling the entire abdominal cavity. The pain had been severe and unremitting during the interim, although the patient's condition had much improved. At operation a large ovarian cyst was found adherent at every possible point to the parietal peritoneum, omentum, etc. The other abdominal viscera were not adherent. This patient's chief complaint was severe and persistent pain.

Case 2—M. E. K., female, white, age 30, emaciated, facies ovariana, family history negative. Personal history: Gradual enlargement of abdomen for a period of one year, very little tenderness, and no pain. Her health had been gradually failing for the last six months and this, with the loss of flesh, had caused patient to seek medical aid. On examination a large cystic tumor, apparently wedged in the pelvis and extending as far upward as the umbilicus, could be palpated without difficulty. Diagnosis, ovarian cyst. At operation, double ovarian cyst was found wedged into the pelvis, but no adhesions were present. This patient complained of no pain.

While such a conclusion may be unwarranted, it does seem to be borne out by the facts in many cases, that freedom from pain in benign abdominal tumors, particularly ovarian cysts, means freedom from at least parietal adhesions, the converse being equally applicable.

In the opinion of Mackenzie⁴, Head³ and others the uterus fails to respond to ordinary stimuli and the pain elicited in diseased conditions and in malpositions is almost entirely referred pain and the muscular rig-

idity and tenderness found in severe uterine inflammation is but the autonomic expression of the same.

As before stated, the uterus is supplied from the hypogastric plexus which send fibers direct to the fundus, while the cervix is supplied by branches from the pelvic and ovarian plexuses, the latter, especially the cervical canal, being more richly endowed with sensory fibers. This brings the uterus into relationship with the eleventh and twelfth dorsal segments and also the third and fourth sacral, and its referred pain to be expressed in those cutaneous areas supplied by these segments.

Therefore, the pain in uterine conditions is referred to the lower portion of the back near the top of the sacrum and to the hypogastrium.

The following case may be of interest to illustrate this nerve connection:

Case 3.—Female, white, presented herself at the out-patient department, complaining of pain in the hypogastrium and of lumbosacral pain. Examination disclosed the presence of a small nodule in the left side of the cervix which appeared to be a hypertrophied cicatrix of an old cervical laceration. Palpation of the uterus—fundus—and adnexa elicited no pain. Pressure against the nodule, however, brought a quick response in the pain for which the patient had sought relief.

In each case must the pain and tenderness and their relationship to each other be carefully mapped out before fixing the responsibility upon the uterus and adnexa, as all of us have doubtless seen our patients subjected to extensive plastic, and sometimes mutilating, operations for persistent backache without relief, and have been chagrined later when we learned that the pain originated in a subluxation, or disease of a sacro iliac articulation, many cases in which a simple and efficient strapping would have effected prompt and complete relief.

The uterine malpositions rarely give rise to pain except pelvic tenesmus, although when it does occur in these conditions, pain is said to be more common on the left side according to Herman⁵, quoted by Maylard, because all referred pains are more manifest on the left side. Likewise the pain in cervical carcinoma is usually felt earliest on the left side irrespective of the location of the disease⁶.

The ovaries, with practically the same nerve supply, are associated with the tenth dorsal segment and pain may be referred from them to the lower portion of the back

and to the groin, while the characteristic ovarian pain is described at a point two inches internal to the anterior superior spine of the ileum.

Tender ovaries is frequently a misnomer, as slight pressure upon the hyperalgesic autonomically rigid muscles over the ovary elicits pain before pressure could be brought to bare upon the organ itself.

The Fallopian tubes are connected with a segment higher up in the spinal cord and an attempt to utilize this fact in diagnosis of ectopic pregnancy unruptured has been made, but it seems exceedingly doubtful that this should become of much real value in differential diagnosis.

The consideration of the appendix as the cause of pain is hardly within the limits of this paper, and we will simply call attention to the fact that a long appendix adherent to the bladder may cause painful and frequent micturition, which indeed may be the only evidence of appendiceal trouble, and that a retro-cecal appendix⁷ may cause intense and persistent backache.

Localized peritonitis from various causes may give rise to pain in the lower abdomen. In differentiating this from other conditions which cause muscular rigidity and tenderness the following facts may be borne in mind. That the pain in peritonitis is not referred pain, that referred pain is temporarily eased by pressure, whereas the pain in peritonitis is increased by pressure, that referred pain often has a definite distribution and may extend to the angle of the scapula or down over the crest of the ileum. Whereas the pain in peritonitis is not referred to these points. There is no true cutaneous tenderness in peritonitis.

Causes of pain peculiar to the right iliac fossa in the order of their frequency are diseases of the appendix, peri-cecal tuberculosis and duodenal distension and adhesions⁸. Those peculiar to the left iliac fossa are the referred pain from the malpositions of the uterus and from cancer of the sigmoid. Those causes which occur with equal frequency in either iliac fossa are as follows⁹:

Pus tubes and pelvic adhesions, ectopic pregnancy, dysmenorrhœa, ovarian cyst with twisted pedicle, ureteral stone, localized tuberculous peritonitis, inguinal hernia and the debility of neurotic, anemic women.

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DISCUSSION.

DR. J. WATSON MARTINDALE, of Camden, opened the discussion of Dr. Lee's paper. He said pain is the most constant gynecologic symptom. It is most frequently seated in the lumbosacral or inguinal regions. Pain is either spontaneous or evoked. As a general rule, it is safe to say that spontaneous pain is produced by an acute lesion, while evoked pain is generally due to a lesion more or less chronic in character. Pain in pelvic lesions is generally worse at night. This is probably due to the fact that during the day time, the patient has other influences which attract her attention and thus, for the time, make her forget her condition. The amount of pain is not always in proportion to the severity of lesion. Many women, suffering with large growths, are comparatively free from pain and it is a clinical fact observed by many gynecologists that cancer of the womb itself is not particularly painful, until the surrounding tissues are affected, as, for instance, when the bladder becomes involved, the rectum is invaded or when the disease extends to the broad ligaments.

Some of the more trivial conditions to which women are subject, are often accompanied by very severe pain, for example, the suffering which a woman undergoes during an attack of destructive dysmenorrhea is intense. This pain often commences an hour or two before the flow is established and continues for several hours, during which time the patient is simply writhing in agony. Another condition accompanied by severe pain is an acute flexion. This may be brought about by straining at stool, by lifting a heavy weight or during excessive muscular exertion. The patient has the bearing-down sensation, the feeling as if all her pelvic organs were trying to protrude, and at the same time, she has the most excruciating pain. This pain lasts until the uterus rights itself or is replaced by the physician.

Cystic conditions of the ovary are not particularly painful. Many women have been operated on for other conditions and a cystic ovary discovered which had produced no symptoms. The cystic ovary is rarely sensitive, and unless it becomes large enough to interfere with the other organs is practically painless. The ovary resists pathologic changes longer than the other pelvic organs and quickly recuperates from any abnormal condition. The pain accompanying acute salpingitis is spontaneous and very severe. Acute bilateral salpingitis is generally gonorrhoeal in origin and is frequently accompanied by a marked cystic which, in itself, is an exceedingly painful condition.

Puerperal infection is often accompanied by severe pain in the milder cases. Many of the severe forms of puerperal infection are not accompanied by much pain. In the puerperal condition, the infection is not in the tubes, but generally passes up the lymphatics along the

side of the uterus and either the right or the left side becomes involved, rarely both. If pus forms it is generally in the folds of the broad ligament. The pain in this condition is due to the local peritonitis which is almost invariably present, as well as the pressure from the pent-up pus or blood serum. In tubal pregnancy we have a period in which there is no pain. When the products of conception fill the tube to its fullest capacity, violent pain is caused by the stretching of that structure. The tube accommodates itself to the mass within its cavity and there is a period of quiescence until the growth of the fetus again stretches the tube to its fullest extent, when violent paroxysmal pains are experienced. The fetus may die and a pelvic hemocele as large as an orange be present, yet the patient experiences comparatively little pain.

A woman may have a pair of pus tubes and enjoy comparative immunity from pain. If a small quantity of this pus leaks out, we have a localized peritonitis which causes acute pain. Protective barriers of lymph are thrown out and the pus stream is dammed back. With rest in bed and appropriate treatment, this condition is gradually relieved and the pain diminishes or disappears. On the other hand, if we have a rupture of the pus tube and a large amount of pus escapes into the peritoneal cavity we have a violent lancing pain accompanied by the most profound shock and the advent of a general peritonitis, which if not relieved by incision and drainage, is rapidly fatal. While pain in the sacral and inguinal regions is generally suggestive of pelvic disease, a lesion in the groin is often productive of pain in the upper abdomen. A woman who had suffered several attacks of severe abdominal pain, simulating gastralgia and necessitating hypodermic medication of opiates for their relief, was cured of her condition by wearing a truss. It is a good plan in going over a patient suffering from pelvic or abdominal pains, to look into the hernial orifices to see that there is no knuckle of gut caught and pinched. The causes of pain in hernia are, first, the actual nipping of the gut; second, the peristaltic motions above the obstruction; third, distention of the gut, and, fourth, peritonitis.

DR. GEORGE H. BALLERAY, of Paterson, said that he had thought that the title of the paper meant pain as a factor in the diagnosis of abdominal conditions, but had found that he had not grasped its meaning correctly. He wished that some one would write a paper on that subject, giving some definite information concerning this. He said that pain in certain regions of the abdomen may mean one thing in one case and pain in the same position may mean quite another thing in another case, and until there is something more definite to rely upon, the diagnosis will remain in its present unsatisfactory state. He quite agreed with Dr. Martindale that some patients run from one doctor to another, always finding new conditions to be operated upon and doctors ready to operate upon them. If women could get their minds off their pelvis, it would be an advantage to them.

An infection of the hair follicles of the nose is quickly relieved by the application of a 1 per cent. salve of yellow oxide of mercury.

BACTERIAL VACCINES: THE THEORY AND PRINCIPLE OF THEIR THERAPEUTIC APPLICATION.*

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At the outset I wish to emphasize that this proposed addition to our therapeutic equipment is still in the experimental stage. A large amount of work has been done to establish its status by defining its exact value and also its limitations. The results of such work have been variously interpreted, so that many of the statements I shall make have, at one time or another, been contradicted, or at least modified, by thoroughly competent students. It would be quite futile, within the time assigned, to attempt to put before you the various views that have been advanced concerning the rationale of this subject. Furthermore, I should consider it inappropriate to confine this paper to a discussion of purely technical phases, so then I shall limit my remarks to a recital of those theories which so far are supported by the greater weight of evidence.

It is obvious that the intelligent application of the principle of immunity to the diagnosis and treatment of disease demands a clear conception of the nature of these principles, and although we are considering a single phenomenon of immunity, yet we know that there exists in the minds of many men not a little confusion concerning the whole question of immunity. The mysterious reaction of the body to disease has been an ever present problem, the solving of which has occupied the greatest minds of medical history. The ancients were at a loss to explain the variations in resistance and behavior toward disease which certain species and even different members of the same species showed.

The protection against a second attack of certain diseases which the original sickness conferred was known to them, but only as an unexplained fact. They noted that persons in robust health either escaped infection in the numerous epidemics which swept over them or suffered only a mild attack. This last observation they put into practical

operation by purposeful exposure of healthy individuals to the chance of infection. This was attempted by intimate contact with diseased individuals, and later, by inoculation with the suspected vehicles of infection. The historically prominent example of this latter procedure was the inoculation of healthy individuals with the contents of pustules from smallpox patients. This procedure we now recognize as a crude application of the principles of active immunization of which vaccine therapy is but a refinement.

The history of medicine of those dark days is replete with fantastic theories attempting to explain the problems of resistance, infection and immunity. Slowly, one by one, the brilliant genius of some proper in the dark would catch the gleam of a suggestion, and the development of his idea would stimulate others to investigate. When these isolated, disordered faces were fused into an orderly whole there gradually evolved the hypotheses, theories and laws which to-day illumine the practice of our art.

Let us, in a very general way, outline what we mean by immunity, classify its variations, and indicate how it is, and may be, produced. Emery states, "Immunity is the power which certain living organisms possess of resisting influences which are deleterious to others." Immunity may be acquired naturally or artificially.

Of acquired immunity, we have first what may be called inherited immunity: the result of adaptation. This defence protects us in a measure from a relatively large number of infections because the migrations of our ancestors subjected them to a variety of conditions, each of which some of them overcame—the survival of the fittest. The next generation of that stock found these conditions easier to combat, and to-day against certain diseases we have a relatively high immunity: for example, in the case of syphilis, which in the early days was a fatal disease. The opposite of this inherited immunity is inherited susceptibility, which is really the absence of immunity. This condition may be explained by the fact that a given species has not had the opportunity to develop by practice its defenses against the particular infection to which it is so liable: witness the terrible ravages of tuberculosis when first introduced among the American Indians, and the relatively weak resistance of the negro to this same infection. Recovery from certain infectious diseases insures a more or less effective protection against reinfection. This protection is de-

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pendent upon the production by the individual of certain substances called antibodies, which are called forth in response to an irritation by the toxic properties of the invading infectious agent. These antibodies exert a neutralizing, or a destructive or an otherwise protecting influence, and, according to their action, are called antitoxins, lysins, agglutinins, precipitins, or opsonins. In the blood serum of immune individuals these protecting substances may be demonstrated as existing alone or in combination. For instance, in the blood serum of a typhoid patient the demonstration of specific agglutinins constitutes the Widal reaction, while the Pfeiffer test shows the presence of bacteriolysins. Upon artificial or induced immunity we must focus our closest attention, as it is in this division that vaccine belongs.

Artificial or induced immunity is divided into two great classes, *i. e.*, active and passive. In active immunity the animal is caused to suffer a modified form of the disease against which the protection is desired. This is accomplished by the introduction of the specific infectious agent, the toxic properties of which have been attenuated by various methods. There is thus incited an actual combat between the protective forces of the animal and the infecting material.

Passive immunity is a second-hand immunity. It is the transfer of the acquired combative forces of an actively immunized animal to one that is not immune. We have said that these antibodies, the combative forces, are present in the blood serum of immune animals. In the practice of passive immunization, this pregnant blood serum is collected and injected into the non-immune animal. The most conspicuous example of passive immunization is the use of diphtheria antitoxin. Here, as the result of the injection into the horse of repeated and gradually increasing doses of the toxin of the diphtheria bacillus, with the consequent succession of moderate intoxications and complete recoveries, there is produced an active immunity. In the blood serum of the horse there are demonstrable antibodies in great excess, elaborated and accumulated as the result of repeated victories. This serum is then injected into the non-immune animal. Because of the widespread use of diphtheria antitoxin such views as many practitioners may have concerning any immunizing procedure are colored by their knowledge of the principles and use of antitoxin. To them every biological product is an antitoxin and they are

inclined to use them all in the same way. With proper dosage their results with antitoxin are practically immediate. If they are not, experience and good practice indicate a decided and immediate increase in dosage and the more acute the symptoms the greater the indication for large and frequently repeated doses. This procedure is the exact opposite of the correct application of the principles of active immunization of which bacterial vaccine therapy is an example. This inaccuracy can have but one effect—failure to get the desired result. This is indicated by one of two manifestations; actual injury to the patient, or no result at all. It is just this half-cooked method of procedure, so characteristic of the practice of a not inconsiderable proportion of the medical fraternity, which has delayed the advance of scientific medicine by creating unfavorable opinions upon the efficacy of many therapeutic measures.

The address of this sentiment to this audience is based upon two assumptions: First, that no representative of the type referred to is present (this is not a Guildhall speech); and second, that there are those present who are wise in that they know that they do not know, and who have delayed practice and reserved opinion until the rational is a clear concept in their minds. To you this preamble is addressed, and our thought can best be focused by first emphasizing the essential points of difference between active and passive immunity. Induced active immunity is the result of the inoculation of a poisonous substance which the animal is called upon to overcome. During such conflict there is always an interval, when, theoretically at least, the protective power of the animal is below par (the negative phase), and here lies the danger of too frequently repeated doses. The development of active immunity is slow but its duration is relatively long. Active immunization is applicable to a considerable number of infections.

Passive Immunity.—Here the animal is passive; it is not necessarily called upon to produce protective substances of its own. The anti-bodies introduced are not poisonous. Its development is immediate and its effects transitory, lasting only so long as the anti-bodies *introduced* are actually present in the animal's body. A rough and only partially accurate analogy may serve to bring this home. Passive immunization may be compared to fertilizing a barren field with chemical products. Active immunization to the inoculation of the anti-

with nitrifying bacteria. The one is temporarily efficient, is soon exhausted, and, if the fertility of the soil is to be preserved, must be renewed. The other provides a lasting process of self-fertilization. Passive immunization would be the ideal treatment of all acute infectious diseases, but unfortunately as yet it is applicable to but very few of them.

This, I trust, prepares us to consider the production of active immunization by the use of bacterial vaccines. When we speak of bacterial vaccines there instantly comes to our minds the opsonic theory, and to this we shall now devote our attention. Metchnikoff's discovery of the power of white blood cells to engulf pathogenic bacteria, and the resulting cellular theory of immunity which grew from these observations led to extensive researches by many workers of his own school to affirm the theory, and by advocates of the humoral theory to deny it. Out of this controversy grew the opsonic theory which is the mean level between the extravagant claims of both schools. In a study of phagocytosis *in vivo*. Denys and Leclef in 1895 called attention to the part played by the serum in phagocytosis. They proved that in the process of immunizing an animal against a specific micro-organism there is no marked change in the behavior of the leucocyte *per se*, but that in the blood serum of animals thus immunized there is present a substance which acts upon the bacteria, preparing them for ingestion by the leucocytes. Leishman utilized this fact as a measure of immunity in certain infections, which heretofore showed no measurable antibodies. Subsequently Wright and Douglas, recognizing the clinical possibilities of such a method, elaborated a technique which allowed of a separation of the various elements concerned in phagocytosis. This permitted of a more accurate study of the role played by each component. All these observations, from the earliest—the discovery of phagocytosis—to the detection of the part played by the serum and the elaboration of a technique which might serve as an index of this immunity reaction, have contributed to form the basis of the opsonic theory. However, in the language of Adami, "To Wright is due the credit of devising a precise method of determining quantitatively the effect of the serum on the leucocytes and of recognizing the significance of these observations upon the arrest of active disease and of the establishment of vaccine therapy upon a firm basis." The opsonic theory expressed in a few words is

as follows: As the result of the inoculation of a given micro-organism there is produced by the tissues of the inoculated animal a substance called by Wright opsonin, from opsono or obsono, "I prepare for the meal," or "I prepare food for." This opsonin, combining with the *same* species of micro-organism as was originally introduced (you will note that it is specific), prepares the bacteria for subsequent phagocytosis. Opsonins are appetizers in that they make the food attractive. These dogmas are supported by experimental evidence which is as forceful as any in bacteriology. Their demonstration by laboratory methods offers as beautiful pictures as our art can supply. These are the facts in the case: If we mix bacteria and leucocytes together and place this mixture at body temperature for fifteen minutes we find on smearing and staining this mixture that the bacteria remain *outside* the bodies of the leucocytes. If, then, we mix equal parts of these same bacteria and leucocytes and in addition blood serum, and subject them to identical conditions we find that the leucocytes have ingested many of the bacteria which now appear *within* the bodies of the white blood cells. It is perfectly obvious that the factor that has brought about this change is the serum which was added. Further evidence of the specific rôle played by the serum is furnished by the following fact. If serum be subjected to heat the power of stimulating phagocytosis is lost. As proof of the actual combination of the opsonin in the serum with the *bacteria* we have the fact that if serum and bacteria be mixed and then all free serum removed phagocytosis will take place when leucocytes alone are mixed with these sensitized bacteria.

As a demonstration of the clinical significance of these phenomena Wright adduced the following facts in connection with chronic staphylococcal infections: (1) In men suffering from staphylococcal infections the phagocytosis of staphylococci stimulated by their serum is abnormally small; (2) That in the course of artificial active immunization with killed bacterial cultures, according to the vaccine method of Wright, this phagocytosis actively increases.

These maxims constitute the very foundation of the opsonic theory and vaccine therapy. The measure of opsonin content of any serum is the opsonic index. This is estimated by mixing in a capillary pipette equal proportions of white blood corpuscles, serum and bacteria. The mixture is in-

cubated at body temperature from 7 to 15 minutes, depending upon the kind of bacteria used, and then smeared on a slide, stained and examined. In one pipette the serum used is from the patient, in another the serum is from a normal individual, or, better, the pooled sera of several normal individuals. A minimum of 50 polymorphonuclear leucocytes are examined on each slide and the number of bacteria in each cell enumerated. The total number of bacteria counted divided by the number of leucocytes gives the phagocytic index and the phagocytic index of the normal serum divided into the phagocytic index of the patient's serum gives the opsonic index. The above is the original method of Wright. Certain modifications have been suggested and adopted by competent students of the subject. The best one determines the degree of dilution in which the serum will show phagocytic action equal to the action of normal serum.

Significance and Practical Value of the Opsonic Index.—From the beginning Wright has insisted (though he recently modified his view) that the estimation of the opsonic index was to be accepted as being a distinct aid in the diagnosis and prognosis of infectious diseases and as constituting the only rational guide in the specific therapy of these diseases. In this connection he laid down the following precepts:

1. If the index to any given micro-organism be and continues normal, then an infection with that particular micro-organism can be excluded.

2. If the index is persistently low, then a local infection by this micro-organism is indicated.

3. If the index fluctuates, then there is the likelihood of an infection in which the whole bodily organism is involved.

4. If it continues high, then an infection is being successfully resisted or an active immunization is being accomplished.

5. If throughout the course of artificial immunization an enduring low index is exhibited, an unfavorable prognosis is manifest.

Thus it will be seen that this method, if wholly reliable, would afford invaluable aid in combating bacterial infections. But so many factors have been brought out by painstaking and unprejudiced investigation which would seem to militate against its accuracy that laboratory men have quite generally abandoned the method. The final disposal of this question was quite properly in their hands, because the estimation of the opsonic index is quite beyond the

technical ability of the ordinary practitioner. The inaccuracy of the method, however, does not deny the existence of such phenomena of immunity which it so forcefully brought to our attention, and it is quite possible that modified or new methods of determination will reach the ideal toward which Wright so brilliantly strove. It has at least served the worthy purpose of keeping vaccine therapy within the limits of scientific supervision.

What has gone before is a rough outline of the physiology of immunity. To intelligently apply this knowledge to the treatment of disease, however, we must have an equally clear conception of the conditions which favor the invasion and multiplication of bacteria in the human body. We must also know something of what may be called the physical defence which the body erects in its attempt to overcome invasion. In this connection it may aid us to recite the story of the difficulty which an invading army of bacteria have to overcome before the balance of power rests in their hands and disease is established. Let us start with the deposit of bacteria in a wound of the skin. In the first place there is the mechanical difficulty of tracing the maze of closely packed cells. The circulating lymph present there carries a reserve supply of anti-bacterial substance to meet just such emergencies. Patrolling phagocytes are ever on the alert to ward off such attacks. These potent factors, together with what Adams calls "tissue immunity"—a natural or indifferent or non-specific immunity exhibited in most of the tissues against most bacteria—constitute the outpost defense. Escaping these, the endothelial lining of the paths which the bacteria would take and the filtering action of the lymph nodes offer further impediments to their progress. Should the bacteria overthrow the outlying flanks of defence and enter the citadel of the organism—the blood stream—they would find concentrated there the antibodies referred to above, which constitute the body's last stand.

Fortunately for us most of the battles are won at the outposts, but, if the preliminary mechanism fails, then the body resorts to another method, that of the siege, the purpose of which is to devote its whole energy to limiting the action of the invaders to this single focus. This is accomplished by a process of "walling off," the throwing up of a barrier, a zone of inflammatory infiltration, as in abscess formation or the dense growth of exuberant granulations,

and the clotted lymph and fibrin which en-
sheath the chronic sinus. In some instances
so complete is this method of sealing the
avenues leading to the general circulation
that the defenders of the outpost are actual-
ly walled in with the enemy, because the
very factors which prevent entrance of the
foreign host limit the transportation of
fresh ammunition to the field of action. In
other words, there is an interference to the
free coursing of lymph and serum through
the infected focus. For this reason the
supply of anti-bacterial substances that
reach the focus of infection is so limited
that such destruction as they accomplish
does not materially diminish the ranks of
the enemy. In addition, the death and dis-
integration of leucocytes in suppurative
foci, with an accumulation of pus, liberates
a tryptic ferment which inhibits the action
of their living fellows, chemically antagon-
izes protective substances, and exerts a di-
gestive action on tissue cells. There is one
other effect of the walling off that offers
the reason for artificial active immunization.
The toxic products of bacterial activity do
not reach the body as a whole, hence there is
no stimulation of the mechanism of immu-
nity and the consequent production of anti-
bodies. These cases are the extremes—the
indolent and refractory ones. The more
favorable ones are those in which the bar-
rier is not so impenetrable and there is con-
sequently an occasional seepage of toxic
material which becomes the stimulus to the
mechanism of immunity. This then consti-
tutes auto-inoculation, which is the means
by which the body creates a naturally ac-
quired active immunity. But there is a
limit to the amount of leakage which is con-
sistent with the maintenance of the proper
balance, for if it be excessive the organism
offers a toxemia or a bacteremia which, like
all excessive stimulants, become paralazants.

This excessive liberation of toxic material
limits or prevents the production of immune
substances. Upon the degree of this auto-
inoculation largely rests the distinction be-
tween acute and chronic diseases. In ty-
phoid, pneumonia and some types of pul-
monary tuberculosis the patient is obviously
poisoned, and this because of excessive
auto-inoculation. In cases of chronic lo-
calized infections the lack of temperature
and other systemic reactions naturally point
to the absence of free circulating poisons.
Those cases which show fluctuations, one
time toxic, another free of systemic distur-
bance, are examples of intermittent auto-in-
oculation. Massage of chronic inflamma-

tory processes, active and passive move-
ment of chronic joints, has long been con-
sidered good practice in appropriate cases
because of the manifest benefit. Some of
you may recall that in some cases this pro-
cedure was followed by a systemic reaction.
This was an example of artificial or induced
auto-inoculation. We were in the habit of
attributing the benefit which frequently fol-
lowed such manipulation to an improvement
in the circulation, but I doubt if we stopped
to analyze that explanation. We now know
the circulation thus improved carries away
toxic material which stimulates the immu-
nity apparatus to the production of specific
immune substances which are then carried
to the seat of infection. This auto-inocula-
tion is nature's method of producing active
immunity, and vaccine therapy represents
an attempt to imitate it. As originally con-
ceived it aimed to stimulate the production
of anti-bodies by the inoculation of toxic
materials in those cases where a spontaneous
auto-inoculation was either lacking or defi-
cient.

While the results achieved by nature and
by artificial means are the same, there are
differences in the stimulating material. Au-
to-inoculation consists in the release of liv-
ing bacteria or their products, in unmeas-
ured doses, directly into the blood stream,
while vaccination consists in the injection
of dead bacteria, in measured doses, into
the subcutaneous tissues. Auto-inoculation
is uncontrollable and is not void of the danger
of inciting an active and disseminated in-
fection. Vaccination, on the other hand,
by the use of dead bacteria in known quan-
tity, provides a controllable method of arti-
ficially producing those conditions which
nature provides for the combating of micro-
bic diseases.

*The Nature, Kinds and Preparation of
Bacterial Vaccines*—Vaccination may be ac-
complished by the inoculation of any anti-
genic substance, such as viruses, toxins, liv-
ing and dead bacteria. We shall confine
ourselves here, however, to the use of killed
cultures of bacteria. It is of vital import-
ance, it is the crux of the matter, to first
establish an accurate and complete diagno-
sis of the micro-organism or micro-orga-
nisms responsible for the infection before
any attempt is made to treat that infection
with vaccine. It is the disregard of this
fundamental rule that many of the so-called
failures can be traced. To see the possibili-
ties of error that guess-work methods carry
with them you have only to remember that
the immune substances called forth by the

inoculation of a given poison are directed specifically against that poison and are ineffectual against any other. Further, for the proper conduct of a case, and to give the vaccine method a square deal, it is necessary to make frequent bacteriological examinations in those cases which obviously are not making rapid progress. Certain exceptions to this primary rule must be made. There may be cases where urgency may warrant the venture of a hypothetical diagnosis, since the delay necessary in properly identifying the causative agent might be detrimental to the patient. Again, in those cases where conditions are such that a proper bacteriological diagnosis cannot be made by isolation, it is obvious that the sole means of obtaining guidance is by inference.

Having established what particular kind or kinds of bacteria are the cause of the infection, we now proceed to make a vaccine of this same kind or these same kinds of bacteria. They are first grown on appropriate media, let us say agar. Having thus secured a relatively large number of young forms they are washed off the medium with sterile salt solution, all clumps are broken up by agitation, and, when the emulsion is properly homogenized, the number of organisms in a given volume (1 c.c.) are counted by any one of several methods which yield estimations remarkably close to the actual number present. This bacterial emulsion is now sterilized. It is to this step in their preparation that the greatest amount of attention is being paid at present. The original method of sterilization was by heating every preparation at 60 degrees C. for one hour. This heating was finally suspected as being responsible for the lack of potency of certain vaccines and certain modifications were made both as to the degree of temperature and the time of exposure. We now know that the lower the temperature which will serve to sterilize, the greater the potency of the vaccine. Many workers have discarded heat altogether and are using germicides such as carbolic acid and formalin, with what they consider infinitely better results. This emulsion of dead bacteria is now diluted so that a given volume shall contain the number of dead bacteria required as an appropriate dose. This dilution is made in the container in which the vaccine is to be dispensed. In order to determine the absolute sterility of the preparation, relatively large quantities of the diluted emulsion and of the emulsion from which the dilution was made are now inoculated in an appropriate med-

ium and placed under the conditions known to be suitable for *all* forms of bacteria. It is only upon the evidence of absolute sterility, determined by such control, that a vaccine may be safely used. If heat has been used to sterilize, then 0.25 per cent. of phenol or tricresol is added to act as a preservative.

I have not attempted to give a detailed description of the technic of preparation. Suffice it to say that each step is guarded by the most rigid observance of the rules of asepsis.

Kinds of Vaccine.—A univalent vaccine is one composed of a single strain.

A polyvalent vaccine is one composed of two or more strains.

A mixed vaccine is one containing two or more bacterial species.

An autogenous vaccine is one prepared from the specific organism or organisms isolated from the patient's own infection.

A stock vaccine is one prepared from organisms not isolated from the patient under treatment.

Autogenous vaccines are always desirable and in most instances essential because, though two organisms of the same species may be exactly identical in all other demonstrable characteristics, and for that reason bear the same name, yet the antibodies called forth by the stimulation of one may have no influence on the other. What is bad for the goose is not necessarily bad for the gander, though they both be geese.

Stock vaccines may be used with certain limitations; first, to give the patient the chance that the stock organism may be immunologically identical with or very closely related to his own in order that something may be accomplished *pending* the preparation of an autogenous vaccine, which, under most favorable circumstances, requires three to four days; second, in cases where it is impossible to secure a culture of the patient's own organism, notably in chronic gonorrhœal infections. The best stock vaccines are made from several strains of the same organism isolated from a number of pathological conditions. This increases the chance of "hitting" an homologous organism. The slogan of the homeopaths "like cures like" might very well be adopted by the accurate vaccine therapist, but with a most rigid interpretation of the likeness.

Administration.—The best results follow the subcutaneous injection, which may be made into any area of loose cellular tissue with an active blood supply. The region about the scapula, the outer surface of the

arm at or about the point of insertion of the deltoid muscle, are favorite sites, which have the added advantage of a position which would cause the patient relatively little discomfort should any local reaction arise. Veins should be avoided, as intravenous injection liberates immediately into the blood stream a concentrated poison, which, though in minute quantity, might excite a profound toxemia. The advantage of the subcutaneous route lies in the comparatively slow absorption that takes place from it, and in another particular which will be discussed in connection with the use of vaccines in acute diseases. Injections should not be made always at the same site, because of the possibility of establishing a local immunity or tolerance to the antigen.

Dosage—The response to the stimulation of a vaccine is never the same in any two individuals, because of the following factors: Of the patient—idiosyncrasy, or general resistance; of the infecting organism—virulence, which is variable, and of the vaccine—certain differences in potency, the reason for which is not altogether clear. These variations preclude the possibility of establishing any fixed rule applicable to all cases. But, as the result of accumulated experience based upon the repeated estimations of the opsonic content of the serum of those vaccinated and upon clinical observation, certain general principles have been established which govern the practical application of vaccine therapy. These principles are as follows:

The degree of immunity produced by the injection of bacterial vaccines bears no proportionate relation to the size of the dose administered. Small doses may serve as active stimuli to the mechanism of immunization; on the other hand, doses excessive in amount may overstimulate and depress these protective processes, and, instead of exalting the resistance, they create a positive susceptibility.

The optimum dose of vaccine as emphasized by Wright is the minimal amount that will evoke a favorable immunizing response without inducing either a systemic reaction or the evidence of a toxemia. Vaccination should be repeated only when the effects of the preceding dose are diminishing, and the dose increased only when the present dose no longer suffices to elicit a satisfactory response. It is desirable to employ a small initial dose and gradually to increase the amount with subsequent injections as the nature of the case may warrant. In a mixed vaccine where more than one organ-

ism is used, the combined dose should not exceed the maximum for any one of its constituents, but should be sufficiently large to include the initial dose of each.

The interval between injections in chronic infections is generally from five to ten days. A glance at the various tables of dosage devised by several competent immunologists reveals decided variations. Success has followed the use of each of these divergent quantities, which is but another evidence of the futility of attempting to reduce the quantitative administration of bacterial vaccines to exact formulæ.

Types of Infection in which Bacterial Vaccines Are Indicated—Based upon the original conception of Wright, vaccine therapy should be limited strictly to chronic localized infections, and in this class of cases their use is amply justified by a quite universal success. In abscesses, boils, carbuncles and acne caused by the staphylococci, their action is almost specific. So striking are the results that some critics would limit their use to this class of infections, but this is not just, because chronic infections due to the streptococcus, the pneumococcus, the gonococcus, and practically all of the pathogenic bacteria, have in many instances responded well to this mode of treatment. I would re-direct your attention to that type of chronic infection in which nature has not only walled off the enemy, but has isolated the field of action from the base of supply. Here it would be futile to load the general circulation with antibodies, by the use of vaccine, without providing some way of bringing them to the focus of infection. This means the elimination of the factors which interfere with the free coursing of lymph and serum or of those which neutralize such anti-bacterial substances as may be present. Incision and drainage are effective, because they remove a stagnant inactivated fluid rich in tryptic ferment and poor in protective substances, and relieve pressure. The application of heat—poultices inducing an active hyperemia and passive congestion by Bier's method depend upon this activation of the focus for such success as follows their use. For obvious reasons the latter method should be used with caution. To increase the permeability of the zone of infiltration, of the tangle of coagulated lymph and fibrin, Wright has devised a method which is another evidence of the logic of his mind, for he, as no other, has reduced our present knowledge of pathology and immunity to story-book simplicity. He advo-

cates an irrigation or a dressing wet with a solution of 0.5 per cent. sodium citrate and 5 per cent. sodium chloride. The citrate of soda, by its decalcifying action, prevents the coagulation of lymph, and the salt by osmosis promotes the transudation of serum from the blood vessels. This action insures the constant and copious bathing of these tissues with fluid fresh from the base of supply.

Vaccines in Acute Diseases.—When bacterial vaccines were first proposed in the treatment of such diseases as septicemia, pneumonia, typhoid and the like, the proposition was met with the logical criticism that the fundamental principles of vaccine therapy would exclude such cases, for here were conditions in which the body was overburdened with circulating toxins. The stimuli to the mechanism of immunity were already excessive, so why add more toxic material? Would you not make conditions actually worse? Wright himself for a long time stood out against the practice, but so insistent were the conclusive evidences brought forth by many pioneers of the manifest benefit some cases of this class derived from vaccine therapy that Wright was compelled to expand his theory so as to include this type of disease. His premises are as follows: That the circulating blood serves merely as the vehicle for the bodies' protective forces, and is not concerned in the elaboration of anti-bacterial substances, and that the production of the immune bodies is the unique function of certain highly specialized tissue cells. We know that if diphtheria toxin is inoculated directly into the circulation little if any antitoxin is produced, whereas the subcutaneous injection does result in the production of antitoxin. Reasoning from this it is assumed that the toxic material produced as the result of the disease, poured directly into the circulation, spends most of its force in poisoning the nervous system, and that relatively little of it (because of dilution) reaches those tissue cells directly concerned in the production of antibodies. Wright believes that in the subcutaneous injection of a vaccine you introduce a concentrated poison directly at the seat of production, for he maintains that antibodies are produced at the site of inoculation. The practice of vaccination in acute diseases is guarded by using very small doses, and since the immunizing response is necessarily transitory the dose must be frequently repeated. Summarizing the clinical indications for the use of vaccines in such cases, Adami expresses the belief "that

on the one hand a sinking temperature, accompanied by increased weakness of pulse and respiration and advancing toxic state is a clear sign that the reactive powers of the patient are being overcome and exhausted so that vaccination can only be harmful, and, on the other hand, if the fever be somewhat high, provided the pulse is steady with no signs of cardiac weakness, then vaccination may be safely undertaken." "Hyperpyrexia contraindicates their use."

Reactions—These may be divided into local, focal and general.

Local Reactions—These are the ordinary manifestations of the early stages of any inflammation, such as redness, pain, swelling, *et cetera*, any one or all of which may occur. Except in the use of typhoid vaccine administered prophylactically, and of vaccines made from certain strains of streptococci, normal individuals rarely manifest any local reaction. An infected individual injected with any organism other than the one causing his infection does not show a reaction. This adds force to the statement that the response of the body to the stimulation of a vaccine is the production of antibodies which are directed specifically against the same kind of bacteria as were injected. The occurrence of a local reaction depends upon: first, the size of the dose; second, the condition of the patient, and third, the nature of the vaccine employed. If a reaction does occur it never goes on to suppuration, and usually causes the patient relatively little discomfort.

Focal Reaction—This is a rekindling of the inflammatory processes at the focus of infection. In the most favorable degree this is a simple hyperemia, the result of which is an improvement in the supply of protective substance, but the process may pass beyond this and create conditions which favor the escape into the general circulation of bacteria or their products, with consequent toxemia or extension of the disease. This effect constitutes the chief danger in tuberculin therapy.

General Reaction—This is a systemic manifestation ranging from a slight rise of temperature and malaise to more severe intoxication. The application of Wright's rule for dosage eliminates this chief hazard of vaccine therapy.

Prophylaxis—The ideal of preventive medicine is the elimination of the sources of infection by sanitary, and the increase of bodily resistance by hygienic, measures. Though splendid is the record of achievements along those lines, the day is yet far

distant when the end shall be reached. Therefore, of enormous aid in meeting present conditions is any measure which offers an immediate though artificial means of establishing an immunity in advance of a disease, which, because of sanitary conditions as yet beyond our control, is the inevitable heritage of a certain class of people. Prophylactic vaccination against typhoid, cholera, plague and scarlet fever, in the hands of such workers as Haffkine, Wright, Leishman, Russell and Gabritschewsky, has proven of inestimable value. The most striking results are in connection with typhoid fever in the British, German and United States armies. Here the incidence of the disease has been greatly diminished, and, in those vaccinated, the character of the disease very much modified with a happy decrease in mortality.

I can best satisfy your curiosity on this most interesting phase of vaccine therapy by referring you to Major Russell's article on this subject which appears in the December, 1910, issue of the *New York State Journal of Medicine*.

Conclusions.—The magnitude of the task which I have attempted to carry out has made it imperative for me to treat in a very general way many phases which are of the greatest importance in order that I might achieve what I conceived to be my chief duty, namely, to emphasize the theory and principles upon which this therapy is based, hoping to thus create an interest in the subject sufficient to stimulate you to consult the voluminous literature which will provide the details that attract you most.

In conclusion, I quote Potter and Avery in Hare's "Modern Treatment," from which splendid exposition of the subject I have so liberally drawn, that "to appreciate vaccine therapy one must be acquainted with its limitations as well as its field of application. It is not to be supposed that bacterial vaccines constitute a catholicon for all bacterial infections, nor must it be imagined that vaccines possess unlimited virtue even in those cases where their use is indicated." And Adami, who states that "vaccine therapy is not to be undertaken by the ordinary practitioner; there are too many dangers attaching thereto." He insists that their use shall be limited to those men who have the opportunity and the training to study thoroughly the modifying factors that any case may present, and to correlate the laboratory and clinical data. In other words, he would create immunizers, a specialty that already exists in England; and, in ac-

cordance with the present state of our knowledge on this subject, such conservative advice from such a source may well be followed.

THE FEEDING OF CHILDREN.*

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Whether or not thirty years hence our nation is still a first-class power and holds her own in science, art and industry depends very largely on the proper, or improper, care and treatment of the infants and children of to-day. Much, possibly too much, has been written about the feeding of infants, but in the last ten years our medical journals have published scarcely a half dozen articles on the feeding of children, yet this is quite as important a subject, and one on which the profession and the public need quite as much instruction.

It seems to be taken for granted that every mother knows how to feed a growing child, but this is far from being true. The works on pediatrics each contain a single chapter on this subject which is of such vital importance to the general public, and, I fear, many general practitioners do not read, or remember, this single chapter. As a result how many children we see that are undersized, anæmic, constipated, pot-bellied, misshapen, irritable, lazy, and nervous. These children are being cheated out of their birthrights through ignorance, carelessness, laziness and lack of discipline on the parts of their natural guardians. It is a parent's first and most sacred duty to have his or her child grow up to perfect manhood or womanhood. If this result is not attained the parent is a failure. This failure can often be laid at the door of the family physician. This is my excuse for bringing up this subject for discussion at this time.

By the end of the twenty-fourth month, the properly fed baby has already had milk, cream, soft-boiled or poached eggs; oatmeal, barley and wheat jellies; thin rice; hominy and farina, that has been boiled four hours; chicken and mutton broth, without the fat skimmed off; beef juice; one-half an even teaspoonful of finely chopped meat twice a week; a little boiled carrot and fine spinach; orange juice; a little baked apple, and the pulp of stewed prunes. Bread crusts, bacon

*Read at the Summit Medical Society meeting, September 29, 1911.

rinds and meat bones to chew on. He has not had potato, raw fruit, ice cream, candy nor cane sugar. Most authorities advise skimming off the fat of meat broths, but I have never seen this small amount of fat do harm, and think it is better to stir it into the broth. Kerley gives asparagus tops, strained stewed tomatoes and mashed cauliflower before the end of the second year; I do not agree with him, for these things have not agreed with my infant patients. Roach allows ripe peaches in season before the end of the second year; I have seen them do great harm, and do not allow them until the end of the sixth year. Koplik warns against too much meat broth during the second and third year, as it may take the place of more valuable food.

If a child has sixteen teeth at the end of the second year, the following articles of food may be added during the third year: Thick, well-cooked cereals, eaten with half milk and half cream, salted, but without sugar; bread and butter, graham bread if constipated; fresh green peas and string beans, mashed; asparagus tops; more carrots and spinach; a little stewed celery, mashed; meat broths thickened with arrowroot or cornstarch, with milk or cream added; a soft-boiled or poached egg every second day; a heaping teaspoonful of finely chopped meat (tender beefsteak, mutton, lamb or chicken) every alternate day; boiled fish may replace either the egg or meat; plain rice pudding, plain bread pudding, junket or cornstarch pudding; ice cream once a week; toast, zwieback, unsweetened crackers; whole stewed prunes, apple sauce, scraped apple, pears, grape juice, pineapple juice, oranges; baked potato may be begun at two and one-half years, but it is safer to wait six months longer.

During the fourth year may be added: One egg once a day; meat or fish every day; baked potato; bread or crackers with every meal; milk with every meal; eggs may be scrambled or made into an omelet; fruit with every meal; macaroni; sago; tapioca; spaghetti; vermicelli; plain boiled pudding.

During the fifth year may be added some of the coarser vegetables and fruits, as peaches, cherries, seeded grapes, berries and melons occasionally and in moderation; parsnips, beets and cold-slaw carefully; figs, cauliflower, strained stewed tomatoes; raw oysters.

During the sixth year, whole raw tomatoes without seeds, and bananas in moderation. Bananas are not like other fruits;

they are more like sweet potatoes, are hard to digest, and constipating rather than laxative. All vegetables may be begun in the sixth year, except cabbage that has been boiled with meat, and green corn. During the seventh year may be added ham and sausage in moderation, fat pork, baked fish, roast fowls, meat stews.

Not until the tenth year should he have chipped dried beef, corned beef, fried gravies, boiled cabbage, raw onions, raw celery, radishes, lettuce, salads, griddle cakes, sweet cakes, nuts, pies, jellies, syrups, preserved and canned fruits. Not at all should he have lean pork, kidney, liver, fried onions, green corn, tea, coffee, chocolate, cocoa, beer, wine, cider (except a little very sweet cider), stale fruit, soda water or other effervescing drinks, crabs, lobsters, clams, mushrooms, or fried egg-plant.

Children under fifteen are much better off without sugar or candy. Sugar is not a necessary food, and the taste once acquired, the child will refuse unsweetened food that is necessary to its wellbeing. Koplik allows one or two pieces of candy a day at two and one-half years, preferring chocolate, while Roach thinks the young child should never know the taste of cane sugar or candy. I have seen considerable trouble from potatoes during the third year; but they are allowed by most authorities at two years of age, especially by P. Sommerfeld, of Berlin. Kerley allows cherries at three and one-half years, but to me they have seemed harmful until the fifth year. Most authorities allow crisp toast, zwieback and hard crackers earlier than I have found them safe.

Quite as important as the kind of food is the quantity and the manner of taking it. Infants should not be fed regularly until eight months old. At the ninth month the feedings begin to be at exactly regular intervals. At the beginning of the twenty-fifth month in a normal child, there should be five feedings in twenty-four hours, the three corresponding to the regular meals of the adult, being larger and more substantial than the two intervening ones. About the twenty-eighth month the forenoon lunch can be dropped, or reduced to a drink of diluted fruit juice, orange juice being the best, although pineapple juice or the juice from prunes stewed without sugar may be used. The juice squeezed from raw, ground roots, as carrots, beets, potatoes, parsnips, or others, and flavored with fruit juice, is sometimes of great benefit. These juices contain vegetable principles and un-

cooked cells that are valuable to the growing child.

At these regular meals the child should be urged to eat all he will. It is not harmful to distend the child's stomach with food three times a day, provided he eats slowly, chews thoroughly and has absolutely nothing between meals but water. It takes a great deal of time and patience to teach a little child to eat slowly and chew well, but the habit once well established will be continued through life. The five or six hours of fasting between meals allows the stomach to become entirely empty, to contract and regain its tone, and to rest. Most of the cases of dilated stomach in the adult have their origin in too frequent feeding in infancy and childhood. The feeling of hunger that comes between meals is false and artificial, having been produced by bad feeding habits. There is considerable reason for believing that natural hunger is due to strong contraction of the stomach, throwing the lining membrane into thick folds, while feeling of satiety is due to the smoothing out of these folds, and the stretching of the lining membrane. But in too frequent feeding the stomach never gets strongly contracted, but, on the contrary, the walls become more and more stretched and relaxed until it takes much more food than is healthful to distend it enough to produce a feeling of comfortable satisfaction. It is an old saying that the more one eats the more he wants to eat.

At the age of three or three and one-half years, the afternoon lunch may be dropped in the case of most children. We should not lose sight of the fact that the child is building a body for future use. The adult needs only enough food to replace what he uses up by effort. The child works much harder than the adult and uses up more tissue strength than the adult in proportion to his weight. Besides this, he is building a body. Moreover, he has a much larger skin surface for the radiation of heat, in proportion to his weight, than has the adult. This means he needs a larger proportion of nitrogenous food and fat than the adult. Properly fed children, and children properly treated in every way, have an instinctive liking for meats and fats, and if they persistently refuse such food, it is positive evidence that they are either congenitally abnormal, or have been wrongly fed and treated. Such children are generally nervous, anæmic, pasty, constipated, have distended abdomens, and an unhealthy smell.

A twelve-year-old boy needs as much meat, fat, eggs and milk as a man of forty-five, but not so much as a man of thirty-five. Children should be taught to eat dry, *i. e.*, they should not be allowed to drink while eating. This bad habit causes insufficient mastication, sometimes, insufficient ingestion of good food, indigestion and constipation. They should be taught to drink a moderate amount of water frequently between meals. A drink of water before a meal lessens the desire to drink while eating. The most pernicious practice that we are frequently called on to correct is that of giving children something to eat to quiet them. This is, of course, unnatural and very harmful. The tired or nervous mother, or nurse, keeps putting into the child's mouth, between meals, such things as cake, crackers, candy, ice cream, fruit, soda water and chewing gum, to quiet the child and thus lighten her labors or rest her nerves. Mothers and nurses should be taught to quiet their little charges in other ways. Cool water, an adjustment of clothing, amusements, toys, games, reading in a monotonous voice, story-telling, coddling, gentle monotonous slapping of the back or buttocks, and many other simple and harmless means should be used, rather than improper feeding with its inevitable bad consequences.

Many children, especially boys, at about ten or eleven years of age get the notion that they must eat a great deal, especially of meat, in order to become big and strong. They will gorge themselves with half-chewed meat until very uncomfortable unless watched and checked. It is unnecessary to dwell on the harmfulness of this practice. Some will develop disfiguring sores of the lips, and the grandmother will say it is due to eating too much fat. This is not true, for this trouble is due to eating not too much fat, but to eating any fried gravies and other fried things, and to uncleanly habits. A distended abdomen, with constipation, generally means too much food, wrong kinds of food, insufficient mastication, and too frequent feeding. Decaying teeth often point to fermentation and putrefaction in the stomach and intestines due to errors in diet and insufficient mastication. Constipation alone is nearly always the result of improper food, too frequent feeding, insufficient chewing, and not enough plain water between meals, helped along by bad habits of exercise and sleep, and improper clothing.

The discussion of feeding the growing child leads, almost by force, to a discussion

of clothing, exercise, bathing, sleeping, amusement and general care, but time will not permit us to consider these now.

One important thing we should never forget is, the young mind should be early and deeply impressed with the truth that while it should always be a pleasure to eat, we should never eat simply for pleasure.

STRICTURES OF MALE URETHRA AND THEIR COMPLICATIONS.*

BY WILLIAM NEER, M. D.,
PATERSON, N. J.

In this short paper I have not tried to go into the details and technique of the operations connected with the treatment of these conditions, it being altogether unnecessary because they are much better and more thoroughly explained in most of the text books on this subject. But I have endeavored to place before you in a condensed form what I may call an abstract of the ideas of various authorities combined with my personal opinions and experience.

Now, what do we understand by stricture of the urethra? It is a narrowing of the calibre of the urethra due to inflammation or traumatism.

VARIETIES OF STRICTURES.

Some authorities speak of spastic, inflammatory and organic strictures.

The spastic and so-called inflammatory strictures are not true strictures, as the former is simply a reflex muscular spasm of the posterior urethra, while the latter is only an acute swelling of the mucous membrane of the urethra, both of which are due to some acute condition of, or operation on, some adjacent organ, such as the bladder or rectum. These conditions are relieved by the application of heat or cold, morphine suppositories or careful catheterization.

The organic, which are the true strictures, are those in which there is an actual anatomical change in the calibre of the urethra. Organic strictures are spoken of as soft or recent, hard, fibrous, nodular, irritable, resilient, impassable, impermeable, etc.

I believe that the whole subject of the varieties of organic strictures could very reasonably be reduced to the simple fact as to whether a given stricture is passable or impassable, permeable or impermeable, dilatable or not dilatable, and, if dilatable, are the probabilities in favor of its early re-

turn if simply dilated and not cut. The personal qualifications of the examiner.

DIAGNOSIS OF STRICTURE.

The history of traumatism or of gonorrhœal attacks followed by chronic discharges and difficulties of urination, difficulties in ejaculation of semen and the passage of catheters or sounds makes the diagnosis easy.

TREATMENT OF STRICTURES.

The methods to be considered here are gradual dilatation, permanent or continuous dilatation, rapid dilatation, internal urethrotomy, external urethrotomy and combined internal and external urethrotomy.

Gradual dilatation is indicated in the majority of strictures when there is no urinary retention or other complication, especially soft recent ones, and in such should be the first procedure attempted.

This method consists in the introduction into the urethra of catheters, bougies, or metallic sounds, beginning with a size that can easily be passed through the stricture, as it is less painful and thereby the confidence of the patient is gained. The best rule is to increase the size of the instrument as the pain of insertion diminishes, thus also avoiding hemorrhage. In severe cases this may necessitate the use of the smallest sounds or filiform bougies to begin with.

These procedures often require a great deal of skill and patience on the part of the surgeon.

Each sitting should occupy about from ten to fifteen minutes, depending upon the general condition of the patient and that of his urethra, and should be repeated at intervals of from one to three days, generally the latter, requiring altogether about three months to restore the urethra to its normal calibre. During this time the patient may be instructed in the use of the instrument, which he should now be directed to pass twice a week for a period of two months, then once a week for two months, then once in two weeks, and, finally, once a month for two or three months. The treatment may then be discontinued, the patient being directed to return to the use of the instrument whenever there is an indication of a tendency to recurrence. By faithfully employing the instrument when necessary the patient can always keep his urethra patulous.

Gradual dilatation may be employed for years and a cure is considered complete when a sound of size 23 to 25, French, can be passed.

Permanent dilatation, so called by some

*Read before the St. Joseph's Clinical Society. Paterson, N. J., November, 1910.

authorities, might better be called continuous dilatation because it is nothing more or less than continuous dilatation. It is only done on tight strictures of small calibre which admit a filiform or small elastic bougie with great difficulty and there is more or less urinary retention. It is performed by introducing a filiform or other bougie, or very small catheter into the stricture and allowing it to remain there for several hours or a day. The bougie swells slightly and the tissues composing the stricture become softer and less resistant, then when the bougie is removed it is replaced by the next size larger and so on until the stricture is sufficiently dilated to admit the smallest sounds.

Rapid or forcible dilatation by the passage of sounds in rapid succession, or by means of special instruments, is only mentioned to be condemned, because, although I personally have done this successfully, it is a very dangerous procedure and liable to produce fatal hemorrhage.

Internal urethrotomy is incision of the stricture from within by means of specially constructed instruments the most practical of which are Otis's and Maisonneuve's urethrotomes. It may be done under local or general anæsthesia.

The stricture must be wide enough to permit the passage of that part of the instrument that carries the cutting edge, the stricture may be cut from before backward or from behind forward, according to the instrument used, and it is sometimes necessary to do a meatotomy before the instrument can be introduced.

Internal urethrotomy is indicated in strictures of the anterior or penile urethra in which gradual dilatation has failed or has been impossible on account of firm resilient cicatrices, or when one wishes to restore quickly the normal calibre of the urethra, and, finally, when the constriction consists of valves or bands.

The after treatment consists in the immediate introduction of a catheter for from 24 to 48 hours, which ensures the evacuation of urine and serves by pressure to check hemorrhage, which is often quite profuse. In order to maintain the result achieved it is necessary to supplement the operation by prolonged treatment with steel sounds.

External urethrotomy consists in making an incision through the perineum down to and into the urethra, splitting the stricture opening into the bladder if necessary, introducing a catheter through the urethra into

the bladder and draining the wound. This operation is done with or without a guide, and if the urethra cannot be found a supra pubic cystotomy and retrograde catheterization may be done and then the bladder opened from below, using the catheter as a guide.

This operation is indicated in all deep-seated strictures which have resisted other methods of treatment, in impassable or impermeable strictures, ruptured urethra, and all strictures complicated by fistulæ, abscesses, false passages or absolute retention of urine.

During the course of treatment of strictures and before, when possible, urinary antiseptics such as benzoate of soda combined with hexamethylamin or cystogen or urotropin should be given in doses of five to ten grains in from four to eight ounces of water, three or four times daily. As an anodyne tincture of hyoscyamus may be combined with the above in doses of 10 to 20 minims. Irritability and congestion of strictures may be relieved by hot baths or morphine hypodermatically or in suppositories.

COMPLICATIONS OF STRICTURES.

Retention of Urine—This occurs sometimes from exposure to cold, after a hearty dinner, after dissipation or even after the passage of a small instrument through the stricture. The cause is a sudden acute congestion or inflammation of the mucous membrane lining the stricture by which the already narrow canal becomes occluded.

Treatment—In this condition as a rule a fine catheter or filiform bougie can be introduced through the stricture by the exercise of patience, gentleness and skill. If the bladder can be reached, a flow of urine will follow the withdrawal of the instrument, but if the bladder cannot be reached, the patient should be placed in a bath of hot water for 15 or 20 minutes, keeping the water as hot as can be borne.

If these remedies fail and the bladder is only moderately distended, one grain of opium every hour until four or five doses have been given will often cause the urine to flow by overcoming the nervousness and spasm of the stricture.

When the stricture is impassable and urine does not flow after following the above line of treatment, the bladder may be aspirated above the pubes and a filiform bougie passed into the stricture and allowed to remain for 24 hours, after which it will generally pass into the bladder and an external urethrotomy be performed, using the filiform as a guide.

False Passages—These result from rough or unskilled use of small instruments in an obstructed urethra. It may be due to forced catheterization.

If a surgeon makes a false passage he may be unconscious of the escape of the instrument from the canal, but he will soon perceive that it is behaving unusual and that something is wrong. It does not glide along as if in the urethra; it is obstructed and yet not held in the same manner as if in the grasp of a stricture. The point, moreover, seems to be turned out of the median line and after the instrument has been introduced far enough to have reached the bladder a rotary motion imparted to the shaft will show that the point is fixed in connective tissue and not freely movable as it would be in the cavity of the bladder. In such a case a finger in the rectum will feel the point of the instrument just outside of the gut at the apex of the prostate or between the prostate and the gut, and blood flows immediately on the withdrawal of the instrument. The treatment at the time of its occurrence consists in leaving it alone for about two weeks if the patient is able to urinate, but if strictures prevent the passage of urine do an external urethrotomy at once.

Infiltration of Urine—This condition may be caused by the presence of false passages or ulceration behind the stricture or to traumatism. Treatment consists in doing an external urethrotomy with free incision and drainage of infiltrated tissues and excision of necrotic or gangrenous tissues.

Abscess—This complication when in the region of the deep urethra should be opened early in the median line doing an external urethrotomy at the same time. When the abscess is in the penile urethra it is better to wait for fluctuation and then open the abscess but not the urethra. Even if the urethra is opened some will recover without the formation of a fistula.

Fistulae—These are the result of abscesses which have opened spontaneously or were opened by incision.

Treatment—Some fistulae are so small that they can be cured by simply removing the obstruction to the natural outflow of urine by means of gradual dilatation or internal urethrotomy. Most fistulae require an external urethrotomy and opening all the fistulous tracts into one median incision, excising the walls of the tracts and allowing the whole to heal from the bottom by granulation.

Some fistulae in the penile urethra require

excision of the lining membrane of the tract and some plastic operation to cover in the gap made by the loss of tissue.

IMPROVED MEDICAL INSPECTION OF PUBLIC SCHOOLS AND ITS RESULTS.

BY GEORGE J. HOLMES, M. D.,
NEWARK, N. J.

Supervisor of Medical Inspection of Schools.

The writer does not expect to introduce in this article anything new in regard to medical inspection, but instead to review the progress made in Newark during the past nine years and to show what results can be obtained by earnest supervision. By supervision I mean the careful study of all matters pertaining to medical inspection, the careful systematizing of the work of the department and its assistants, the careful selection of these same assistants.

Medical inspection was introduced in Newark ten years ago, long before there was any State law requiring the same. Its chief object was the detection and exclusion of pupils afflicted with contagious diseases. Eight young physicians of good standing were appointed to inspect all the schools in the city.

These same physicians received their orders from the Board of Health and were paid by the Board of Education. This dual control worked to poor advantage. It was not long before each inspector conducted this inspection when and how he pleased. The salary of two hundred and fifty dollars per annum was not such as to induce any but the most conscientious physician to do careful, conscientious work. The result was that medical inspection was considered and openly spoken of by principals and teachers as a political appointment and farcical to a large extent.

I speak knowingly, for I was one of those first appointed and well recognized our short comings. Medical inspection remained in this condition of chaos, making no progress and obtaining practically no results, being of very little benefit to the pupil. This all for the lack of some one in authority to interest himself in the welfare and physical development of the pupils and to reorganize the department on a systematic basis.

This state of affairs existed until January, 1909, and would, I fear, still exist if our City Board of Education had not assumed full control and responsibility for the work of the department.

When it became apparent that a small Board of Education would be appointed I saw the first chance for a new and improved system of inspection. I therefore, set about to bring to the notice of our new board the shortcomings of the department and had no difficulty in proving to their satisfaction that, as it existed, it was a waste of public funds and an unwarranted interruption of the school curriculum.

The Board of Education assumed full control in 1909 and appointed a supervisor, whose duty it was to develop and systematize the work of the department. This was not an easy task, as most of those who were and had been inspectors did not take kindly to a great increase in amount of work, nor to accounting for the time spent in school. The result was that with one exception all of these physicians have dropped out of the department, because of not having sufficient time to devote to the work as required by the new system.

This was an anxious time for the supervisor, for it was his earnest desire to eliminate politics from the selection of new appointees and to have the best men or women appointed by a competitive examination. It was finally adopted as a rule by the Board of Education, that all medical inspectors shall be appointed after successfully passing an oral examination, only on recommendation of the examining committee, consisting of a member of the Board of Education, the city superintendent and the supervisor of medical inspection.

This meant a great improvement in the personnel of the force and a greater efficiency in the work, as is shown by the comparative table of the work and results of the department. This step reflects great credit to our present Board of Education and left the supervisor unhampered in the conduct and control of the department.

I found on assuming control that the equipment afforded the inspector in the schools was woefully lacking and that it was next to impossible for even a willing man to do good, systematic work. I worked hard to have provided the following equipment in each school, with the result that every medical inspector feels as much at home in his medical inspector's room as he would in his own office and can do equally a good work. Our goal was thorough, scientific, clean work.

Equipment of a School Medical Inspector—A physician's room at least 10 feet by 12 feet, well lighted, painted white or light colored, wood floor. One or two small, flat-

top tables with a drawer, painted white enamel. Chairs rather than benches. Wash basin and running water. Paper towels. White enamel pail for waste material. Screen. Window shades operated from below upward. Wooden tongue depressors. Eye charts (Snellen's and illiterate). Medical cabinet of wood, with lock and key for medical and surgical supplies of nurses and physicians. File boxes and index for filing physical examination cards. Absorbent cotton, alcohol, bandages, bichloride tablets, tincture of green soap, quart jar with screw top for bandages and dressings. Full list of printed forms used by inspectors.

SCHOOL NURSES.

It was not long before we began to do more for the pupil than the mere inspection for contagious diseases. We saw, as others have seen, that it was folly to spend money only to detect disease, when it was in our power to prevent and eradicate diseases and defects. Therefore, the department set about to teach the pupils both individually and collectively the means of preventing disease, the essentials of personal hygiene and right physical development. It was in order to bring about these results that I was prompted to urge our board to add to our department five nurses. This number was later increased to eight, making the force sixteen doctors and eight nurses.

The wisdom of this step has never been questioned, for immediately there was a great increase in the number of cases treated and defects remedied. This had also the result of improving the attendance, reducing retardation due to physical defects or diseases and obtaining active, willing co-operation on the part of the parents or guardians. Whereas previously it was the rule for the parents to oppose or ignore the written recommendations of physicians, now it is the exception. The nurse, by her home calls on the parents, is one of the greatest factors in bringing the latter in closer touch with the schools, with great benefit to the pupils. In fact, some principals and teachers prefer a nurse to a physician and were they to have one and not both, would elect to retain the nurse. However, one is indispensable to the other and serve not only as a check but of valuable assistance to one another. Each having knowledge and information about a given case which, when brought together, works to the great benefit of the pupil and the school system.

Equipment of School Nurses—Each nurse

is required to wear a white waist, when at work, and to put on a white apron which covers the entire skirt, thus, by removing the hat makes the nurse appear in white. The following is a list of supplies used by nurses at schools: Absorbent cotton, $\frac{1}{4}$ -lb. pkg. J. & J. Red Cross; adhesive plaster, 2 in. x 10 yds. J. & J. "Z. O.;" alcohol, grain, 95 per cent.; bandages, 1 in. x 10 yds. J. & J. Linton gauze; bandages, 2 in. x 10 yds. J. & J. Linton gauze; plain gauze, 1 yd. long, 1 yd. wide, J. & J. Red Cross; Argyol, 5 per cent.; bi-chloride tablets, $7\frac{1}{2}$ gr.; flexible collodion; iodine, tincture; Lysol; sulphur ointment; sweet oil; stearate of zinc (powder, in boxes); white precipitate; zinc ointment: bottles, 4 oz., with corks; ciliary forceps No. 1628; clinical thermometers; ointment jars, 4 oz.; tooth picks; full list of printed forms used by nurses.

SANITATION OF SCHOOL BUILDINGS.

It was seen by the supervisor that in order to have good health we must have clean schools. Many schools in our city were far from clean, due in some instances to lack of equipment or inefficient janitor service. For this reason I urged our board to give me an assistant to fumigate classrooms and buildings, to require regular, periodical, moist sweeping and scrubbing by janitors, to install vacuum cleaners, etc.

The board saw fit to give me the assistant to fumigate and I have adopted the policy of fumigating every room in which contagious disease is discovered or detected and to, as fast as possible, at least once a year, fumigate all buildings to prevent disease, rather than to wait for it to appear. As a result during the past two years every school building has been fumigated at least once in this period, and some oftener, while at the same time taking care of every contaminated room. This fumigation of buildings takes place on Saturdays, Sundays and holidays, Christmas, spring and summer. Every crack and crevice is filled with cotton and the room filled with formalin gas and left so for ten to twelve hours. Such fumigation, in my judgment, has had its effect in reducing disease and contagion and continues to do so. I know of no other city where such fumigation is carried out.

Newark, like other cities, prior to the adoption of this plan, only exceptionally made use of formalin gas under pressure, and, as a rule, sprayed with some disinfectant fluid, which, in my judgment, does good, if any, only where it happens to strike.

EDUCATION OF PUPILS AS TO ESSENTIALS OF

PERSONAL HYGIENE.

It is most important that we impress on these small citizens both how to prevent disease and also how to acquire healthy, strong bodies. To this end our board purchased two small portable exhibits, one on tuberculosis and the other on the teeth and their care. The exhibits are in wood cabinets which fold up and lock, and consist of photos, charts and mottos illustrating each subject. These exhibits are placed in school after school and demonstrated by the physicians to the pupils. Nurses also are giving tooth brush instructions and practical talks on the common topics of personal hygiene. This is having a wonderful effect on the pupils and in time will work wonders to remove and prevent defects and disease.

Lectures by specialists on the diseases and defects common to school pupils are given to all teachers each year. No opportunity is lost, in fact, to set before both the pupils and those in whose charge they are, the correct idea in respect to the diseases, the growth and development of the normal body.

OPEN AIR CLASSES.

I was prompted to urge the establishment of our open air class for the care and instruction of the frail, ill-nourished pupil by the desire to have medical inspection mean more to the pupil and to do good to the child.

The total enrollment of this class was limited to thirty pupils and after being in operation for five months it demonstrated what could be done for such pupils. A number of pupils were returned to their regular classes, recovered. All pupils gained in weight, but what was most gratifying was that there was an average gain for all pupils of 16 per cent. hemoglobin.

This experiment has been such a success that I have urged our Board of Education to establish this fall as many other open air classes as are required in the congested districts. My plan would be to assign, in a given school for such purposes, a room situated above the dust line, with a south-easterly exposure. Require the windows to be kept open and the temperature never to be above 50 degrees Fahrenheit. Permit the pupils to wear their hats and coats and such other clothing as is needed. The social conditions at home with respect to the food, hours of sleep and ventilation of apartments of each pupil to be investigated by the school nurse. Such a class, in a given school district, will make a lasting im-

pression on the parents of these pupils and will have, in time, its effect on the neighborhood, enlightening the parents as to what is wisest and best for the health of the child.

PROVISION FOR TUBERCULAR PUPILS.

Up to this time it has been necessary to exclude from school all pupils showing signs of pulmonary tuberculosis. Many of these pupils are not sick enough to warrant their passing their time in idleness under conditions that are bad for them and a menace to others. At the present time thirty of these pupils who are positively tubercular, as shown by repeated physical examinations, and positive reaction to the skin test with tuberculin, are attending school in the open air at the grounds of the old Essex County Insane Asylum. The school, or camp, is run under the joint control of the Board of Education and the Newark Anti-Tuberculosis Association. It is my hope, on the opening of school in the fall, that these same pupils will be required to attend an open-air class under the complete control of the Board of Education.

TRACHOMA CLASSES.

During the year 1909-1910 one hundred and seven cases of trachoma were discovered in the public schools. In the year 1910-1911 one hundred cases. This meant the indefinite exclusion of such pupils until well. Such loss in attendance is a needless hardship, for if a room were provided for these pupils they could continue their education while under treatment with few exceptions.

FEEBLE-MINDED PUPILS.

Until this last year this most interesting but unfortunate class of pupils was allowed to drag along as best it could, acting as an impediment in the progress of the normal pupils and a reproach to itself.

The Board of Education established last year five classes for feeble-minded pupils. The selecting, classifying and diagnosing and prognosticating of such cases fell to some extent on the department of medical inspection. There is great need of care in selecting, classifying and diagnosing the cases, as it was found that these special classes were composed of a great many hopeless idiots who could not profit by any instruction and were surely institutional cases. Examination of all the pupils in these classes showed a number of physical defects, which, when removed, improved the comfort and prognosis of these pupils.

The establishment of special classes for the education of the deaf mutes and then

also classes for the blind has been a step in the right direction.

COST OF MEDICAL INSPECTION.

It cost thirty-one cents per pupil, based on the average enrollment, to run the department of medical inspection during the year 1909-1910. This is nine-tenths of one per cent. of the total per capita cost that year. A small fraction of the whole to be spent for the improvement of the physical welfare and health of the pupils.

During the year 1910-1911 there was a large increase in the number of medical inspectors, from sixteen to thirty-seven, adding an additional \$5,000 to the cost of the department, which brings the per capita cost to forty-one cents. The increased work and results, however, have justified this additional cost. That there were 40,000 fewer days lost by quarantine in the year 1910-1911 than 1909-1910, also that there was a 50 per cent. decrease in the number of buildings in the city quarantined in 1910-1911 than 1909-1910 shows a gain in public health and consequently an increased attendance. That in the year 1910-1911 there were 35,659 more inspections made by the department, with 843 fewer exclusions. Likewise, 15,625 more physical examinations, show gain in amount of work and character of same.

PUBLIC SCHOOL CLINICS.

It is an established fact that a large majority of the public school pupils, who are found suffering with diseases or defects, receive free treatment at the free clinics, attached to hospitals. Quite a proportion of these pupils have parents who are financially able to provide them with the necessary care and attention. The hospitals, however, have no means of finding out this fact. Another defect in the present system is that with very few exceptions these clinics are held at hours which conflict with the pupils' attendance at school. This is a great loss both to the pupils and to the Board of Education.

To correct these conditions I have suggested that free public school clinics be established, to care for all diseases and defects common to school pupils. No pupil to be admitted unless attending a public school, presenting a printed slip showing that he or she has been referred for treatment by a medical inspector, and that his or her home has been visited by a school nurse, finding such poverty that free treatment is necessary and right.

Were such a clinic established by the

Board of Education and conducted by the supervisor of medical inspection and his assistants, both physicians and nurses, it would no longer be necessary for a pupil to leave school during session for treatment or examination. Pauperism would not be fostered or practised falsely. Such a clinic should be held from three to six P. M. daily, except Sundays.

Other benefits resulting from school clinics would be the creating of greater interest among the physicians and nurses of the department, in their being able to follow the cases and see the results. Greater opportunity would be afforded both physicians and nurses to meet parents of the children afflicted, and opportunity for preaching and impressing the common facts relating to personal and home hygiene on the parents. Greater results would be obtained and better opportunity would be given the supervisor to observe the work of each member of the department. At the same time centralizing the work of the department, particularly that which receives free treatment at our hands, at present scattered all over the city in the various schools, giving an opportunity to keep more accurate records and perform careful scientific work.

It should be the aim of every department of medical inspection not only to discover diseases and defects, but to take such steps as will prevent the growth or development of the same. In our large cities it is ever becoming more and more difficult for the child of the poor to grow to manhood or womanhood with a healthy normal body. In my judgment the public school and its force should be ever mindful of the physical health and growth of the children in its vicinity.

The reader must realize how rapidly the duties of a medical inspector have grown in Newark and how interesting the work is becoming.

Medical Inspection Department.

Comparative statistical report for years ending January—

Number—	1909.	1910.	1911.
Examined	58,367	*172,550	*208,209
Excluded	4,803	*5,004	*4,161
Vaccinated	1,362	4,350	4,221
Classes inspected....	3,974	*7,638	*9,954
Physical exams.....	4,582	9,045	24,670
Home visits.....	.....	*5,295	*9,014
Lectures	65	.....	346
Exclusions for—			
Abscess	12	10	16
Chickenpox	250	163	217
Chorea	14	21	32
Contagious eye disease	458	616	402
Con. impetigo.....	164	596	238

Diphtheria	8	25	28
Erysipelas	1	1	0
Favus	18	36	28
Fever, headache, etc.	94	116	206
Measles	36	89	167
Mumps	294	126	135
Non-contag. eye diseases	155	239	161
Not vaccinated.....	92	14	59
Pulmonary tuberculosis	0	3	9
Ringworm	255	402	162
Tonsillitis	184	288	337
Trachoma	4	107	100
Typhoid fever.....	1	0	0
Skin disease.....	452	162	86
Scabies	67	130	115
Scarlet fever.....	40	72	27
Suppurative ear disease	42	28	31
Uncleanliness	89	51	41
Vermin	968	1031	925
Whooping cough....	116	129	83
Adenitis	17	10	5
Influenza	0	0	6
Quarantine	155	49	40
Other causes.....	817	490	505
Prior to the year 1909—			
		Number	
	Examined.	Excluded.	
1902.....	9,819	2,425	
1903.....	6,803	1,398	
1904.....	8,529	1,195	
1905.....	8,076	1,243	
1906.....	43,546	2,689	
1907.....	21,299	2,323	
1908.....	37,937	3,415	

The specified reasons for exclusion prior to 1909 were: Chickenpox, chorea, contagious eye diseases, diphtheria, measles, mumps, ringworm, scarlet fever, skin disease, suppurating ear disease, vermin, smallpox†, whooping cough and croup.

The unspecified reasons—under “Others”—running from 62 (1903) to 1,245 (1906).

*The numbers given under these items include the work of both medical inspectors and nurses.

†There were 2 cases of smallpox in 1902, 1 case in 1907 and 7 cases in 1908.

Comparative Statistical Report of the Nurses for the years 1909-1910 and 1910-1911.

	1909-1910.	1910-1911.
No. of classes inspected.	4,539	3,047
No. of cases seen.....	68,001	101,286
No. cured	6,827	11,219
Visits to homes.....	5,263	8,944
Taken to dispensary or doctor	436	864
Examinations for uncleanliness	1,343	2,304
Pediculosis	5,469	6,212
Causes for which Pupils Were Treated.		
Acute conjunctivitis....	5,986	2,637
Scabies	458	199
Ringworm	4,988	3,209
Impetigo	4,601	7,389
Favus	224	209
Eczema	6,425	9,857
Molluscum contagiosum.	11	10
Infected wounds.....	3,606	8,544
Vaccination dressings...	.....	7,140
Other conditions.....	2,125	3,922
Totals	28,424	43,116

Exclusions.		
Suspected contagious diseases	227	139
Pediculosis	711	619
Quarantine	4	....
Uncleanliness	109	40
Other causes.....	47	40
Totals	1,098	838

Comparative Quarantine Report.

	1909-1910	1910-1911
Diphtheria	922	730
Scarlet fever.....	985	623
Whooping cough.....	119	79
Measles	765	257
Cerebrospinal meningitis	2	4
Mumps	163	76
Chickenpox	100	123
Days lost by quarantine, 1909-1910.....	96,709	
Days lost by quarantine 1910-1911.....		56,517
		40,192

THE SECRETARY'S RELATIONSHIP TO THE NON-ATTENDING MEMBER AND TO THE NON-MEMBER.*

BY DANIEL STROCK, M. D.,
CAMDEN, N. J.

In all societies the secretary is recognized and acknowledged to be of great importance to their welfare and continuation, and for this reason the incumbent of the office, if efficient, is rarely disturbed; on the contrary, it is practically a life position in some instances. As a result of the recognized importance of the office, and the fixed tenure of the office, the secretary exerts an influence upon the membership and upon the profession at large that is not second to that of the president of the society—an influence that may be of very great present importance and which may be far-extending in its final effects.

It is not the intent of this paper to refer to the various duties that may, with propriety, be discharged by the secretary; but it is desired to call attention to the non-attending member and the non-member, and the secretary's attitude to both classes.

While all members are of right entitled to attend the meetings, it is well known that in every society certain members, while exceedingly prompt in discharging all financial obligations to the society, yet fail in the equally important duty they owe to themselves as well as the society, and but infrequently are present at the meeting, thus depriving the members of the profit and pleasure that their presence would confer

on all present, at the same time depriving themselves of the benefit that must accrue to any physician who is from time to time brought in contact with a body of his fellow practitioners and listens to their experiences and to their presentation of various medical questions.

The member who is a habitual absentee from the meetings is very apt to lose sight of this strictly personal phase of the question, and eventually believes he has fully discharged all his obligations to the society because he is not in arrears on the treasurer's books, and the longer he absents himself or the more infrequent is his attendance, the more firmly is this idea fixed in his mind, and the less does he understand how much he needs the association of his colleagues in meeting assembled.

Frequently physicians in the community are not members of the county or local society because, either they have not been invited to join, or they may have reason to believe the invitation was perfunctory rather than sincere and cordial. The remedy, so far as we as secretaries are concerned, is to so act with such non-member that he cannot fail to understand our motive, and our interest in his welfare—for we are considering his welfare when we extend to him such an invitation. Supplement the invitation to join with an invitation to attend the next meeting, and see to it that he does not forget the verbal invitation, by tendering him a formal written invitation and notice of the time and place of meeting. This action cannot be misunderstood by such non-member, and becomes an official token of the society's wishes for fraternal relationship.

My thought is that, in discharging our duties as secretaries, it is proper for us to use any influence we may possess with the non-attending member, and strive to awaken in him an interest in the society that will result in change of conduct upon his part; and to make advances to the non-members of the county or city, and strive to advance both their interests and the society's interests, and thus act as aids in promoting the general welfare of the profession.

Clinical Reports.

PELLAGRA IN NEW JERSEY.

REPORTED BY D. EDGAR ROBERTS, M. D.,
KEYPORT, N. J.

In August, 1909, I was called to see Mrs.

*Read at the annual meeting of the Association of Medical Secretaries and Treasurers of New Jersey, at Spring Lake, June 14, 1911.

F., aged 70. She was suffering from extreme weakness and emaciation, a severe diarrhœa and an eruption on her hands, feet and forehead. She had been mildly insane for several months.

The diarrhœa was of a very foul odor, greenish color and very profuse. The eruption differed from any I had ever seen. On the forehead it resembled sunburn, but was darker and coppery in color. On the hands the skin was thickened and fissured. At the bottom of the fissures could be seen new scarlike skin, on the edges of the fissures was a sort of yellow granular exudate. The eruption involved the back of the hands only, and was moist in character.

On the feet the eruption was dry, was perfectly symmetrical and only on the top of the feet.

The woman died in a stupor a few days later. Not being sure of my diagnosis of pellagra, the death was not reported under that name, but was reported as pellagra at the next meeting of the Practitioners' Society.

After reading the many articles found in the medical journals of that year, as well as what I could find on the subject in my books, I felt that I would be better able to recognize a case if another should happen my way.

Last May I was called to see J. S., a man aged 60, for the purpose of making out papers to commit him to the State Hospital for the Insane. He was mildly melancholic, suicidal form.

His mental condition improved, so the family did not send him away. I was called again to see him on November 4th, and found him much emaciated and in condition approaching stupor. On the back of each hand there were several black scablike crusts, the remains of the thickened skin that had peeled off. These crusts were surrounded by thin scarlike skin, where the thickened exudate had exfoliated.

On the face the crusts had not peeled off; it was in two large patches on each side of the nose. The man had been under treatment for eczema. The man's daughter gave a good description of the course of the eruption, agreeing with the description of pellagra perfectly. In both cases the eruption was symmetrical. In neither case was there any history of the use of corn products as food.

Dr. William B. Warner, of Red Bank, saw the case and concurred in the diagnosis of pellagra.

Hydated Cyst of the Uterus.

This extremely rare case was reported by Dr. A. E. Giles in the Proc. Roy. Med. Soc., 1911, IV., Sect. 245, Obstet. and Gyn.:

An unmarried woman thirty-two years old had noticed for some time a swelling in the lower part of the abdomen, but had neither pain nor discomfort from it; menstruation was regular and moderate, and she had felt perfectly well until the last month, when she suffered a great deal from nausea. A rounded, soft tumor, the size of a fetal head, connected with the front and left side of the uterus, was felt just above the pubes. It was found to arise from the anterior and left aspect of the body of the uterus. Fearing a degenerating malignant growth, the writer did a panhysterectomy. When opened the uterus was found to contain a hydated cyst. Recovery was uneventful and no evidences of echinococcus invasion were observed elsewhere, the case being, therefore, apparently one of primary echinococcus cyst of the uterus.

Transplantation of Ovaries.

Dr. E. Engel reports these cases in the Berliner klin. Woch., June 26, 1911. He has been experimenting on animals transplanting the ovaries from one to another, and he here reports two clinical cases of the kind. The sound parts of the ovaries removed from one patient were implanted on the uterus of a second patient whose uterine adnexa had been removed for disease. Both women are in good health and have shown no signs of the artificial menopause otherwise liable after ovariectomy. A number of authors, he states, have published results showing that the women were spared the effects of the artificial menopause when ovarian tissue was left almost anywhere in the body. Croom and Frank have each reported a normal delivery of a healthy child about four years after scraps of the ovaries from another woman had been implanted in the broad ligament. The prospects of retaining normal ovarian functioning are certainly much better, Engel remarks, when the ovaries are implanted directly on the uterus as in his two cases. The interval since has been only a few months.

Pregnancy in a Girl of Twelve.

Dr. V. Geets in Progres Medical Belge, relates a case of pregnancy in a very young girl observed by P. Lamborelle, of Malines. The case was that of a girl who was delivered of a splendid baby at the age of 13 years and 3 months. She was small, wearing short petticoats, and slightly developed for her age, which at the time she came under observation was 12½ years. She was believed to be wholly given up to the ordinary pleasures of her age. In her family history, however, there were proofs of special tendency to precocious procreation. Her mother had had a child at the age of 15; one of her sisters conceived at 16. The girl herself began to menstruate at the age of 11 years and 4 months, and the periods were regular every twenty-eight or twenty-nine days during one year and eight months. It was at this time that she conceived by her cousin who was aged 23. Gestation proceeded normally, the child not seeming to be depressed or in any way morally affected by the event. There were no nervous

disturbances; the enlargement of the womb went on in the natural way up to term. When labor began the obliteration of the os took place very slowly, but dilatation was regular and normal, the pains not being excessive. It was a case of seat presentation; delivery was quite normal except as regards the head and the right arm, which was sent behind the occiput. The disengagement of the arm and the extraction of the head were affected by manipulation with some difficulty, but in less than four minutes. The cord was of normal size; the placenta seemed enormous. There was no laceration of the perineum. At no time during the labor, which lasted about twenty hours, did the patient cry out or show signs of impatience, except during the manipulation for the extraction of the head. The child breathed irregularly for twenty minutes and then died, notwithstanding all attempts at resuscitation. After delivery everything went on normally. There was an abundant flow of milk. The author calls attention to the following as being the salient features of the case: Gestation without morbid phenomena; labor without great pain; the facility with which delivery was accomplished, taking into account that it was a primipara and a seat presentation; the great elasticity of the perineal tissues and the absence of laceration, which made the absence of laceration all the more remarkable.—*Critic and Guide.*

Cyst of Appendix.

Reported by Dr. George T. Vaughan, of Washington, D. C., at a recent meeting of the City Medical Society.

The specimen was removed from a man about 55 years old, who had suffered from bilateral inguinal hernia for which he was operated upon and cured. Nearly a year later he complained of pain in the right inguinal region, at times severe, and thought the hernia had returned. Examination showed a small abdominal ring and no protrusion, but above the internal ring there was a slight bulging of the abdominal muscles. An operation was done for this; the muscles were divided, overlapped, and stitched together. The appendix was found attached to the cæcum and passing upward and inward. Attempts were made to bring it down. It seemed to end in a dilatation or was attached to the gallbladder, as the swelling felt to the tip of the finger about the size and shape of a distended gallbladder. In attempting to bring it down, the appendix broke at its attachment to the dilated portion and the abdominal incision had to be enlarged in order to remove the swelling. It proved to be the distal half of the appendix, three inches long and two inches in diameter, tightly distended with fluid and attached to the abdominal wall by means of the mesoappendix. The appendix had become obliterated in the middle and thus made a retention cyst of the distal portion, mucus from the glands continuing to accumulate in the closed sac until it reached the size seen in the specimen. Such conditions on a small scale are quite common, but this is the second large cyst I have seen, the other being nearly six inches long, much dilated and looked like a sausage.

Pregnant Uterus.

Reported by Dr. W. H. Wathen, of Louisville, Ky., to the Jefferson County (Ky.) Medical So-

ciety and published in the *Kentucky Medical Journal*, May, 1911.

Mrs. H. was referred to me by Dr. O. S. Kash, of Carlisle, Ky., November 10th, 1910. She is 30 years old, married six years, is a strong and well-developed woman, but has borne no children and I could get no history of a previous pregnancy or abortion, but since her marriage she has several times missed her menstrual periods for two or more months. She missed her period four months before I saw her, but for the last two months had metrorrhagia with pelvic pain. She had no nausea, but her breasts had increased in size, and as Dr. Kash could feel an irregular pelvic enlargement, he suspected ectopic pregnancy. In a vaginal and bimanual examination I could feel a comparatively soft enlargement of the uterus, extending above the pelvis and pushed to the left side by a hard tumor lying in the pelvis behind, below and to the right of the uterus. This I diagnosed as a uterine myoma, and while I believed the woman was pregnant, I was not positive that it was intra or extra uterine. In either event an exploration should confirm the diagnosis, for if she had an ectopic pregnancy, it should be removed, and the fibroid tumor removed by myomectomy or hysterectomy, and if the pregnancy was intrauterine the tumor should be removed if possible by myomectomy as it was increasing in size and was in the pelvis below the uterus, and would probably have caused trouble in delivery by blocking the pelvis.

When the abdomen was opened, the uterus as large as at the end of the fourth month of pregnancy presented in the incision. A subserous myoma on the lower right side of the posterior uterine wall was below the uterus in the pelvis, and a smaller one on the left lower anterior body of the uterus. These were removed by enucleation and the open spaces sutured with number 2 Chromic gut. Her pulse and temperature were nearly normal after the operation, but she continued to have some pain in the pelvis, and the uterine hemorrhage continued uninterruptedly for about two weeks, when both pain and hemorrhage ceased. She had no further trouble and returned home in four weeks after the operation.

Myomectomy or the removal of myomata from a pregnant uterus is not a usual surgical procedure, but may be required in some cases both in the interest of mother and child so as to prevent serious or fatal complications at term.

In Kelly and Cullen, "Myomata of the Uterus," 1909, six cases are reported in their series of operations for uterine myomata in a pregnant uterus.

Case I.—Pregnant 3½ months. Interstitial and partly submucous uterine myoma removed by enucleation. Abortion on the twelfth day.

Case II.—Pregnant 3 months. Interstitial myoma removed by enucleation. Abortion 24 hours later.

Case III.—Pregnant 3 months. Sessile subperitoneal myoma removed by enucleation. Pregnancy continued uninterruptedly until term.

Case IV.—Pregnant 4 months. Pedunculated myoma on left side, and two interstitial nodules removed. Pregnancy continued to term.

Case V.—Pregnant 4 months. Myoma on anterior lip of cervix encroaching on anterior vaginal wall. Suprapubic removal by enucleation, including 5x6 cm. adherent vaginal wall. Gave birth to a 10-pound child at term.

Case VI.—Pregnant 4 months. Enuclated many small myomatous growths over surface of uterus; much difficulty in controlling hemorrhage. Abortion fifth day. Enterostomy was performed on sixth day for intestinal obstruction. The patient died the following day.

Gastric Ulcer Due to Diseased Gall Bladder and Appendix.

Reported by Dr. Aspinwall Judd, of New York, in the Medical Record, May 20, 1911:

Case I.—Miss B., trained nurse. Patient had been under observation by another surgeon, suffering from an indefinite complex of symptoms including nausea, vomiting, constipation, slight jaundice, tenderness over the appendical region, considerable emaciation, and great anemia for six months. I was finally asked to operate upon her, the diagnosis resting between appendicitis and gall stones. On the morning before operation she had a large hemorrhage from the stomach. This turned our attention to gastric ulcer. The patient took ether very badly, although given by an expert, her respirations being as low as six or seven. An incision was made through the right rectus muscle with the idea of doing as much work as possible through a single opening. An enormously dilated gall bladder with many adhesions, was found. After separating the adhesions and opening the gall bladder, a considerable amount of very viscid bile was evacuated. No stones were found, the kinking of the duct due to adhesions being the apparent cause of obstruction. Upon the anterior stomach wall, near the pylorus, was discovered an ulcer. Following out the line of thought suggested by the Mayos, Mayo Robson, and others, no gastroenterostomy was thought necessary. The patient made an uninterrupted recovery and at the present time, two months later, has had no return of symptoms. An observation made by my anesthetist, Dr. Byron T. Davey, is worthy of note. Immediately upon opening the gall bladder and relieving the tension, the patient's respiration became normal and for the remainder of the operation she took her ether perfectly.

Case II.—This patient, a woman about 45 years of age, was sent in to my service by a physician who had had her under observation for about ten days. During this time she had run a temperature, higher at night, varying from 99 to 103 degrees. Her pulse had likewise varied from 90 to 110. She had had no nausea or vomiting, had eaten solid food up to the time of her admission to the hospital, complained of no symptoms beyond general malaise, except for considerable tenderness over the appendical region. Her bowels were constipated. The diagnosis of appendicitis was made. It seemed to me that I could palpate a mass in the region of the appendix. My diagnosis was a subsiding appendicitis. I, therefore, placed an ice coil upon the abdomen, put the patient upon a liquid diet, and awaited results. On the third day after admission to the hospital her pulse became rapid and thready, her facies somewhat pinched, and as her temperature was rising, I concluded to operate immediately. Upon opening the abdominal cavity I found it full of free blood and old and organized blood clots. A superficial examination failed to discover the site of the hemorrhage, and it became necessary to make a wide incision, turn out the blood

clots rapidly, and after searching each portion of the abdominal cavity, to pack with dry towels, going from section to section in order to clear the field of blood. The appendix was found massed down with omentum in a diseased condition, and was removed. Upon reaching the stomach, I found a large ulcer upon the lesser curvature near the pylorus, perforated, from the artery of which was occurring very rapid hemorrhage. The woman was so exsanguinated that her tissues were translucent. I therefore merely purse-stringed the ulcer, which served the double purpose of stopping the hemorrhage and closing the ulcer, and sewed her up rapidly with a through-and-through suture in the autopsy method, hoping to get her off the table before she ceased breathing. It seemed as though almost all her blood had been extravasated into her abdomen. We immediately bandaged off her arms and legs while she was still upon the operating table, and infused her with 1,400 c.c. of normal saline solution, to which I had added two drachms of 1 to 1,000 adrenalin solution. After remaining in extreme shock for 48 hours the patient went on to an uninterrupted recovery with primary union. The points of interest in this case, it seems to me, are: First, the seeming confirmation of the theory already adduced that appendicitis can be a cause of gastric ulcer; and the fact that a perforated gastric ulcer, with enormous hemorrhage, could go on with so few apparent diagnostic symptoms. That the hemorrhage was of long standing seemed to be proved by the old and organized blood clots. The woman did not present at any time before the opening of the abdomen the picture of shock or hemorrhage that is ordinarily presented to us. It would also be observed that she had never had any hemorrhage by mouth, and that she had taken solid food for the first ten days without complaint of pain or other symptoms usually referable to ulcer.

Interesting Case of Neuritis.

Reported by Dr. S. Scott Prather, Louisville, in the Kentucky Medical Journal.

Mrs. B., white, aged 50; 5 feet 4 inches tall, weighs 160 pounds. Five years ago a blister formed on the little toe of the right foot, due to crease in stocking, and ulcerated. The ulcer would not heal and the toe was amputated, the wound healing by first intention. Three weeks after amputation, intense pain, circumscribed (about the size of a silver dollar) appeared in half of right leg. The site of wound was opened, without relief. Blisters were used, as well as salicylates and potassium iodid, without result. One-fourth grain morphin and 1-150 grain of atropin was given, hypodermatically, 20 minutes apart, until three doses had been given, before any relief whatever was felt. Since then, at the intervals of three to six months, the pain returns suddenly, appearing in left heel, both hips, calf of left leg and right knee. The pain is always the same in character, and the same size affected. Urine normal; no temperature; not anemic; personal appearance good.

Leukoplakia Buccalis.

Reported by M. L. Ravitch, M. D., Louisville, in the Kentucky Medical Journal.

This gentleman is 40 years of age. He gives a history of syphilis, and as syphilis has always

been considered of etiologic importance, this case of leukoplakia may be of specific origin. He has been given thorough mercurial treatment at the Vienna General Hospital, but his mouth has never gotten right, as he expressed it. The patient's teeth are in very bad shape, and the pyorrhea was so bad that he has lost a good many teeth. The most remarkable feature of this case is the unusual swelling of the upper lip, and small sloughing ulcers. X-rays benefited him for a short time, and after a while the disease started over again. A Noguchi-Wasserman test was made two weeks ago, with negative result. It is undoubtedly a case of neglect on the part of the patient and physician, by not calling his attention to the horrible condition of the mouth due to pyorrhea. A good many cases of cancer have been reported, due to neglect of mouth hygiene, and I am afraid that this case will shortly assume a malignant aspect. A small section was taken from his upper lip by Dr. E. S. Allen, and histologically, it showed an excessive proliferation of cells, as we find in epithelioma.

Spinal Fractures

Summary of a paper by Dr. A. F. Jonas, of Omaha, in the *A. M. A. Jour.*, September 9, 1911.

We had two cases with a contusion of the cord due to momentary pressure of one or two laminae, where the spinal arch sprang back into place instantly, leaving no permanent cord destruction. One patient recovered both motion and sensation, walking out of the hospital in three months. The other was able to walk with the aid of a cane at the end of a year.

There was one case of compression in the presence of non-deforming fracture due to hemorrhage in the spinal canal. In one year he was able to walk fairly well with the aid of a cane.

Two patients were operated on in whom there was compression of the cord due to hemorrhage on and in the cord. One died one week after the operation, the other two months later with no improvement.

There was one case with paralysis due to compression of the laminae of the sixth, seventh and eighth dorsal vertebrae without cord or meningeal injury. Recovery. This patient could walk with a cane in six months.

Four patients were operated on who had a partial destruction of the cord at the seat of injury. One improved so that he was able to stand on his feet after a year; there had been complete paralysis of all four extremities due to a fracture dislocation of fourth and fifth cervical vertebrae. Another patient died six weeks after a laminectomy of the seventh and eighth dorsal vertebrae. The third died ten weeks after the removal of the ninth and tenth dorsal vertebrae.

From the record of cases we note that no patient with complete transverse division of the cord was either temporarily or permanently benefited. All such patients died either from extreme trophic changes and exhaustion or from septic infection from the large bed sores.

"Now they claim that the human body contains sulphur."

"In what amount?"

"Oh, in varying quantities."

"Well, that may account for some girls making better matches than others."—Judge.

Reports of Medical Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Holmhurst on Friday evening, November 10th, at 8:30 o'clock, with President Dr. E. H. Harvey in the chair. About twenty-five members and guests were present.

The names of Dr. Samuel Stern, of Atlantic City, and Dr. F. B. Monroe, of Pleasantville, were proposed for new membership.

Dr. H. L. Harley, of Pleasantville, reported a case of brain tumor and exhibited the specimen.

The guests of the evening, Dr. Charles Yeager, chief of the Orthopedic Department of the Vanderbilt Clinic, New York City, read a paper on "The Care of the Injured and the Effect of the Liability Laws in Germany." The paper was very interesting and instructive and was freely discussed.

It was decided to have a clinical meeting next month, at which several members promised to report cases and exhibit patients.

Dr. Walt Ponder Conaway was elected chairman of the committee of arrangements for entertaining the American Medical Association in this city next June.

The society received an invitation to visit and inspect the Bide-a-Wee Home at Longport, N. J.

At the conclusion of the meeting refreshments were served.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Secretary.

The Bergen County Medical Society held its monthly meeting at the rooms of the Union League Club, Hackensack, November 14, 1911, at 8:15 o'clock P. M., Dr. George H. Ward, the president, in the chair. Owing to the very stormy night the attendance was smaller than usual.

We had as our guest and speaker for the evening Dr. Walton Martin, of New York City, who gave us a very interesting and instructive talk on "The Anatomy of Infections of the Hand." The subject was freely discussed by the members present.

Dr. William E. Ogden, of East Rutherford, was elected to membership.

Dr. Charles W. Harveys, on his request, had his membership transferred to the Passaic County Medical Society.

After a social session the meeting adjourned.

BURLINGTON COUNTY.

Marcus W. Newcomb, M. D., Reporter.

The regular meeting of the Burlington County Medical Society was held at the Metropolitan Inn, Burlington, on Wednesday, October 11th, at 12:30 P. M.

The following papers were read and discussed: "Ophthalmia Neonatorum," by Dr. J. Ridgway Haines.

"Obstetrics and Some of the Common Complications," by Dr. Elmer D. Prickett.

"Uterine Hemorrhage and Its Treatment," by Dr. E. R. Mulford.

"The Treatment of Incipient Deformities in Young Children," by Dr. J. T. Rugh, of Philadelphia, Pa.

Dr. Rugh gave a very excellent talk on rickets, weak ankles and arches, drooped shoulders which were caused by rickets and the manner of dressing the child, and infantile paralysis. He stated that the child always should be kept in bed and off the paralyzed limb; also keep the weight of the bed clothes off the feet and prevent the claw-like feet.

The applications of Drs. Ulmer, of Moorestown, and McDonald, of Riverton, for membership in the society were received.

Dr. Edgar Howard, of Haddonfield, and Dr. Georgia Whitaker, of Burlington, were guests of the society.

The usual banquet followed the meeting and was enjoyed by all.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

The autumn meeting of the Camden County Medical Society was held Tuesday evening, October 10th, 1911, with a good attendance.

In the business meeting, interest centred about the dropping from the roll of a few former members because of their failure, after due notice, to comply with the regulations adopted by the society for governing lodge practice. A majority, however, of those affected by the new regulations complied with them and retained their membership in the society.

The scientific program was especially interesting and unique. It consisted of moving pictures presented by Dr. T. H. Weisenburg, neurologist, connected with the Philadelphia General Hospital, showing the gait, station and tremors common to various nervous diseases. The films were made by Dr. Weisenburg, with the assistance of the Lubin establishment, and represent the first systematic attempt to depict and to teach nervous diseases by the moving picture.

The following diseases were shown: Generalized tic, Huntingdon's chorea, locomotor ataxia, pseudomuscular dystrophy, tic of tongue, multiple nepritis, astasia abasia, multiple sclerosis, and hemiplegia.

After the program the usual luncheon was enjoyed.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

Dr. John B. Murphy, of Chicago, president of the American Medical Association, delivered a lecture on "The Conservation of Joints and Bones in Infection; The Prevention of Ankylosis and Necrosis," at Newark, on Wednesday evening, November 22d, before the Academy of Medicine of Northern New Jersey. Invitations had been widely extended to members of the medical profession and an unusually large audience greeted the speaker. His lecture, which was illustrated with the stereopticon, considered in order bone and joint injuries and diseases; their local and constitutional causes and signs; diagnosis with its many important differentials and, under treatment, showed the happy success in doing the right thing, where a failure to recognize accurately the lesion (e. g., acute osteomyelitis simulating joint disease) or to know absolutely whether treatment had been

complete (e. g., reduction in Colles' fracture) would involve not merely delayed recovery but permanent deformity and disability. On Colles' fracture he said, "After reduction" (by hyperextension and strong downward replacement of lower fragment) "if the deformity persists, don't say it recurred, by fragment slipping back, for it never does, but know it was not reduced! On the contrary if the patient reports the following morning 'it dont hurt a bit and I guess it wasn't broken after all,' know that you have been successful."

On Potts' fracture he emphasized the importance, as a sign, of eversion, with abduction, of restoring for permanent cure the interosseous ligament with its binding function (difficult when the fracture of fibula is above the malleolus). Full flexion of ankle is necessary to prove reduction of the posterior dislocation.

On acute osteomyelitis near a joint (called "rheumatism" so easily, so commonly and so falsely) he showed how it was never in the epiphysis, but spread from the shaft under the periosteum over the epiphysis and even into the joint. That this treatment should be very prompt, drilling through the periosteum and providing free drainage for the tightly imprisoned pus, and avoid, not be proud of, a sequestrum removed after long-continued suppuration. Joint effusions with fever are "always to be looked upon as metastatic infections." *Tubes dorsalis* must be recognized, even before any locomotor ataxia is manifest to make proper prognosis. Be suspicious of too little pain.

Fracture of hip had much attention, with its important considerations of site of the fracture and means for getting good union.

His operations in plastic bone surgery were described at length, with fine illustrations in skigrams and photographs, and the principles of bone regeneration which had been worked out by experience in this line were clearly stated. No bone from other species will grow in the human organism, and the best transplantation is from the patient himself. No bone can live after severance of its channels of nourishment (the Haversian canals). The manner of its purpose is as a bridge through which both osteoclasts and osteoblasts perform their work of removing old and building new bone. Among his many and excellent pictures were such as an almost entire tibia regenerated by transplantation.

That this was an unusual occasion in the clinical importance of the subject and the eminence of the lecturer was shown in the very large attendance and the maintained interest throughout the three-hour address.

Section meetings of the Academy have been held as announced by Eye, Ear, Nose and Throat; Medicine; Pediatrics; Surgery; Obstetrics and Gynecology. A special meeting to hear Dr. Richard C. Cabot, of Boston, on "The Essentials and Non-Essentials of Physical Diagnosis" is announced for Friday afternoon at 4:45, December 15th.

The Medical Library Association, of Newark, N. J., has just finished its sixth year and announces a complete card index of 2,000 volumes, besides files of journals and reprints.

The Public Health Education Committee of the County Society announces a fine course of

seven public lectures on health by authoritative speakers on subjects of importance:

November 28, 8 P. M.—Dr. Edward A. Ayers, "How to Rid Essex County of Mosquitoes."

December 12, 3 P. M.—Dr. George C. Diekmann (Woman's Club), "Quacks and Their Methods."

January 9, 8 P. M.—Roscoe A. Doolittle, Ph. D., "The Food and Drugs Act, and Its Enforcement."

January 30, 8 P. M.—Dr. Livingston Farland, "Modern Methods in Fighting Tuberculosis."

February 13, 8 P. M.—Dr. Thomas Darling-ton, "Welfare Work and Sanitation in Connection with Large Industries."

February 27, 8 P. M.—Mr. Frederick L. Hoffman, "Some Occupational Diseases and their Prevention."

March 5, 8 P. M.—Dr. Alice Hamilton, "Industrial Lead Poisoning."

Physicians are urged to circulate among their patients the tickets, which are entirely free.

The Essex County Pathological and Anatomical Society met Thursday, November 9. The following specimens and demonstrations were presented:

(1) Demonstration of cystic calculus from bladder, Dr Epstein; (2) A case of æstivo-autumnal malaria, with clinical notes and autopsy report, Dr Cook, with discussion by Dr. Horsford; (3) A large fibro-myxomatous uterus (weight 18 pounds), Dr. Cook; (4) A case of gelatinous adeno-carcinoma of the vulva, Dr. Sutton; (5) Demonstration of specimens from pathological laboratory of the City Hospital, by Dr. H. S. Martland, including: Syphilitic smooth atrophy of tongue; congenital anomalies; volvulus of sigmoid flexure; technique and results of Wassermann complement fixation test in syphilis.

GLoucester County.

Howard A. Wilson, M. D., Reporter.

Upon the invitation of the Board of Managers of the New Jersey State Hospital, at Trenton, the November meeting of the Gloucester County Medical Society was held at that institution on Thursday, November 16, at 11 o'clock A. M., and the session was much enjoyed by all who were fortunate enough to be present.

The president, Dr. J. H. Underwood, occupied the chair.

The Board of Censors reported favorably upon the application of Dr. H. Baily Chalfont, of Mullica Hill, and he was unanimously elected to membership.

Interesting papers were read by Drs. Funkhauser, Evans and Sandy, of the hospital staff. The meeting then adjourned for luncheon.

At the afternoon session a practical demonstration of the intravenous administration of salvarsan was given by Dr. F. S. Hammond, of the staff, with some remarks upon the technique of the Wassermann reaction and its value as an aid in diagnosis.

An inspection was then made of the institution under the guidance of the officers, followed by a concert in the chapel by the orchestra, after which carriages conveyed the party back to the station. The society feels that

it owes a debt of gratitude to the managers for the courtesy extended.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The Hudson County Medical Society met November 9, 1911, the president, Dr. George M. Culver, in the chair, with a good attendance of its members.

A number of interesting cases were reported and discussed.

The leading feature of the evening's program was a Symposium on Infant Paralysis, with papers by Drs. Frank F. Bowyer, Charles F. Finke and Henry J. Bogardus, which papers I send you herewith for publication in the Journal.

These papers were discussed by Drs. Claude E. McNenney, Howard S. Forman, John A. Chard and Seth B. Sprague.

The next meeting of the society will be held on December 5th, in Lincoln Hall, Jersey City.

Farewell Banquet to Dr. C. D. Hill.

Physicians from all parts of Hudson County bid farewell to Dr. Christopher D. Hill recently, at the Downtown Club, Washington and Montgomery streets, Jersey City. Many were the glowing tributes paid to this popular Jersey City physician, who was to leave Jersey City and take up a new field in Durham, North Carolina. Watts Hospital, in this far-off Southern city, is the call, and Dr. Hill will assume entire charge of that great institution.

Dr. Daniel B. Street presided at the banquet. The Physicians and Surgeons Club presented the doctor with a handsome piece of bronze statuary. The presentation speech was made by Dr. Hetherington. Dr. Pritchard and Dr. Miles, of New York, old classmates of Dr. Hill, retold some of the pleasant incidents of their college life. They told of many heroic things Dr. Hill as a student had done, and that his name occupied a big niche in the college hall of fame.

The other speakers were Drs. H. H. Brinkerhoof, John D. McGill, G. K. Dickinson, W. F. Faison, Mortimer Lampson and O. R. Blanchard; also Congressman J. A. Hamill and ex-Congressman Van Winkle.

Dr. Hill, after referring to the pleasant friendships formed while in Jersey City, and returning thanks for the good things they had said about him, said:

"Gleaned from all the beautiful things you have said here this evening, gentlemen, I feel that my desire in life has been accomplished. I have always tried to do my best, and given my best service to the poor as well as the rich. The poor sick man or woman I always pitied, and never felt it a hardship to go to their bedside when they called me. I felt it an honor to have the unfortunate come to me for medical aid. I hope those whom I have tried to assist will think as kindly of me as you who are here to-night. That is all the pay I ask, and that, my friends, is the greatest pay that a man could possibly crave for. Friendship is the richest gift that could be bestowed upon any man, and I leave Jersey City assured that I have received my share of this great gift. I thank you from the bottom of my heart, and hope to come back to Jersey some time and see you all again. I

shall never forget this evening, and what it means to me. I have been honored beyond my fondest hopes."

MERCER COUNTY.

Frank G. Scammell, M. D., Reporter.

The Mercer County Component Medical Society held its November meeting and annual banquet at the Trenton House, Tuesday, November 14th, 1911, the president, Dr. Edgar L. West, in the chair.

Dr. Alfred Stengel, professor of medicine, University of Pennsylvania, was the orator of the evening and gave an able address on "Some Aspects of the Treatment of Chronic Cardiac Disease."

The society was also honored with the presence of Dr. Daniel Strock, president of the New Jersey State Society; Dr. David C. English, editor of the State Journal; Dr. William H. Iszard, former county physician of Camden County and member of the Camden County Society, and Dr. Alvah W. Atkinson, president of the New Jersey State Homeopathic Society.

The banquet hall was appropriately decorated with chrysanthemums, carnations and ferns, interspersed with several silver candelabra. During the banquet music was furnished by the Trenton House Orchestra. The cuisine was excellent and all seemed to enjoy themselves to their heart's desire.

The after-dinner speakers were Dr. Daniel Strock, Dr. David C. English and Dr. William H. Iszard. The eloquence of the speakers brought forth meritorious applause from the local members, who showed by their enthusiasm that they heartily endorsed their remarks to the fullest extent.

The other participants to the banquet were: Drs. Edgar L. West, president of the society; Harry R. North, secretary; I. M. Shephard, treasurer; F. G. Scammell, reporter; Elmer Barwis, W. A. Clark, D. B. Ackley, H. Coleman, Samuel Freeman, Fred S. Hammond, H. D. Bellis, H. D. Williams, W. J. Hall, C. H. Read, W. S. Lator, G. H. Parker, J. J. McGuire, G. R. Moore, G. N. J. Sommer, J. C. Felty, Thomas H. Mackenzie, J. D. Throne, Wilbur Watts, W. S. Collier, C. J. Craythorne, E. S. Hawke, H. G. Norton, H. B. Costill, Samuel Sicca, Murray B. Kirkpatrick, all of Trenton; Fred B. Zandt, of Hamilton Square; E. K. Fee, of Lawrenceville, and William L. Wilbur and George E. Titus, of Hightstown, N. J.

OCEAN COUNTY.

William G. Schaffler, M. D., Secretary.

The annual meeting of the Ocean County Medical Society was held in Lakewood, N. J., on November 1st, 1911.

Officers were elected for the ensuing year, as follows:

President, Alexander M. Heron, Lakewood.

Vice-President, Stewart Lewis, Lakehurst.

Secretary, W. G. Schaffler, Lakewood.

Treasurer, Irwin H. Hance, Lakewood.

Reporter, Ralph R. Jones, Toms River.

Annual delegate to the State Society, G. W. Lawrence, Lakewood.

The New Jersey State Pediatric Society held its fall meeting as the guest of the Ocean County Society on October 28th, at the Laurel

House, Lakewood. The special subject taken up was the Education of Defective Children.

Dr. Iszard, councillor for the Fourth District, was especially invited to be present at the annual meeting, but was detained by previous engagements.

SALEM COUNTY.

John F. Smith, M. D., Reporter.

The Salem County Medical Society met at the Schafer House, Salem, N. J., November 1, in the afternoon. The attendance was good. In "order of business" a communication received from Maria M. Vinton, M. D., New Jersey State chairman A. M. A. Public Health Education Committee was read and duly considered, when it was laid on the table to be taken up at the February meeting of the society.

The forms of bills to be used by the treasurer of the county society was exposed to the members of the society but will not come into use until the annual meeting, when a report can be made of those who shall subscribe to the Journal.

Following in order, two papers were read: "Lymphangitis and Three Whys," by the secretary, Dr. Chavanne.

The other may be considered a dissertation, inasmuch as it called forth interesting discussion. The reader was Dr. George C. Stout, of Philadelphia, and the title, "Notes on Some Practical Points on Diseases of the Ear and Upper Respiratory Tract."

Both papers will be sent you in a few days to be published in the Journal, if acceptable.

Local Medical Societies.

Associated Physicians of Montclair and Vicinity.

This organization commenced its third year with a meeting at the Montclair Club. Dr. W. Gilman Thompson, of New York City, read a very interesting and instructive paper on "Occupation Diseases of Modern Life." This society is composed of about fifty members of both schools of medicine and was organized for the promotion of good social and professional feeling and mutual instruction. At each monthly meeting some man eminent in the profession addresses the society and after a general discussion the meeting is adjourned for a social half hour in the supper-room.

Another meeting was held November 27th, when Dr. George Brewer, of New York City, presented a paper entitled "Some Observations on Diseases of the Biliary Tract."

The officers for the present season are: Dr. Henry Wallace, Glen Ridge, president; Dr. J. W. Krischbaum, Upper Montclair, vice-president; Dr. J. Corwin Mabey, Montclair, secretary and treasurer.

Orange Mountain Medical Society.

This society met November 17th in the William Pierson Medical Library, Orange, being entertained by Dr. J. Minor Maghee, of West Orange. A paper was read by Dr. William H. Lawrence, Jr., of Summit, on "Fractures of the Bones of the Forearm." There was a large attendance.

Orange Memorial Hospital Medical Society.

Organization was effected recently by the Orange Memorial Hospital Medical Society. About forty physicians joined, being the members of the regular staff, the consulting staff and the dispensary staff of the hospital. The following officers were elected: President, Dr. J. Hammond Bradshaw, of Orange; vice-president, Dr. Edgar Calvert Seibert, of Orange, and secretary and treasurer, Dr. Leonard Smith, of East Orange.

It was decided to meet each month for the study and demonstration of cases in operation at the hospital. The organization meeting was held in the rooms of the William Pierson Medical Library Association in the Stickler Memorial Library building.

Doctors with Autos Don't Like the Chain Law.

The Physicians' Automobile Association of the Oranges, at their annual meeting held last month, discussed the new law prohibiting the use on macadam roads of chains on automobile tires in stormy weather. It was pointed out that running an automobile without chains is often dangerous, and a special committee, composed of Dr. Weller, Dr. Hunt and Dr. Samuel A. Muta, the latter Mayor of West Orange, was appointed to investigate.

For the fifth time Dr. Edgar Calvin Seibert was elected president of the association. Other officers chosen were: Vice-president, Dr. Ralph H. Hunt, of East Orange; secretary, Dr. Arthur W. Weller, of Orange; treasurer, Dr. A. W. Bingham, of East Orange. The following were appointed members of the board of Governors: Dr. Thomas W. Harvey, of Orange; Dr. William B. Graves, Dr. Palmer A. Potter and Dr. Charles A. Groves, of East Orange, and Dr. Eriscoe B. Ranson, of Maplewood.

The annual smoker followed. Besides musical selections by the Sunny South Street Quartet, which is an annual feature, several physicians had to submit to "trials" for violating the automobile laws, and unusual penalties were imposed. One East Orange doctor was accused of speeding, but the testimony showed that he went five miles in three hours, and the penalty was \$10 for obstructing the highways. Another physician was found guilty of carrying a dummy policeman in his auto to avoid arrest for speeding, and he was fined "one day's pay."

Endorse Dr. Wiley.

At the annual meeting of the Association for the Promotion of Purity in Foods, the membership of which includes some of the largest manufacturers of prepared foods in America, held in the Waldorf-Astoria, November 15th, a vote of confidence was given to Dr. Harvey W. Wiley, chief of the bureau of chemistry, and the association let it be known that, in its opinion, the time is ripe for a thorough reorganization of the Department of Agriculture, and making Dr. Wiley supreme in pure food matters.

Harvey Society Lectures.

The following additional lectures of the 1911-12 course will be given at the New York Academy of Medicine on Saturday evenings at 8:30

o'clock. They are open to physicians generally: December 16, "A Consideration of the Nature of Hunger," by Professor W. B. Cannon, of Harvard University; January 20, "Unit Characters in Heredity as They Appear to a Paleontologist," by Professor H. F. Osborne, of Columbia University; February 3, "The Relations of Modern Chemistry to Medicine," by Professor T. W. Richards, of Harvard University; February 17, "Current Views Regarding the Nutrition of Man," by Professor R. H. Chittenden, of Yale University; March 3, "Old Age, Death and the Meaning of Conjugation in Lower Animals," by Professor H. S. Jennings, of Johns Hopkins University; March 24, "Malaria," by Dr. W. S. Thayer, of Johns Hopkins University.

Clinical Lectures on Skin Diseases.

Dr. L. Duncan Bulkley will give a thirteenth series of Clinical Lectures on Diseases of the Skin, in the Out-Patient Hall of the New York Skin and Cancer Hospital, Second avenue, corner Nineteenth street, on Wednesday afternoons, from November 1st to December 20, 1911, at 4:15 o'clock.

The course will be free to the medical profession.

Unlicensed "Doctors" Fined at Paterson.

Augustino DeAugustino, Antonio Rubino and Cornelia De Young, three men indicted by the grand jury for practising medicine without a license, were fined \$100 each by Judge Scott last month. Also an osteopath was fined \$100. His defence was that he had only advised the patients to take herb tea.

The prosecution was the work of the Passaic County Medical Society.

Honorary Degrees Conferred on Physicians.

At exercises attending the five hundredth anniversary of the foundation of the University of St. Andrews, Scotland, the honorary degree of LL.D. was conferred on eighty-six eminent men, of whom sixteen were members of the medical profession. Among those thus honored were Dr. William W. Keen, of Philadelphia, and Dr. Charles Sedgwick Minot, of Boston, Mass.

London's Next Lord Mayor a Doctor.

In 1912, for the first time in its history, London, England, will have a doctor for Lord Mayor. The recipient of the honor is Sir Thomas Crosby, M. D., the alderman next in rotation. He has been for many years engaged in practice in London.

A Cancer Cure Award Claimed.

Dr. Otto Schmidt, of Cologne, Germany, has applied for the Italian Maraini prize of \$20,000 offered to the discoverer of a cancer serum who can prove that he has been successful in healing five cases by means of his remedy. Dr. Schmidt asserts that he is able to prove that he has made forty cures.

Read the advertising pages of this issue.

THE JOURNAL

OF THE

Medical Society of New Jersey

DECEMBER, 1911

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

THANKS AND BEST WISHES.

In closing our Journal's work for the year 1911, during this week of National Thanksgiving, the editor expresses his profound thanks not only for all the Providential blessings received, but also for all the pleasant associations with his professional brethren, in scientific work and in the unusual number of social functions which it has been his great pleasure to participate in and enjoy. It gives him special pleasure to recognize the faithful services of secretaries and reporters of county and local medical societies for their great assistance which has contributed not only to the success of our Journal, but also to the editor's mental and physical relief, in the midst of anxieties and burdens connected with the position, when there is an ambition and determined effort to make the Journal worthy of such a society as ours and to have it represent the good work that the members of the profession in New Jersey are doing. We return to them and all others who have in any way assisted us in our work our sincere thanks and ask for a continuance of their efforts, not so much for the editor's comfort, help and relief, however, but that we may together seek to

reflect honor and credit upon our society and the profession in our State.

We wish every reader of our Journal a very

Merry Christmas

and express our sincere desire that each one, as a member of our profession that, we believe, exhibits, more than any other, the self-denying, self-sacrificing, humanity-blessing spirit of the Great Physician whose birth we celebrate, may, through its joys, in heart and home, be blessed and strengthened for better, nobler and more successful service.

CLINICAL CONGRESS OF SURGEONS OF NORTH AMERICA.

The second annual meeting of this Congress in Philadelphia, Pa., November 7-16, was one of the best and most practical meetings of surgeons it was ever the editor's privilege to attend, both in its clinical and literary features, as well as in the very large numbers in attendance—especially of surgeons of national and world-wide reputation. Philadelphia was an ideal place for the meeting, as it is one of the leading centres of medical education and its twenty-five or more hospitals gave abundant opportunity for carrying out the extensive clinical part of the program. Each day during the sessions of the Congress from three to five major operations were performed by eminent men morning and afternoon in each of these hospitals.

In the evenings literary sessions were held when addresses were delivered and scientific papers read by eminent men. They were all intensely interesting. We have now only time to mention the one held on Thursday evening, November 9th—known as Presidential Meeting—held in the ballroom of the Bellevue-Stratford Hotel, with probably more than one thousand medical men and a total of more than 1,500 in attendance. The program consisted of: President's Address on Co-ordination of Undergraduate and Post-Graduate Teaching of Clinical Surgery, Albert J. Ochsner,

Chicago; The Technique and Remote Results of Blood-Vessel Anastomoses (with lantern demonstration), Alexis Carrell, M. D., New York City; Cancer of the Stomach; Its Surgical Cure (with lantern demonstration), William J. Mayo, M. D., Rochester, Minn. Addresses were also delivered by Drs. John B. Murphy and Abraham Jacobi, respectively president and president-elect of the American Medical Association. Mention of these names is sufficient to confirm the statement that the treat was an exceptional one, intensely interesting, practical and profitable to all present.

The Congress as a whole—in its clinics and its scientific sessions—demonstrated the *marvelous* progress made in the science and art of surgery during the past two or three decades and that American surgeons were in the front rank. Too much credit can hardly be given to Dr. Franklin H. Martin, of Chicago, as the leading spirit in the organization and development of this organization. He is its general secretary. Dr. Edward Martin, of Philadelphia, was chosen president for the present year.

DOCTORS ELECTED TO OFFICE.

At the recent election Dr. Thomas Barber, of Warren County, was elected Senator from that county by an unprecedented majority. Dr. William E. Ogden, of Bergen County, and Dr. Henry O. Carhart, of Warren County, were elected Assemblymen by large majorities. Dr. J. Cole Price, of Sussex County, was elected Senator last year and will serve two years longer. Thus we will have two doctors in each branch of the Legislature, and they, as physicians, are the logical qualified leaders in shaping legislation that will guard the health interests of our State. They are able men who, we believe, will be true and intelligent leaders.

We also note the election of doctors to other positions, among them Dr. Walter Madden, ex-Mayor of Trenton, as Sheriff of Mercer County, by a phenomenal majority; Dr. A. F. McBride, Mayor of Paterson, by large majority re-elected; Dr. R. S.

Bennett, Mayor of Asbury Park; Dr. C. B. Smith, Mayor of Washington, for eighth term; Dr. Fred C. Burt, Mayor of Hamonton.

Abroad our profession has been signally honored. Sir Thomas B. Crosby, M. D., was on November 9 inaugurated Lord Mayor of London. He is the first medical man thus honored. His term will be the 723d Mayoralty of the city.

N. J. SANITARY ASSOCIATION.

The thirty-sixth annual meeting of this organization was largely attended at Lakewood, November 24 and 25, Dr. E. Guion, of Atlantic City, presiding. The program, as given in our November Journal, was carried out with the exception of Dr. C. G. Kerley, of New York, and Civil Engineer S. A. Greely, of Milwaukee, who could not be present. Dr. T. N. Gray, of Orange, acceptably filled the place of the former on Infant Mortality, and Civil Engineer Rudolph Hering read the paper which Engineer Greely had written on the Garbage subject. The members were pleased to welcome Commissioner of Education C. N. Kendall, who spoke on the Public Schools with relation to public health.

The papers presented by Civil Engineer M. R. Sherrerd on the water supplies of the State; Dr. A. C. Hunt, on the anti-tuberculosis campaign in New Jersey; Drs. T. N. Gray, D. E. English, H. L. Coit and C. K. Dickinson, on the infant mortality question; of Dr. Dickinson, on the history of the fly; Rev. H. M. Gessner, on the moral phase of the social evil, and H. E. Stearns, D. V. S., on the control of animal infection and its relation to the public health, were all able and practical. This association is doing good work in our State and it is giving special attention to the education of the public in all matters affecting the public health. The consideration of the three great questions which so vitally concern our State and its citizens—Infant Mortality, the eradication of Tuberculosis and the Social Evil—aroused special interest. The Association's Committee on the Social Evil has recently effected a State organization, with Dr. Alex. Marcy, Jr., as president, and Dr. T. N. Gray, secretary and treasurer, which should receive the active support of every medical man in the State, as both the good of humanity and the

credit of our profession call for active effort to lessen and suppress this great evil.

It has been our pleasure to give more space than usual this month to original articles and other scientific matter, some of which had been deferred longer than we desired, but the wealth of material contributed—far more than usual, we are thankful to report—and delay in receiving proof corrections, has made delay in insertion unavoidable. This has caused the omission of some editorial matter intended for this issue of the Journal, for which fact we offer no apology, for we had ready in print editorials from other medical journals which will be more to our readers' edification.

The Northern New Jersey Academy of Medicine was greatly honored in having as its speaker at a recent meeting Dr. John B. Murphy, of Chicago, President of the A. M. A., who gave a three hours' address on "The Conservation of Joints and Bones in Infection; the Prevention of Ankylosis and Necrosis." It was intensely interesting and practical and greatly enjoyed by the very large audience of physicians present. Dr. Pinneo, one of the Journal's most faithful and able reporters, gives a brief account of it in the Essex County report, on another page.

We call attention to Dr. G. J. Holmes's paper on the Medical Inspection of Schools on page 359. It is worthy of our careful study. Probably in no other city in our State is the work more intelligently and practically carried on. Our columns are open for the discussion of this as of all other subjects affecting health conditions.

We thank Dr. George H. Simmons, editor and general manager of the A. M. A. Journal, for his appreciative comments on the editorial on Quality vs. Quantity, in our November Journal, and his excellent suggestions concerning arrangement of matter in medical journals. There is no one more competent to make wise suggestions, as there is no weekly medical journal published in the world that, in our judgment, equals the A. M. A. Journal. Our thanks are also extended to Dr. Franklin H. Mar-

tin, of Chicago, for favors received in connection with the Clinical Congress to which we have referred in another column.

We regret to hear, as the Journal goes to press, of the deaths of Dr. Benjamin W. Ferguson, of Sussex, in the Passaic General Hospital, November 25th, from pneumonia following operation for appendicitis, and of Dr. William C. Parry, of Hainesport, November 28th, from pleuro-pneumonia. Further notices will appear in our next month's Journal.

Read the advertising pages of this issue.

Sterilization Board Named by Governor.

Governor Wilson has announced the members of the commission created in the bill passed at the last session of the Legislature for the sterilization of the criminal insane. The bill stipulates that George O. Osborne, head keeper of the State Prison; Dr. Frank Moore, superintendent of the Rahway Reformatory, and Dr. George B. Wright, Commissioner of Charities and Corrections, shall be members of the commission *ex officio*. The Governor named Dr. Henry B. Costill, of Trenton, and Dr. Alexander Marcy, Jr., of Palmyra, as the two other members.

Dr. Wiley After Patent Medicines.

As soon as Congress convenes in December, Dr. Harvey W. Wiley, pure food expert, and his associates will begin a fight in Congress "to bring the patent medicine makers up to the mark of honest dealing with the public."

An amendment to the existing pure food and drug act will be sought which will prevent the sale of valueless preparations advertised and labeled as cures for various ills. The Department of Agriculture experts want Congressional authority to suppress concerns now "making false or extravagant claims for their products."

Market for Gallstones at \$100 a Pound.

Chicago, Sept. 27.—The market quotation on gallstones is unchanged to-day at \$100 a pound at the Union Stock Yards, where the article is sold as "Chicago devil-chasers."

A. G. Little, head of the selling department of one of the large meat packing houses, said his concern marketed the cattle slaughtered. Some of them are as big as walnuts, but most are no bigger than peas. They are light and few beeves have any. All of them are bought by Japanese, who don't use them. They ship them back to Japan to be manufactured for the Chinese trade. The Chinese beset by devils carries a piece of carved gallstone in his pocket. He believes no power can withstand the gallstone once it has been fashioned into a sufficiently terrible shape.—Exchange.

Education in Obstetrics.

Dr. Barton Cooke Hirst, professor of obstetrics in the Medical Department of the University of Pennsylvania, has recently addressed a circular letter to the secretaries of the State Examin-

ing Boards calling their attention to the inadequacy of the present system of education in obstetrics, and asking that they submit to their boards the question whether evidence of practical training in obstetrics should not be demanded from an applicant for a license to practice medicine. A committee of the American Gynecological Society last year recommended that at least six cases of labor be attended under supervision by each undergraduate student.

The Brighton United Twins.

Dr. J. A. Rooth, in the British Medical Journal, September 23d, describes this case of pygopagi. The twins are girls and are now two and one-half years old. They are joined back to back by a fleshy and cartilaginous union in the sacral region, and have a common anus. Each has a separate vulva and vagina. Either twin may be affected with bronchitis, diarrhea, or constipation, although the other twin may not be at the time similarly affected.

Read the advertising pages of this issue.

Editorials from Medical Journals

Taking a Vacation.

From Monthly Cyclopedia and Med. Bulletin.

The doctor pays dearly for success by being constantly at the beck and call of his patients. Of course, we mean the general practitioner, who constitutes the great working body of the profession. He excuses the peculiarities of the specialist, who does not have to go out nights or in bad weather, nor exhaust his nervous energy in the treatment of patients who have neither the means nor the disposition to pay. In other words, the general practitioner by his many sacrifices succeeds in balancing considerably the selfishness on the part of other physicians who under no circumstances could be induced to enter general practice.

But the general practitioner of this open-hearted type is apt to make a very serious mistake. He does not taken enough vacations, or, if he does take vacations, he still has a string attached to them in such a way that they do not give him the proper degree of benefit.

The general practitioner who is of the right sort is very apt to forget that "absence makes the heart grow fonder." Instead of making such arrangements that he can remove himself entirely from the regular grind and get a real absolute rest free from any interruption, he is apt to stay around near enough so that his vacation period is constantly broken into. On the other hand, if he were to remove himself entirely from the reach of these dotting patients of his, there might occasionally be one of them that would go somewhere else, but, as a rule, they would appreciate his return all the more. Too much devotion to duty cheapens a man, and the practitioner of the twentieth century who has gone through the long period of preparation necessary to make him a thoroughly equipped physician cannot afford to have his patients underrate his personality. So we repeat, "Get the vacation habit," and make it a real vacation

by making one's self not only inaccessible, but invisible.

Making Room for City Parks.

Editorial in the A. M. A. Journal.

The growth of many cities in the United States has been so rapid that proper provision has not been made for adequate public parks and breathing places for the people. Recent agitation for more parks and play-grounds, and for the general sanitation and hygiene of cities, has resulted in the making of parks at enormous expense in the midst of thickly populated districts. In New York City the necessity for further parks and also for greater dockage facilities in the harbor has culminated in a scheme for the creation of a park in the air, so to speak. At the present time nearly the whole of the west side of Manhattan Island is occupied by the New York Central Railroad tracks, and a plan has been devised whereby a space 200 feet wide and several miles long will be converted into additional space for railroads and docks by filling in along the water-front. It is proposed to cover over this entire space by heavy steel and concrete roofing and then to fill in this roof with soil and make a water-front park. Most cities having water-fronts have allowed these naturally advantageous locations for parks to be absorbed by railroads or other industrial enterprises. Chicago, with its wonderful water-front on Lake Michigan, has allowed this to happen, to a certain extent. The plan of New York, though an expensive one, seems to be entirely feasible; at least, it has been so pronounced by engineers. Certainly it would form a most attractive addition to the park system of that city.

Liability for Obligations of Others Must be in Writing.

From the A. M. A. Journal, October 28, 1911.

In the Medicolegal Department of this issue appears an abstract of the decision of the Supreme Court of Oklahoma which is of practical interest to physicians. The testimony showed that the defendant asked the plaintiff, a physician, to go to see the wife of his tenant, and added "I will see that you are paid." The court says that "the question was whether * * * the credit was given solely to the defendant or to the husband of the woman * * * with the understanding that if the husband did not pay the charge then the defendant would. If the former, that is, if the defendant's liability was primary, such verbal contract was valid and the defendant was liable. But if the intention was that the husband should be primarily liable and that the defendant's liability should be only collateral * * * then the contract was void as within the statute of frauds which requires promises to answer for the debts of others to be in writing." To put the language of the court in every-day terms: If A says to a physician, "Go and take care of B and I will see that you are paid," this constitutes a direct contract between the physician and A, and an oral agreement to this effect is valid and will be sustained by the courts. But if A says to the physician, "Go and take care of B and, if he does not pay you, I will," such a statement is the assumption by A of an obligation primarily incurred by B, and is not legally binding on A, unless made in

writing, as the oral assumption of the obligation of another is not binding. The practical application of this important distinction is obvious. When professional services are rendered at the request of a third party from whom the physician expects to secure his compensation, either such agreements should be in writing or it should be plainly understood that the third party assumes the direct primary liability for the services rendered.

(See under *Medico-Legal*, page 380.)

Offspring of Tuberculous Mothers.

From the *Medical Record*, September 16, 1911.

The progeny of tuberculous women, the results of gestation on the latter, and allied topics have always been the subject of much argument. Experienced family practitioners still hurry girls who are candidates for tuberculosis into matrimony in the hope of staving off the disease; gestation has similarly been forbidden to married women actually tuberculous; and it has been shown abundantly that such women are much less likely to conceive and more prone to abort than are healthy women. It has been claimed that the progeny of consumptive women, while not actually tuberculous, tend to invalidism and short life, and to psychopathic disease; this notwithstanding that every now and then some sceptic reports that normal children, of full weight and health, are born of women far advanced in the disease.

We are, therefore, in the presence of this inharmonious teaching, well disposed to listen to the 20 years' experience of an authority like Petruschky on these subjects. This author read a paper before the Northeastern German Society of Gynecology last winter (*Deutsche medizinische Wochenschrift*, August 17), in which he said that 19 pregnancies were carefully followed up in 18 women with active tuberculosis. Eleven children were born alive and all reacted negatively to von Pirquet's test. Twenty-four pregnancies in 22 women with latent tuberculosis gave similar results.

The author does not, therefore, prohibit the marriage of tuberculous women, but if these become worse as a result of conception he advises that the gestation be interrupted at the proper time. He would treat all unmarried women up to the time of marriage and all married women up to the time of conception and all gravidæ with especial reference to the use of tuberculin. Children born of such mothers he would also treat according to indications. He does not seem disposed, in other words, to allow tuberculosis to furnish anything like an absolute contraindication to marriage, conception, and childbirth.

Automobiling and Sexual Impotence.

From *Critic and Guide*, October, 1911.

There is an inclination in some quarters to make fun of von Notthafft's claim that automobiling speed mania is apt to result in sexual impotence. He has had five such cases in his own practice—four of the patients were rich men, while the fifth was a chauffeur. And he claims that he knows of similar cases in the practice of other physicians. Of course it is easy to draw wrong conclusions, and we never miss an occasion to call attention to the danger of the post hoc, propter hoc pitfall. The sexual

weakness in Dr. von Notthafft's cases developed in from three months to three years after the addiction to the speed mania. It is possible that there were other causes. Sexual impotence is a very common affliction and is not rare in people who have never enjoyed an automobile ride. Still there is nothing grotesque or improbable in Dr. von Notthafft's declaration. We know that two of the greatest causes of sexual debility are worry and strain, and the strain of the person who drives a car at the rate of thirty or forty miles an hour is certainly very great. The strain, the anxiety combined with the jar of the car tend to induce cerebral neurasthenia, which causes sexual impotence. Dr. von Notthafft states that his patients improved when they gave up speeding and ran their cars at a moderate rate, which, of course, speaks for a casual relationship.

Yes, we are quite ready to believe in an etiological relationship between automobile speeding and impotence. And what is more, we should do our utmost to spread this knowledge among the automobilists. We know how conscienceless and foolhardy some of them are. Human life is nothing to them. Of fines they are not afraid. Even the fear of a prison sentence does not deter them: they know that with money and with good lawyers they can get out of any scrape. But spread the knowledge among them that reckless speeding may result in a diminution of their sexual power, and you will see how quickly the mania for speeding—and killing and maiming innocent passersby—will go out of fashion.

There is no surer way of making a man give up smoking than convincing him that the weed has a deleterious effect on his sexual capacity. And the same would undoubtedly hold true of automobiling.

The Control of Typhoid Fever.

From the *Interstate Medical Journal*, September, 1911:

Now that the season in which typhoid fever runs rampant is on hand, it were perhaps well to emphasize some points brought out by recent work on its control. It is generally admitted that this is a preventable disease and that its presence in a community is evidence of carelessness, ignorance or a practical inability to control a situation. Every case of typhoid arises from another, and it is a trite statement to say that the ultimate source of all epidemics must be the improper handling of the individual case. Therefore, while a broad duty of protecting the water supply from contamination rests upon the State, there is a well-defined duty which each physician should perform if the typhoid situation is to be controlled. This duty can be easily and conveniently divided into the task of recognition of the disease and of protection of others from any source of contamination by the patient.

The recognition of typhoid is by no means always an easy task, especially in the early stages when the excreta are as dangerous as in the late florid stage of the disease. The clinical picture is far from being well defined and an attack of influenza may stimulate typhoid. The clinical picture is, however, strongly suspicious, and in view of the extreme importance of an early diagnosis, during the typhoid months every suspicious case should be considered a menace to the public health. Unfortunately also the lab-

oratory aids in the diagnosis are likely to be found only in the later stages. Blood-culture, which will make the diagnosis in a large proportion of cases during the first week, is not a convenient or very practicable procedure for general use, although it would seem that no better service could be rendered by boards of health than by the performance of blood-cultures for the practitioner as freely and as liberally as they now make throat-cultures. The demonstration of the typhoid bacillus in the feces is a task beyond the scope of any but the best specially equipped laboratories. The practical obstacles in the way of a general employment of these two means of diagnosis have left us the Widal test as the only specific diagnostic weapon in our equipment, and the limitations of usefulness of this test are manifold. In the first place, it rarely is present before about the tenth day, and in many cases it may not be positive, even though the clinical course of the disease leaves no doubt that the case is one of enteric fever. The Widal reaction nevertheless occupies the most important position to-day in the control of the situation; for not only is it positive in most cases at some stage, but it is also present in those mild cases of the disease which do not resemble real typhoid, and which, but for a positive agglutination test, would be cast aside as unworthy of the attention of public health officials. These mild cases are just as dangerous as are the severe ones, and require just as much attention to prevent the spread of the disease.

The practitioner's duty in the prevention of the spread of typhoid is a simple one, and consists in the care of the excreta of all cases, definite and suspicious, and of safeguarding those associated with the patient from direct contagion. It is not our purpose to detail means of disinfecting excreta, screening patients from flies, or prevention of pollution of the water supply. These things are common knowledge. We wish to emphasize the extreme of consistent employment of this knowledge in the battle to conquer a plague whose presence is a slur on medical ability.

Charity and Stamina.

From the A. M. A. Journal, Sept. 16, 1911.

It has often been observed that living organisms require for their fullest development a certain amount of resistance in their environments. The individual or the species for which things are made too easy loses the unused function. The butterfly helped from its chrysalis has imperfect wings; the man fed on soft foods has bad teeth. The parasite is always a weakling and sometimes a degenerate monster. The parasitic dodder, which draws all its sustenance from the sap of the host, is a plant without a root or a leaf. The hermit crab, which, instead of growing a shell for itself like other crustaceans, makes use of the cast-off shells of mollusks, is atrophied in some of its members and enfeebled in its whole organism. Some with the intellectual environment and the mental qualities of man. The pauper and the pampered child of wealth are alike deprived of those qualities of initiative and self-reliance on which their respective environments make no demand. Unnecessary charity is twice cursed; it curseth him that gives and him that takes; all of which goes to prove (if proof were needed) that abuse of

medical charity is as bad for the public as it is for the profession.

Editorials from the Lay Press.

Physicians as Legislators.

From the Newark Evening News, November 7.

For a number of years the Journal of the Medical Society of New Jersey has been urging the election of a number of physicians as members of the Legislature, and it recurs to the subject in its current issue.

There should be, it says, at least two physicians of sound judgment in the Senate and five in the Assembly, "for such men are certainly best qualified to pass judgment intelligently and rightly upon the legislation that affects the health interests of the State, as they are the logical and safe advisers as to legislation affecting the lives and health of its citizens, who best know the measures which tend to safeguard or to jeopardize those sacred interests."

There will doubtless be two physicians in the Senate, for Dr. Jacob C. Price, of Sussex, is a hold-over member of that body, and Dr. Thomas Barber is the Democratic nominee in Warren, who is almost sure of election. There cannot be, however, five physician members of the lower branch during the coming session, for only three men of that profession have been nominated by the two parties throughout the State—Dr. Henry O. Carhart, of Warren; Dr. William E. Ogden, of Bergen, and Dr. Alexander Marcy, Jr., of Burlington. Two of these are Democrats and one is a Republican. None of them was nominated because he was a physician, but rather because he was believed to be a political vote-getter.

There are always perplexing questions before every session of the Legislature as to sanitary measures, health regulations and the control of those who desire to practice the art of healing.

There is, however, no more assurance that electing doctors to the Legislature would result in good medical laws, than electing lawyers, as we so largely do now, will result in expert legislation.

There are those people who say half the trouble of to-day arises from the laws the lawyers make.

Another way of getting at the same difficulty as the Journal of the Medical Society advocates the election of doctors to meet, is in practical working in Wisconsin.

There, when expert advice on a certain line of subjects is wanted, the Legislature gets the staff of the University of Wisconsin to prepare a bill. The present employers' liability and workmen's compensation bill of that State was prepared in the departments dealing with economics, law and sociology, of the university.

Magazines by Freight.

From the Daily State Gazette.

Credit must be given Postmaster-General Hitchcock for solving, in a way, the problem of the expense of handling magazines sent through the mail. The attempt to increase the postage rates on magazines failed, but the Postmaster-General was not discouraged, and he set about to try the experiment of sending magazines in

bulk by freight instead of by mail trains.

He now reports that nearly one million pounds of publications—or three hundred and eighteen carloads—were shipped by freight during September at a cost which suggests that during the year the freight bill would be \$500,000, as against \$2,000,000 a year for a certain district.

If extended to the entire country, it is said the saving in a year would be between four and five millions of dollars. The magazines sent by freight were carried on fast trains and at freight rates, the delivery being as satisfactory as if the stuff had been sent by mail in the usual way.

This would appear to be the only solution of the matter at issue. It hardly seems worth while to lumber the mail cars with tons of publications, and pay for those tons at the same rate for carriage as is paid for letters. If the same results can be secured by freight as have been provided by mail rates, then it is sensible to extend the freight scheme.

The matter of between four and five millions of dollars in the expense of the Post Office Department is an item worth seeking to save. In spite of some of the captious criticisms of the Postmaster-General, he has demonstrated what a close attention to business methods will secure.

Public Care of Inebriates.

From the Newark Evening News.

Commitment of drunkards to State insane asylums has long verged on a scandal in New Jersey. The sending of inebriates to these institutions has in part accounted for the overcrowding at Morris Plains and Trenton. The claim has been made by some who have investigated the subject that it has been a frequent practice on the part of relatives of individuals who overindulge in liquor to have them sent to an asylum in order to escape the duty of caring for them when on sprees or when recovering from sprees. This practice has not only helped to bring about congestion in the institutions provided for the treatment of insane, but it has unloaded an additional heavy burden upon the taxpayers.

The suggestion has now been made by Secretary J. P. Byers to the State Charities Aid and Prison Association that confirmed inebriates should be committed to workhouses instead of to the asylums, where they would be compelled to perform hard manual labor for a period of not less than one year, and when released they should be given their liberty under parole. In order to bring about the operation of this plan, it would be necessary to extend the system of workhouses to all the counties, and only three or four of the counties have such institutions now. Another plan that might be considered is that of establishing municipal or county farms to take the place of jails as now conducted. Several large communities throughout the country have adopted this course and others are contemplating the change. The plan is to send prisoners guilty of minor offenses and those addicted to drink sufficiently to cause their arrest to these farms, where they are to perform labor under the honor system. The cost of establishing such farms and maintaining them ought to be cheaper than the construction and operation of workhouses.

It is the consensus of opinion on the part of those best posted that the present system of commitments to insane asylums is not only expensive and unwarranted, but that it also results in no real reform of the drunkards. Some changes is demanded to bring about reformation of the defects in the system that are admitted to exist.

Taft Stands for Pure Food.

From the Hudson Observer.

President Taft has done one thing that will enhance his popularity more than any other acts of his administration—the shake-up in the Department of Agriculture. The tariff, reciprocity and States' rights will be issues, but they will not appeal with more directness and force to the masses than the demand for pure food.

The food trusts miscalculated their power when they elected to force out Dr. Wiley. President Taft's decision has resulted not merely in vindicating Wiley, but was a declaration of war on the trusts and others who were officially protected in the adulteration of and the putting of poisonous preservatives in their products. Dr. Wiley has been moved from a subordinate position to the head of his department.

George McCabe, secretary of the department, has been forced out and his place is to be filled by Dr. Roscoe Doolittle, who made a reputation as a champion of pure food in Michigan, his native State, and served under Wiley for four years. Doolittle is combative, and, in accepting the appointment, said he would stand by Wiley and that they would go after the drugged foods and tobacco and patent medicines that carry a half-pint of whiskey in a quart bottle with sugar and water and are labeled a cure. This means the tables are turned and an aggressive campaign will be prosecuted against the food adulterations for the good of the people and the glory of the Taft administration.

Medico-Legal Items.

Verdict Against a Hospital Reversed.

A verdict of \$30,500, received by a bicyclist, who was run down and injured by a St. John's Hospital, Brooklyn, ambulance, has been set aside by the Court of Appeals of New York, which finds that the driver of the ambulance was the servant of the keeper of the livery stable, and not of the hospital, and that the hospital, therefore, was not liable in spite of the fact that a hospital surgeon was in the ambulance at the time, since the latter was not shown to have participated in the driver's negligence.

Requirements of Hypothetical Question.

A hypothetical question should contain all the facts essential to the expression of an intelligent opinion by the expert and of which there is evidence and not a partial statement of the facts which could not present the entire matter to the witness, so as to enable him to give such an opinion as the law permits to be considered by the jury.—Long vs. Austin, North Carolina Supreme Court, 69 S. E. 500.

Evidence of Insanity; Prior Acts; Family Taint.

Where the issue to be determined by the jury is the mental condition of a person at a certain

time, it is always competent to show previous acts of insanity, delusion, or mental derangement, unless the previous conditions are excluded because they appear to be disconnected and remote. Where insanity is continuing or permanent in character, or where the cause of the disorder is continuing or permanent, the objection of remoteness will not apply. In Kansas it is well settled that a non-expert witness may be permitted to give his judgment as to the sane or insane state of another's mind after having detailed to the jury the extent of his opportunities to deduce a correct opinion and judgment thereon.

Proof of a taint of insanity in the family of a person is generally held admissible on the recognized principle of the hereditary character of insanity, but only in corroboration of proof that a particular person is, or was, insane. But such proof without actual evidence of insanity in the person himself will never be allowed to overcome the presumption of his sanity. It is competent only when there is other proof tending to establish the insanity of the person in question.—*Fish v. Poorman*, Kansas Supreme Court, 116 Pac. 898.

Provision for Physician on Jury in Lunacy Inquests not Unconstitutional.

The Supreme Court of Kansas holds that the statute of that State providing for a jury, in lunacy inquests, of four persons, one of whom must be a physician, does not violate the right to a jury trial which is guaranteed by the Constitution. The court says that although the hearing of a case of this kind is ordinarily designated as a "trial," it is not so in the sense of the Constitution. The proceeding is merely an inquest, conducted primarily for the benefit of the person whose mental state is in question, and it bears no resemblance to an action, either civil or criminal.—*State vs. Linderholm* (Kan.), 114 Pac. R. 857.

Liability of Oral Promisor of Payment for Services for Another.

The Supreme Court of Oklahoma says that the defendant said to the plaintiff, a physician, "I want you to go to that little house (pointing same out); my tenant's wife, Mrs. B., is sick there, and I want you to look after her and take care of her." The plaintiff asked him about the pay, and he said, "I will see that it is paid." It was in answer to the plaintiff's question about pay for such services as he might render to Mrs. B. that he said, "I will see that it is paid." It was error to exclude this evidence from the jury. The evidence was competent and material for the consideration of the jury, in connection with all the facts and circumstances proved, to determine whether the liability created was primary or collateral. The question was whether, under all the evidence, the credit was given solely to the defendant, or to the husband of the woman who was to be treated by the plaintiff, with the understanding that, if the husband did not pay the charge, then the defendant would. If the former, that is, if the defendant's liability was primary, such verbal contract was valid, and the defendant was liable. But if the intention was that the husband of Mrs. B. should be primarily liable, and that the defendant's liability should be only collateral (that is, to ans-

wer in case of the husband's default) then the contract was void as within the statute of frauds, which require promises to answer for the debts of others to be in writing. There might also be a question as to whether there was not a joint liability that is, whether the husband of Mrs. B. and the defendant were not jointly to be liable.—*May vs. Roberts* (Okla.), 115 Pac. R. 771.

Relative Value of Expert Testimony.

In an action for injuries sustained in a buggy accident it was held that the evidence of a physician who has attended a person immediately after an accident is of more weight on the question of the seriousness of the injury than that of the physician who has attended the injured person a year after the accident, for other causes and conditions may have intervened during the year.—*Rickerson v. Town of Meriden*, Louisiana Supreme Court, 53 So. 667.

Competency as Medical Expert.

In an action for damages for the death of a daughter, alleged to have been caused by breathing the poisoned atmosphere from the defendant's hide-curing establishment in the same block, it was charged in the petition that hides were hung up by the defendant in the open air in a decaying condition; that the air was impregnated with it; that it produced disease, was ruinous to health and poisonous to the human system. It was held proper to allow a physician to state the effect of decaying meat upon the surrounding air and upon any one breathing it. *A. Cohen & Co. v. Rittiman*, Texas Civil Appeals, 139 S. W. 59.

Opinion as to Continuance of Pain from Injury.

In an action for damages for personal injuries the plaintiff had testified that she had suffered a constant pain in her left side as a result of the fall. The accident occurred on March 2, 1907. A physician called as a witness on her behalf testified that he performed an operation upon her for fixation of the kidney and removal of the right ovary in August, 1906, but that she had recovered from the operation. It was held that he might give his opinion in reply to a hypothetical question, assuming that she had not any pain in her left side prior to the accident, as to how long the pain she suffered from the injury would continue, as against the objection that his opinion was speculative; but he might not give his opinion as to future apprehended conditions.—*Cross v. City of Syracuse*, New York Court of Appeals, 200 N. Y., 363 94 N. E. 184.

Presumption of Continuance of Insanity.

In a will contest an instruction that all persons are of sound mind who are neither idiots, nor lunatics, nor affected with insanity, was held not erroneous as measuring the mental capacity to make a will. But an instruction that, where the testator is shown to have been insane before and after executing a will, the proponent is bound to show that it was executed when the testator was of sound mind, was held to be erroneous as fixing the burden of proof on the proponent.

Under Montana Rev. Codes, Sec. 7962, subd.

32, providing that a thing once proved to exist is presumed to continue as long as is usual with things of that nature, lunacy, or insanity, if of a general, habitual or permanent nature, once shown to exist, is presumed to continue until the presumption is overturned by countervailing evidence. That rule is recognized by the courts generally. But to cases of intermitten or occasional insanity the rule can have no application because in the very nature of things the idea of continuity is excluded. So that when this is the condition proof of its existence at one time raises no presumption that it existed either at an antecedent or subsequent time.

If a testator was of sound mind at the time his will was executed his precedent and subsequent condition is immaterial.—In re Murphy's Estate, Montana Supreme Court, 116 Pac. 1004.

Therapeutic Notes.

Hemorrhage, Internal.

Prusinski is reported in the Journal de medicine de Paris as advising:

℞ Pure crystallized calcium chloride, 5j.
Solution of adrenalin, 1:1000, 5iss.
Distilled water, 5j.

M. Sig.: Tablespoonful every two hours.

Coryza—Snuff For.

The following, according to a writer in Quinzaine Therapeutique, is a useful snuff for coryza:

℞ Antipyrin, 1.0.
Powdered boric acid, 2.0.
Salicylic acid, 0.25.
Talc powder, 5.0.

—Cyclopedia and Med. Bul.

Diabetes.

In diabetes strontium bromide in thirty grain doses t. i. d., enjoys an excellent reputation. It will reduce the sugar and ameliorate the symptoms. Arsenic is, of course, largely used, as is codeine, too, in one-quarter grain doses t. i. d., increased by one-quarter each day until six grains are given daily. When combined with atropine, the sugar is more rapidly decreased and the acetons more certainly cleared up.

Laryngitis, Acute Catarrhal.

For children, several doses of the following should be given a couple of hours apart, until the bowels are freely moved:

℞ Hydrargyri chloridi mitis,
Pulvis ipecacuanhæ, of each, gr. ⅓.
Sacch. lactis, gr. ij.

M. Sig.: One dose.

To be followed by:

℞ Potassi citrat., ʒiv.
Tinct. aconiti, mxv.
Tinct. opii camphorat., fʒij to iv.
Syr. scillæ, fʒij.
Syr. tolutani, q. s. ad fʒiij.

M. Sig.: One teaspoonful every two hours.—Medical Standard.

Mouth Wash.

Quintin gives in the Journal de medicine de Paris this formula:

℞ Solution of formaldehyde, 40%, mxxx.

Tincture of quinine (Codex),

Glycerine, of each, ʒij.

Essential oil of mint, mxxx.

Essential oil of star anise, mxxxv.

Essential oil of cloves,

Essential oil of cinnamon, of each, mxv.

Alcohol, 80%, ʒiij.

M. et ft. lotio. Sig.: Twenty drops in a glassful of water.—New York Medical Journal.

Pernicious Anemia—Glycerin In.

In the Deutsche Med. Woch. for May 18, there is reported a case of a man of 30, who became infected with syphilis four years previously. He was extremely anemic, and in spite of specific treatment the anemia continued to progress, until the hemoglobin amounted to only 20 per cent., while the reds were reduced to less than a million. Death seemed imminent. The glycerin treatment was then commenced. At first a tablespoonful was given three times a day, then the dose was increased to 70 grams. The patient showed immediate improvement, the hemoglobin increased to 100 per cent., while the red corpuscles increased to 4,200,000 at the end of a month. Talquist reported a similar experience, and both patients seem to be permanently cured.

As glycerin is a more or less innocuous substance, it is certainly worth a trial in obstinate cases of pernicious anemia.

Skin Affections, Chronic.

For the last six years Drew, in Medizin. Klinik, has been using the following formula in chronic skin affections, including psoriasis, and chronic eczema:

℞ Salicylic acid, gr. x.
Chrysarobin, gr. xx.
Green soap,
Lanolin, of each, gr. xxv.

To be applied every morning.

It is contraindicated, however, in acute disorders, seborrheic eczema of the head, body and extremities, ichthyosis, acne vulgaris, pityriasis versicolor, etc. According to the skin affection present, divers therapeutic measures should be resorted to. When above formula does not improve matters after a reasonable trial, the following is suggested:

℞ Salicylic acid, gr. ij.
Pyrogallic acid, gr. iv.
Antheol, gr. x.
Lanolin, gr. c.

To be applied every evening to the part affected. The first formula above given can be continued in the morning.—La Tribune Medicale.

Digitalis—Its Action.

A careful and thorough clinical study of digitalis was made by Dr. J. Mackenzie in forty-three cases, which are reported in detail in Heart, London, August, 1911, and for these the original article (covering 113 pages) must be consulted. Mackenzie summarizes his findings as follows: The careful analysis of the symptoms of patients to whom digitalis has been administered brings out the fact that individuals react differently to the drug. So far as the heart is concerned, the difference is partly dependent on the nature of the lesion with which the heart is affected. Patients with auricular fibrillation

arc more readily and more markedly affected than patients with the normal rhythm. Digitalis, in a proportion of patients with normal rhythm, affects the auriculoventricular bundle more particularly, producing partial heart-block. It is suggested that the susceptibility of patients with auricular fibrillation may result from the tendency of the digitalis to affect the bundle, the change in the auricular condition rendering the bundle more susceptible to the influence of the digitalis. It is possible that in slowing the heart's rate, the digitalis acts by stimulating the vagus nerve. Digitalis tends to induce auricular fibrillation. In two cases of tachycardia, arising from an abnormal source, digitalis caused the heart to revert to a normal rhythm, first inducing fibrillation of the auricle. The diuretic effects of digitalis may be produced with no perceptible change in the heart.

Hospitals and Sanatoria.

New Jersey State Hospital, Morris Plains.

The board of managers of the New Jersey State Hospital for the Insane, at the annual meeting, November 9th, elected John A. McBride, of Sussex, president.

John C. Eisele, of Newark, who had been president for eight years, declined renomination. The remaining officers elected were: Vice-president, Rev. Dr. J. M. Buckley, of Morristown; secretary, Henry W. Buxton, of Morristown; treasurer, Harrison P. Lindabury, of Newark.

The board promoted Dr. Frank M. Michaels, medical interne at the hospital, junior assistant physician.

City Hospital, Trenton, Night Camp.

Mayor Donnelly, of Trenton, will shortly present to the City Commission a plan by which working men affected with tubercular trouble may be permitted to sleep in a "night camp" established on the lawn adjoining the Municipal Hospital.

City Hospital, Newark.

At a recent meeting of the Finance Committee of the Common Council of Newark, Dr. J. T. Wrightson presented an exhibit in the form of a comparative table showing the pro rata cost per diem of maintaining patients in ten important hospitals in the United States and Canada.

The table showed that on the basis of treatment of about 9,000 patients, the cost of maintaining the Newark City Hospital is lowest of the ten. The cost per day per patient at the local institution is \$1.39.

The City Hospital of Worcester, Mass., comes next, with a pro rata cost of \$1.48. The others range all the way up to \$3.09, which represents the pro rata cost for the Presbyterian Hospital of New York.

On Dr. Wrightson's description of the urgent necessity for the making of extensive repairs to the elevators at the City Hospital, which are used for conveying patients, a special appropriation of \$1,500 was recommended.

Kimball Memorial Hospital, Lakewood.

In memory of Dr. Paul T. Kimball, for twenty

years a physician in Lakewood, who died last November, a \$40,000 hospital is to be erected here with funds subscribed by former friends. George J. Gould and Miss Emily H. Bourne head the first list of subscriptions made public, which amount to nearly \$32,500, each having given \$5,000. In all, seventeen persons have each given \$1,000 or over up to the present time. The smallest contribution is twenty-five cents.

To partially support the institution there has been placed in the local tax levy an appropriation of \$3,000, and in an effort to assure its adoption by the people at the election on November 7 a number of cottagers who are interested in the hospital are planning to make a personal campaign to convince the voters of the necessity of voting the money.

Mercer Hospital, Trenton.

The Ladies' Aid Association of Mercer Hospital, raised six hundred dollars at the recent fair held in Masonic Temple, Trenton.

Mountainside Hospital, Montclair.

Under the will of Mrs. Mary W. Babcock, of Montclair, who died October 25th, the Mountainside Hospital will receive a bequest of \$5,000.

North Hudson Hospital.

The board of governors of this hospital, at a meeting held last month, named the various committees for the year.

The medical staff comprises: Dr. F. D. Gray, consulting surgeon; surgeons, Drs. Fendrick, Farr, Rector and Poole; assistant surgeons, Drs. Hellstern, Fessler, Grinnelli, Quigley and Lang; consulting physicians, Drs. Chambers, DeGroff, Schlem, Nevins, De Merritt, King and Arlitz; assistant physicians, Byrne, Good, Spaulding and Shenier; consulting pathologist, Dr. A. E. Olpp; house surgeon, Dr. Sweeney.

Report was made that the plans for the fire escapes for the institution are now under way. So far no estimates on the cost of the escapes are obtainable. For the purpose of paying off some of the cost, the Ladies' Guild has about \$1,000 which they announce they will gladly donate.

The report of the financial secretary showed that a donation of \$500 has been received from the estate of Mrs. Philip Klein and a donation of \$50. This makes a balance of \$660 in the building fund. The balance in the maintenance fund is \$118.57. The monthly report of Miss Tully was submitted, showing that the average cost per day of each patient was \$1.41. This is a comparatively low cost, and was commented on by some of the trustees. The average daily attendance at the institution was no greater than it has been for the past year.

St. Barnabas Hospital, Newark.

The hospital authorities announce the opening of a Department for the Treatment of Diseases of the Eye, Ear, Nose and Throat, in charge of Dr. George F. M. Lamont, with clinic hours: 3 to 4 P. M. on Tuesdays and Saturdays; 7 to 8 o'clock on Thursday evenings.

The extensive improvements which were begun at St. Barnabas' Hospital last summer are nearly completed. The erection of two build-

ings during the last few years made the heating plant inadequate and it was deemed necessary to build an addition to the boiler-house and instal another boiler. At the same time the two old boilers were reset.

The hospital, it is asserted, has always been without a fitting entrance. On the Montgomery street side of the building a stone porch has been erected and there will be a driveway beneath it. The porch is visible from High street and will be an architectural feature of the hospital. The hall into which the new porch opens has been somewhat changed and the old wooden staircase leading to the three upper floors has given way to a staircase of steel construction. The trustees have decided to place fire doors between the hall and the wards for patients on the several floors, in order, in case of fire, to confine flame and smoke to the hall as far as possible. There are three fire escapes on the buildings of the hospital, besides large outside piazzas of steel and concrete for each ward.

Extensive repairing of the roof has also been necessary, besides the usual repainting of some of the wards, and altogether the trustees are spending about \$11,000 for improvements. A friend of the hospital, who is known only to the sisters in charge, has given \$4,000 to pay for the new porch and staircase, leaving \$7,000 to be raised.

The cost of running the hospital is about \$35,000 a year. The number of patients of all classes and creeds admitted last year was 1,129, of whom 635 were free patients. The number treated in the out-door clinic was 2,869. Each year sees an increase over the year before.

St. Francis Hospital, Jersey City.

At the November meeting of the staff of St. Francis Hospital, Dr. John D. McGill announced the appointment of Dr. William Heatherington to the surgical staff, to succeed Dr. C. D. Hill, who resigned to go South. Dr. J. J. Sullivan was appointed to the medical staff, to succeed Dr. Heatherington.

Inebriate Hospitals in New York.

The Inebriety Board is about to build a hospital in Kingston avenue, Brooklyn, on land given to it by the Department of Charities, and another on Blackwell's Island, for the reception of confirmed inebriates in accordance with the new law.

St. Luke's Hospital, New York City.

A new pavilion to be used as the Outpatient Department of St. Luke's Hospital, New York, was opened on October 19, St. Luke's Day. The building was provided for by a bequest of \$250,000 from the late Mrs. John G. Heckscher, given in memory of her parents, William L. and Maria L. Travers. It will be known as the Travers Pavilion. The lower two floors will be used for the dispensary, and the upper two have arrangements for treating patients in the open air. The other floors will be used as dormitories.

St. Luke's is now one of the best equipped and handsomest hospitals in the city. It is interesting to recall that St. Luke's was started with the gift of one dollar made by a sick girl to

her rector, the Rev. Dr. Muhlenberg, of the Church of the Holy Communion, with the request that it be used to help build a hospital. At the next Sunday service the clergyman showed this money to his congregation and declared that it should found a hospital to be known as St. Luke's. The one dollar foundation has grown to several millions.

Tuberculosis Hospital, Trenton.

Announcement was made November 18th, by Mayor Donnelly, of his appointments as medical directors for the city's tubercular hospital. The staff is: Drs. George N. J. Sommer, William S. Lalor, William A. Clark, Thomas H. Mackenzie, Walter Madden, Charles J. Craythorn, Henry B. Costill, Martin W. Reddan, James J. McGuire, Van Alstyne Cornell, William S. Collier, Alvan W. Atkinson, Walter Taylor, George R. Moore, Clarence C. Slack, Frederick S. Watson, William A. Newell, Paul E. Kuhl and Samuel Sica.

Plans have been submitted to the Mayor for improvements to the hospital, which call for the erection of a 90-foot porch, without a roof and open beneath, in front of the ward for women, and another for the men's ward. At present there is no place suitable in the open for patients to sit. The plans for the grounds call for a pergola at the entrance, with four brick piers, allowing a wide space for the entrance and exit of carriages and two paths for pedestrians, one on either side. Extending from these piers it is proposed to have a hedge to enclose the grounds. After entering the grounds, the drive divides and encircles the building. These improvements will cost more than \$3,000.

Tuberculosis Sanatoriums in Canada.

Dr. Charles D. Parfitt, Gravenhurst, Ont., reports in the Dominion Medical Monthly for August that there are now more than twenty tuberculosis sanatoriums in Canada. The movement was initiated in 1897. Twelve of these sanatoriums are in Ontario with a capacity for 547 beds, and treated during the last year 1,421 patients. It is estimated that there are at present in Ontario 10,000 cases of active tuberculosis and that 171,000 of those now living in the province will die from tuberculosis at the present rate. The death-rate from tuberculosis has diminished in Ontario and this, Dr. Parfitt believes, demonstrates and shows the value of sanatoriums. In 1897, when the sanatorium movement began the death-rate was 150 per 100,000, while in 1908 the rate from this cause was reduced to 112 per 100,000. The percentage of death from tuberculosis in 1908 was 7.7, which compares favorably with the rate of 11.0 which was reported in 1901.

Marriages.

BAKER—BAKER.—At Dover, N. J., November 8, 1911, Dr. Augustus L. L. Baker to Miss Ellene D. Baker, both of Dover.

SHEPHERD—CLARK.—At Trenton, N. J., September 24, 1911, Dr. Irenaeus M. Shepherd (Princeton, '89, and Univ. Penn., '92) to Miss Olivia Ursula Clark, both of Trenton.

Deaths.

BURRAGE.—At Orange, N. J., October 29, 1911, Dr. Robert Lowell Burrage, from heart disease, aged 54 years.

Dr. Burrage was born in Newark, June 14, 1857. He attended the Newark High School and then studied medicine with Dr. Southard. He graduated from the Bellevue Medical College in 1878 and engaged in practice in the "Ironbound" district and became attending physician at St. Michael's Hospital. In 1890 he entered the medical department of the Prudential Insurance Company; in 1898 was made associate medical director. Ten years later he became medical director. A coincidence in connection with Dr. Burrage's death was that his demise occurred on the first anniversary of the death of Dr. Edward H. Hamill, who was consulting medical director of the corporation. Dr. Burrage, Dr. Hamill and the late Dr. Leslie D. Ward had been closely associated in the medical work of the company for more than twenty years.

Dr. Burrage was a member of the Essex County Medical Society, the Medical Society of New Jersey and of the American Medical Association. He was also a member of the executive committee of the International Medical Directors' Association.

Dr. Burrage's writings on tuberculosis were widely distributed by the National Association for the Prevention of Tuberculosis. He was one of the organizers of the Practitioners' Club of Newark and its former president.

He is survived by a widow and a son. His mother, eighty years old, also survives him.

DAVIS.—In East Orange, N. J., November 8, 1911, Dr. Josephine Griffith Davis, of East Orange, aged 72 years.

Dr. Davis graduated from the Women's Medical College of Pennsylvania in 1877.

HELPER.—At Hoboken, N. J., October 24, 1911, Dr. Samuel A. Helfer, of Hoboken, in his 68th year.

Dr. Helfer was born at Budapest, Austria, and was educated at the University of Vienna. He came to America in 1874, when 28 years of age, first settling in New York, where he continued his studies, but a few years later removed to Hoboken and began practice. Later he was appointed city physician by the Common Council and also acted as physician for some steamship companies. In 1895 Mayor Fagan appointed him a member of the City Board of Health, on which he served ten years.

Dr. Helfer was decorated by the French Government with the cross of the Legion of Honor and by the Emperor of Austria with the Order of Merit. He was a member of the Hudson County Medical Society, the Medical Society of New Jersey and the American Medical Association.

He was a man of a kindly disposition and he had the respect of all with whom he came in contact. He is survived by his widow and two daughters.

THOMAS.—At Woodbury, N. J., November 13, 1911, Dr. Charles E. Thomas, of that city, from heart disease, aged 78 years.

He formerly practiced medicine in Wood-

bury, but relinquished his practice and became identified with the glass-making business.

WATSON.—At Westfield, N. J., November 11, 1911, Dr. Talbot Watson, from heart disease, aged 71 years.

Dr. Watson was born in Poland; graduated from the University of Edinburgh; came to the United States in 1867; practiced in Baltimore, Md. A few years ago he retired and made his residence in Westfield, N. J.

WYMAN.—At the Providence Hospital, November 20, 1911, Surgeon-General Walter Wyman, of the United States Public Health and Marine Hospital Service, after an illness of several months.

The direct cause of Dr. Wyman's death was a carbuncle, which developed four weeks ago after he had been in poor health for several months.

Dr. Wyman was unmarried and was born in St. Louis in 1848. He was supervising surgeon-general of the marine hospital service from 1891 to 1902, and since July 1, 1902, had been surgeon-general of the United States Public Health and Marine Hospital Service.

Always giving special attention to physical conditions affecting the merchant marine, Dr. Wyman had been instrumental in having many laws passed for the benefit of the seamen and had been active in bringing about the establishment of sanatoriums for consumptives and leprosy investigating stations. He was the author of numerous pamphlets connected with public health and a member of the leading American and international medical societies. He was in charge of the yellow fever situation in the South, for this government, several years ago.

FABER.—At Jersey City, N. J., November 8, 1911, Mrs. Veronica Faber, wife of Dr. John Faber, of Jersey City, having been burned to death in her home while attempting to start a fire in the furnace, the flames enveloping her before she could make an outcry.

Book Reviews.

THE PRACTITIONER'S VISITING LIST FOR 1912. A valuable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. It is issued in four styles. Descriptive circular showing the several styles sent on request. Lea & Febiger, Publishers, Philadelphia and New York.

ELECTRICITY, ITS MEDICAL AND SURGICAL APPLICATIONS, INCLUDING Radiotherapy and Phototherapy. By Charles S. Potts, M. D., Professor of Neurology in the Medico-Chirurgical College of Philadelphia, with a Section on Electrophysics by H. C. Richards, Ph. D., and a Section on X-rays by H. K. Pancoast, M. D., of the University of Pennsylvania. Octavo, 509 pages, with 356 illustrations and 6 plates. Cloth, \$4.75 net. Lea & Febiger, Publishers, Philadelphia and New York, 1911.

This work is written for the practical physician. The arrangement of the subject matter is

such that "the indications for treatment lead at once to the determination of the question whether electricity would be of benefit, and if so, the form of treatment which would secure the best results." The book, while not too bulky, is full, clear and profusely illustrated.

COLLECTED PAPERS BY THE STAFF OF ST. MARY'S Hôpital (Mayo Clinic) for 1910. Octavo of 633 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50 net.

Many physicians make pilgrimages to Rochester to see the work of the Mayos, but many more are unable to enjoy this privilege. For these reports afford a most excellent substitute and have the added value of the record of the subsequent progress and results in each case.

THE TREATMENT OF FRACTURES. WITH NOTES upon a Few Common Dislocations. By Charles L. Scudder, M. D., Surgeon to the Massachusetts General Hospital. Seventh Edition, Revised and Enlarged. Octavo volume of 708 pages, with 900 original illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Polished buckram, \$6.00 net.

The general practitioner will find in this book detailed directions for the treatment of fractures. The application of the X-ray and the use of anæsthetics for accurate diagnosis of fractures are strongly advised. The operative (open) treatment for simple fractures is considered but deemed of infrequent necessity. The illustrations are numerous and clearly enforce the teachings of the text.

THE FOURTH PHYSICIAN A CHRISTMAS STORY. By Montgomery Pickett. Illustrated by Gordon Stevenson. A. C. McClurg & Co., Chicago, 1911.

A very interesting and seasonable story.

CASE HISTORIES IN NEUROLOGY. BY E. W. TAYLOR, A. M., M. D., Instructor in Neurology, Harvard Medical School, etc. William H. Leonard, Publisher, Boston, 1911.

This book contains a selection of histories setting forth the diagnosis, treatment and post-mortem findings in nervous disease, the object being to place in close relationship the causes, manifestations and results in the more frequent disorders of the nervous system. Considerable attention is given to the differential diagnosis and the presentation of the cases is made in an interesting manner.

OPHTHALMIC MYOLOGY. A SYSTEMATIC TREATISE on the Ocular Muscles. By G. C. Savage, M. D., Prof. Ophthalmology in the Medical Department of Vanderbilt University, etc. McQuiddy Printing Co., Nashville, Tenn., 1911.

The author differs absolutely from Helmholtz in his answers to the four following questions: (1) Is the centre of the cornea always the anterior pole? (2) Is the central point of the macula always the posterior pole of the eye? (3) Do all secondary visual lines cross the visual axis at the nodal point? (4) Do all secondary visual lines cross the visual axis at the

centre of the retinal curvature—the centre of rotation? To (1) and (3) the author's answer is "No." To (2) and (4) his answer is "Yes." On the correctness of his answers the author stakes the worth of his book.

A TEXT-BOOK OF MEDICAL CHEMISTRY AND TOXICOLOGY. By James W. Holland, M. D., Professor of Medical Chemistry and Toxicology, Jefferson Medical College, Philadelphia. Third Revised Edition. Octavo of 655 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$3.00 net.

The issue of three editions of this work within six years is certainly good evidence of its value and practical helpfulness. The advances made during the past few years seem to require in this, as in all other departments of medicine, frequent revision of our text books, and this volume supplies the undergraduate, the teacher, the practical chemist and the intelligent practitioner with accurate, up-to-date knowledge concerning the branches of which it treats.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M. D., Ph. D., LL.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Tenth Revised Edition. Octavo of 1,328 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50 net; half morocco, \$7.00 net.

The revised editions of this excellent work on the practice of medicine follow each other in rapid succession. We need only to add to our commendation of Professor Anders' ninth edition, which appeared less than a year ago, that the new matter, as well as the thorough revision of the old, justify a tenth edition of what we esteem as one of the very best works on the Practice of Medicine. Personal experience and observation have been made prominent in considering treatment of disease, while prophylactic measures and causal therapy receive special emphasis.

DORLAND'S AMERICAN ILLUSTRATED MEDICAL Dictionary. A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Medicine, Nursing, Biology and kindred branches, with new and elaborate tables. Sixth revised edition. Edited by W. A. Newman Dorland, M. D. Large octavo of 986 pages, with illustrations. Containing over 7,000 more terms than the previous edition. Philadelphia and London: W. B. Saunders Company, 1911. Flexible leather, \$4.50 net; thumb indexed, \$5.00 net.

Dorland's dictionary has been considered one of the best on the market, and this sixth edition is decidedly superior to the preceding issues. The entire work has been revised and extensive additions have been made, more than 7,000 new words appear and 323 illustrations, of which 119 are colored. The principal new features are: Capitalization; dosage and therapeutic tables; medical biographies and veterinary and dental terms. It gives the pronunciation of every word and the derivation or etymology of words.

Every word has a separate paragraph; phrases are always defined under the nouns. Being bound in flexible leather, it is easily handled and not too bulky, though containing 986 pages.

Personal Notes.

Dr. William C. Albertson, Belvidere, and wife made a brief visit to Nutley last month.

Dr. Edward A. Ayers, Branchville, gave an illustrated lecture on the Mosquito at the Free Public Library, in Newark, November 28th.

Dr. William M. Barnes, Millburn, and wife entertained the Five Hundred Club, at their residence, last month.

Dr. J. Hervey Buchanan, North Plainfield, addressed the Men's Association of the Church of the Heavenly Rest recently on "The Preservation of Health."

Dr. Charles Calhoun, Rutherford, was ill at his residence last month from diphtheria.

Dr. William A. Davis, Camden, and wife recently spent a few weeks with their daughter at Jackson, Miss.

Dr. Thomas S. Dedrick, Washington, is expecting to build a summer cottage on the shore of Mountain Lake.

Dr. Lewis B. Hoagland, Oxford, and wife have been visiting in New York City.

Dr. Eugene W. Murray, Newark, and wife returned last month from a brief rest in Lakewood, N. J.

Dr. William H. Murray, Plainfield, was recently elected a vice-president of the local Charity Organization.

Dr. James M. Reese, Phillipsburg, has been elected president of the Board of Trade of that city.

Dr. Herbert E. Riddell, Branchville, recently had his auto damaged in a collision with a lumber wagon.

Dr. Leo O. Shenier, West New York, was confined to his home by severe illness last month.

Dr. J. Boyd Risk, Summit, and wife, recently started on a trip through the South. They expect to be gone about three months.

Dr. William J. Wolfe, Chatham, returned to his home last month from Overlook Hospital, Summit, where he underwent a slight operation. He has fully recovered.

Dr. W. D. Braun, of Chicago, general superintendent of the exhibits for the A. M. A., has been spending a few days in Atlantic City.

Dr. Edward Guion, of Atlantic City, president of the New Jersey State Sanitary Association, read a paper on "The Responsibilities of the Local Boards of Health to the Community," at the regular meeting of the association held at Lakewood last month. Dr. Guion will also attend the meeting of the American Public Health Association to be held at Havana, Cuba, this month.

Medical Examining Boards' Reports.

	Examined.	Passed.	Failed.
Alabama, July.....	127	89	38
Connecticut, July...	36	25	11
Illinois, March.....	74	53	21
Illinois, May.....	69	52	17
Illinois, June.....	222	166	56
Iowa, February....	8	6	2

	Examined,	Passed.	Failed.
Iowa, June.....	34	31	3
Louisiana, October.	36	20	16
Maine, July.....	50	46	4
Michigan, June.....	65	65	0
New Mexico, April.	2	2	0
North Dakota, July.	18	18	0
Oklahoma, July....	74	52	22
Oregon, July.....	96	65	31
Virginia, June.....	117	93	24

Public Health Items.

Fresh Air Classes.

At a meeting of the Orange Board of Education held November 14th, Dr. Katherine Porter, the medical inspector, reported that since the fresh air class was opened three weeks ago, the fifteen children attending have gained a total of twenty-three pounds and six ounces. The largest individual gain was three pounds and six ounces.

Egg Seizure in Paterson.

The seizure of 100 eggs, in possession of a retail dealer in Paterson, has been reported to the State Board of Health by Inspector Walter S. Scofield. The eggs were condemned as unfit for use. They were of the class known to the trade as "rots and spots."

Epidemic at Roselle Park.

There is an epidemic of scarlet fever and diphtheria in the borough of Roselle Park. On November 20th, there were so many cases of the disease among the pupils of the Sherman School, in the Lorraine section, that it was found necessary to close the school for two weeks while the building is fumigated. It has also been found necessary to order the First Methodist Sunday-school to hold no further sessions until permission is given by the health authorities. It is likely that other Sunday-schools will have to close.

There are now about fourteen cases of scarlet fever and diphtheria in the borough. Of this number about eleven are scarlet fever. The Health Board has taken radical action to prevent a further spread of the diseases.

Protecting Newark's Water Supply.

In furtherance of its policy of depopulating the Pequannock watershed to the end that the city's supply shall remain pure, the Board of Works recently authorized the purchase of several tracts of land in West Milford Township, Passaic County, in the vicinity of the rapidly disappearing village of Stockholm.

The board voted to pay George Kimble the sum of \$30,000 for his tract of seventy acres; David Whritenour, \$3,500 for fifty-one acres, and Peter Whritenour, \$1,800 for two acres of land and the buildings thereon. These latter properties are in West Milford.

In addition, the board voted to pay to James E. Terhune the sum of \$1,500, for which he had agreed to permit the diversion of certain streams tributary to Orean Lake that now contribute to the water of the Wanaque shed so that they will add to the drainage area of the Pequannock shed.

The State to Teach Hygiene.

The New York State Health Department has completed plans for giving a series of public health lectures in every important city and town in the State. Lectures on the following subjects will be included in the course: Tuberculosis; typhoid fever; diphtheria; smallpox and vaccination; rabies, the value of vital statistics; carriers of disease; preventable diseases; the sanitation of a country home; sewage disposal; water filtration and oral hygiene.

Public Drinking Cups.

The suggested repeal of the law passed last winter abolishing public drinking cups will meet with strenuous opposition from the State Board of Health. The officials of the board declare that the law is a good one and should remain on the statute books.

Dr. A. Clark Hunt, assistant secretary of the board, said recently that an amendment was needed to the law. This amendment, he said, should be one compelling the railroad companies to provide, free of charge, individual drinking cups on their trains. He claimed that most of the objection to the law arose from the fact that no drinking cups were installed upon railroad trains last summer. "Massachusetts," he continued, "compels all railroad companies to provide, without cost to its patrons, individual drinking cups, and under this provision there is no further opposition to the law in that State." Dr. B. D. Keator, secretary of the board, also claims that the law is a good one and should not be repealed.

Typhoid Carriers.

The danger of the transmission of typhoid fever through dirty milk is shown in a recent epidemic in Worcester, Massachusetts, reported in a late number of the Journal of the American Medical Association by Dr. E. B. Bigelow, of the local Board of Health. He shows that, in the last twenty-five years, an average of one hundred and six cases of typhoid fever has been reported yearly to the Board of Health of Worcester, a city with a population of 145,000 at present.

This is, roughly, an average of one case a thousand of population a year for this period. In 1910, there were two hundred and ninety-five reported cases, more than one case to each five hundred of population, and nearly three times the average. Of these, two hundred and thirteen cases with ten deaths were traced to one milk route, an employee of which was found to be the source of the infection. Dr. Bigelow recommends that all persons engaged in handling or selling milk be carefully examined in order to prevent such epidemics occurring through typhoid carriers.

Institution for Tuberculosis Victims, Camden.

Action preliminary to the establishment of an institution at which tuberculosis victims may be treated exclusively was taken recently by the Board of Freeholders, after Dr. H. H. Davis and Dr. E. B. Rogers, comprising a special committee from the Camden County Medical Society, had addressed the members. It was left in the hands of the Almshouse and

Asylum committees, which will confer with the medical society's committee.

After explaining the appointment of the committee by the medical society, Dr. Davis spoke of the urgent necessity for the establishment of such an institution. He alluded to the fact that it was a disease that could be stamped out if proper methods are used and he dwelt at length on the menace to the community of having persons going about in the advanced stages of the disease. Dr. Davis said his committee was in possession of many facts that would be given to the Freeholder committee.

Dr. Rogers said that Camden County should take care of its indigent tuberculosis patients in a proper manner. He advocated an institution separate and apart from the county hospital, for, he said, if a patient is told that he must go to the almshouse he remains at home and refuses to go. So that the result is that the contagion is spread. He said it would be well to establish a place where the patients in moderate means could pay a nominal fee and where many could be treated without the necessity of paying \$25 a week as in a private sanatorium.

All the members heartily agreed with the proposition. Freeholder Wilkinson offered the motion referring the matter to the two committees and some definite action is anticipated at an early date.

Essex Public Welfare Committee.

At a meeting of the health department of the Public Welfare Committee of Essex County, held at the committee's rooms, 33 East Park street, November 17th, it was decided to continue to work to reduce infant mortality. Several sub-committees were appointed to share the duties. The chairman will be named later. Dr. Julius Levy presided.

Compulsory Vaccination Upheld.

The petition signed by upward of 400 Bloomfield residents, asking for the rescinding of a compulsory vaccination resolution passed at the request of the Board of Health by the Board of Education nine years ago, was tabled for further consideration at a meeting of the School Board, November 6th. Of the nine commissioners only one, Frank B. Stone, favored abolishing the compulsory rule.

The matter was presented by Rev. J. William Ryder, who has been most active in the fight against the mandatory vaccination order, and who argued for the change. In case of an epidemic of smallpox, he said, there would be reasonable grounds for keeping the resolution in force, but under present condition, he declared, it was working a hardship to children by entailing suffering and keeping them from their school work.

Dr. Jacob S. Wolfe, president of the Board of Health, stated that diseases were not transferred by vaccination, and taxed Mr. Ryder with having intimated such was the case. The clergyman did not deny having held out such views. The latter said, however, it was not the practice of vaccination, but making it compulsory, which was objected to at this time. Commissioner Broughton was of the opinion that no community should be subjected to danger from smallpox, or that the School Board

ought to take the risk just to save the inconvenience of the vaccinating process.

Duty of Conserving Public Health.

Outline of an address by Dr. Harvey W. Wiley, before the Cranford, N. J., Town Improvement Society, as reported in the Newark Evening News, November 13, 1911:

A national department of health, Dr. Wiley declared, established on the lines which have been followed recently in public discussions, was the logical way of giving government support to the conservation of public health.

"Every death to-day from preventable disease is either murder or suicide, chargeable to the State and those responsible for the conditions under which the disease was contracted," said the pure food expert in arguing that the State must be given absolute right to check disease.

"You who live in comfortable surroundings allow these pest spots to exist. You do nothing to change conditions. Sympathy won't do," the doctor said. "Demand the right kind of legislation to take care of the health and support those seeking remedial legislation.

"Don't blame the poor man for taking a glass of beer. These poor men work in dingy shops all day without pure air or sanitation. They return from this depressing atmosphere to their dark tenement rooms, where sunlight never is seen.

"Can you blame the man allowed by you to live in these pest holes for entering a saloon and seeking liquid sunshine in the shape of a glass of beer? If he could get sunshine in the real form he would not crave drink. Under the circumstances I have no criticism to make of the poor men, therefore, who drink beer.

"The way out is to depopulate the cities. Send them back to the farm, you say. I say no. The back-to-the-farm cry won't work while there is more money in Wall street. From a health standpoint the farm is not the place to-day. The average farm is the most insanitary and intolerable place to be found. The well furnishes contaminated water. There is no sewage system. The farmhouses cannot be properly ventilated because it is the custom to sleep in airtight rooms.

"You must educate the farmer in health matters before sending them back to the farm. The State must take this subject up, if progress is to be made. They are teaching the farmer how to make the animals healthy. The humans are neglected and suffering, and a high death rate in the country is the result."

Dr. Wiley related a story of a consumptive mother with a little babe who was told that to save her life and that of the infant they must go to the Adirondacks. The mother had no money and applied to the town, the county, the State and the nation, in turn, but the reply in each case was that no funds were available to restore health to a poor, sick mother and a babe. The mother died. The child became a charge upon the public at an expense probably as great as would have been the cost of saving this human life.

In the same town a few weeks later a hog belonging to a neighbor of that mother, Dr. Wiley said, contracted cholera. The owner reported the fact to the authorities, and instantly

town, State and nation were interested. Noted animal specialists were sent to the spot. Money was spent for antitoxins and the like, and the hog got well and the spread of the disease among the hogs was prevented.

"Now, the moral of this sort of procedure is just this: Be a hog," commented the bureau chief.

"Recently Secretary Wilson, of the Department of Agriculture, expended a half million dollars in stamping out a disease among cattle. He didn't ask anybody how much should be spent. He was not compelled to. When Congress convened the bill was presented and paid with praises for results obtained."

The speaker then advocated that the sanitary and health message be carried to the farm and that the government take as much interest in protecting the people from preventable diseases as it does in animals. He went on:

"Teach people how to keep well, not what to do when they get sick. Tuberculosis, typhoid fever and pneumonia are among the ills enumerated as kinds that could be checked and controlled as is smallpox. You trust the education of your children and the deliverance of your mails to the State, then why not your health? In this busy age the State can better take care of the health than the individual. Pure water, sewerage and prevention of the contamination of streams are first steps to be taken, not here and there, but everywhere, if we are to have a healthier nation."

Dr. Wiley added that much that he said might sound like socialistic doctrine. He added that he was not a Socialist and did not believe that he could give the right definition of "Socialist," but nevertheless he favored State control of railroads, express companies and public necessities in general.

"We have reached a point where the State must control the public health. This is more important than all the other national resources," the doctor said. "It would be better by far if more were taught the use of the stove and fewer the piano. There are mechanical means to furnish you with music now, but none to give you the right kind of food properly cooked."

In governing health the expert said the State must segregate the incurables and quarantine those afflicted with communicable and infectious diseases. In tuberculosis, he said, it would be better for the country if those afflicted were put off in boats and sent out upon the ocean where they would be isolated.

In connection with municipal sanitation Dr. Wiley said sewage disposal plants for houses where no public drainage was provided would be part of the health program. To plan health, the nation must develop a race of sanitary engineers. Panama before and after the reforms introduced by sanitary engineers was pointed out as proof of what might be done for this country, if a health portfolio was created in the President's Cabinet.

Dr. Wiley came to the defence of women and took a fling at Kipling's new poem declaring that "the female of the species is more deadly than the male." Turning to Miss Lakey, who had introduced the speaker as the greatest friend the American people ever had, the bureau head told of the fight by women for pure food and drugs.

A history of the outcome and the power wielded by women throughout the country was then related, together with an incident of how a Senator from Missouri who had bitterly attacked the proposed legislation had been swayed by his wife.

Dwelling on the influence of the pure food and drug law in other lines, Dr. Wiley said the act was being copied as a code of ethics in business. He named the crusade for pure paints, honest weights and measures and the sanitary handling of food stuffs as directly following that for pure food.

"Why the pure food campaign has reached horses," Dr. Wiley continued, and stopped to smile.

Applause broke out, for the audience at once recalled Dr. Wiley's investigation and expose of the pickled horse meat industry at Kearny.

"Yes, I know it has," the doctor continued. "It now figures in horse trades, and, of course, has been added since David Harum. A man had a horse to sell in one of your towns a few weeks ago. The prospective buyer tried the horse out and looked him over carefully, but couldn't discover anything wrong. He wanted to make sure, however, and for the twentieth time quizzed the owner if he was sure that there was something hidden, but known to him, that did not make the animal a perfect one.

"Well, I just saw a pure food inspector around here, and I don't want any trouble, so I'll confess that the horse has a little malformation on the inside of the hoof."

"When the pure food law affects a horse trade and makes them more honest, why it may be said that we are progressing.

"Yes, we are reaching out, and I have not the least doubt that some day we will reach the Pullman car," concluded Dr. Wiley.

Dr. Wiley Would Bar Absinthe.

Absinthe is an enemy, Dr. H. W. Wiley, of the federal chemistry bureau, has declared, which the Pure Food Board is going to fight until it is banished from the United States. It is a foe, he asserts, which as yet has not gripped the people of this country. "and we will try to keep it from getting any hold," he adds.

The board will try to prove that the drink is "dangerous to health," and as such, under the law, it can be kept out of the United States.

Dr. Rusby Insists on Standards.

Dr. Henry H. Rusby, pharmacognost to the Bureau of Chemistry, Washington, D. C., addressed the Wednesday Club of Newark at the Continental Hotel, November 15, 1911. Dr. William S. Disbrow, of Newark, presided.

Dr. Rusby first spoke of the monetary loss to the purchaser of adulterated foods and drugs. The teamster whose horse feed is twenty-five per cent. ground corn cob loses twenty-five per cent. of the money he spends on feed, the doctor maintained, as surely as if he tore up bank notes. The head of the family loses in the same way, he continued.

"Where is the pure food and drug law," you ask. Certainly, there is a federal law, and thanks to it, the importation of adulterated foodstuffs has ceased. But in New York State, with its millions of population, and with a pure food and drug law on its statutes, there was

appropriated last year just \$10,000 for its enforcement.

"Gentlemen, it isn't a question of money. With medicine, it is a question of life. When I caught a gentleman with some suspicious ipecac, I found just one-half of it was ground olive pits. If a mother feeds her baby ipecac for croup, and half of that ipecac is ground olive pit, that baby is going to die.

"Do we need standards? There are 7,000 grains in one pound. Seven grains of ipecac is the dose for one baby. Now this gentleman I have referred to would gain just fifty cents on the pound by his adulteration. That means 100 babies for every cent.

"Then the question of preservatives comes up. Benzoate, you ask? The most foolish thing done in a long while in this country was to start the 'investigation' of benzoate. By its nature benzoate is a preservative, and for that very reason is a serious hindrance to digestion.

"The one thing we haven't been able to do at Washington," continued Dr. Rusby, "is to obtain a standard. On that point we meet a frenzied resistance. Why, there was a party of individuals one who, without asking the government about it, went ahead and prepared a standardization of certain things. They presented them to the Secretary of Agriculture to print them, but the Secretary of Agriculture would not print them.

"God forbid that I criticize the white hairs of our esteemed Secretary, for he said it was the law that prevented the printing of them. And he was right. But if this Wednesday Club wants to really do something, see that in the next general appropriation bill there is a specific amount set aside for printing food and drug standards."

Dr. Rusby made in his closing sentence a reference to conditions in New Jersey.

"The whole thing comes down to this," said he. "If you don't care whether your State sends out pickled horse to other States and other countries, you mustn't care if another State sends you a like brand of stuff."

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, October, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending October 10, 1911, was 2,924. By age periods there were 744 deaths among infants under one year, 275 deaths of children over one year and under five years, and 720 deaths of persons aged sixty years and over.

The general death rate of the State continues low and the mortality from practically all communicable diseases is below the average. The number of deaths from tuberculosis of the lungs for the present month compared with the corresponding period for previous years is shown by the following figures:

Tuberculosis of lungs: October, 1909, 277; October, 1910, 301; October, 1911, 258.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month end-

ing October 10, 1911, compared with the average for the previous twelve months, the average in each case being given in parentheses:

Typhoid fever, 36 (32); measles, 5 (27); scarlet fever, 10 (19); whooping cough, 26 (34); diphtheria, 40 (58); malarial fever, 4 (2); tuberculosis of lungs, 258 (330); tuberculosis of other organs, 63 (50); cancer, 165 (157); diseases of nervous system, 318 (363); diseases of circulatory system, 314 (375); diseases of respiratory system (pneumonia and tuberculosis excepted), 126 (243); pneumonia, 100 (204); infantile diarrhoea, 366 (211); diseases of digestive system (infantile diarrhoea excepted), 211 (185); Bright's disease, 217 (232); suicide, 35 (36); all other diseases or causes of death, 630 (643); total, 2,924 (3,261).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis:
Specimens examined from suspected cases of diphtheria, 620; tuberculosis, 419; typhoid fever, 309; malaria, 26; miscellaneous specimens, 60; total, 1,434.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending October 31, 1911, 2,510 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following results:

Of the following articles all were found to be above standard: 4 of ice cream, 2 of lemon extract, 11 of molasses, 2 of cream of tartar. The following were found all samples below the standard: 2 beef carcasses; 1 of honey; 1 hog's carcass; 22 veal; 1,944 eggs, shell; 4 eggs, broken; 1 of pickled meat; 3 of vinegar spariib. Also below standard: 15 of 300 samples of milk; 3 of the 6 of butter; 3 of the 20 of cream; 1 of the 4 of olive oil; 2 of the 3 of spirits peppermint, and 2 of the 3 of tincture of iodine.

Twenty-five suits had been begun against parties whose samples were found below standard.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 210 dairy inspections were made, as following results, showing the number found to be 60 per cent. above and 60 per cent. below the perfect mark:

County.	Number inspected.	Above 60%.	Below 60%.
Bergen	11	1	10
Burlington	2	0	2
Camden	7	1	6
Middlesex	18	10	8
Morrmouth	13	3	10
Morris	19	12	7
Somerset	17	11	6
Sussex	42	23	19
Union	6	6	0
Warren	38	8	30
Cortland, N. Y.	32	19	13
Tompkins, N. Y.	5	1	4
	210	95	115

Number of dairies, first inspection..... 153
Number of dairies, reinspection..... 57
Number of milk depots inspected..... 1
Number of letters sent to dairymen..... 185
Inspections were made at the request of the

following local boards of health: Asbury Park, Bound Brook, Englewood, Haddonfield, Madison, Orange, Rahway, Ramsey, South Orange and Woodbridge.

CREAMERIES INSPECTED.

Baleville, Bridgeville, Franklin Park, Hampton, Monroe 2, Newark, New Brunswick, West End, N. J., and Gracie, N. Y. Total, 10.

ICE CREAM FACTORIES INSPECTED.

Asbury Park 6, Atlantic Highlands 3, Bound Brook, Bradley Beach, Collingswood 2, Dover 5, Gloucester 3, Guttenberg 2, Hackensack 5, Highland Beach, Hoboken 8, Irvington, Jersey City 4, Keyport, Madison, Montclair 6, Newark 16, New Brunswick 12, Orange, Union Hill 10, Washington 2, West Hoboken 6, West New York 4, Woodbury 2. Total, 103.

Number of creamery licenses recommended.. 1
Ice cream factory licenses recommended..... 16
Creamery licenses revoked..... 1
Letters sent to creamery and ice cream factory operators 72
Number of establishments in which unsanitary conditions were found and reported to the board for special action..... 7

During the month ending October 31, 1911, 144 inspections were made in 68 cities and towns, of which 25 were in Trenton, 18 in Newark and 10 in Jersey City.

The following articles were inspected during the month but no samples were taken:

Milk, 592; butter, 311; food, 547; drugs, 105.

Other inspections were made as follows:

Milk wagons, 230; milk depots, 44; grocery stores, 315; drug stores, 7; canning factories, 4; milk cans, 440; creameries, 2; confectionery stores, 3; bakeries, 2; cold storage plants, 38; meat markets, 6; provision houses, 11; slaughter houses, 24; meat investigations, 10.

Division of Sewerage and Water Supplies

Total number of samples analyzed in the laboratory, 198: Public water supplies, 85; private supplies, 53; sewage samples, 48; spring waters, 7; State institutions, 5.

INSPECTIONS.

Public water supplies inspected at Bound Brook, Burlington, Hightstown, Kenilworth, Long Branch, Maple Shade, Morris Plains (State Hospital), Raritan, Rumson.

Special inspections at Allendale, Alpine, Ampere, Avondale, Bedminster, Bloomsbury, Budd Lake, Camden, Cape May Point, Carlstadt, Como, Corsons Inlet, Egg Harbor City, Elberon, Elizabeth, Englishtown, Far Hills, Glen Rock, Gladstone, Hawthorne, Hibernia, Hoboken, Hohokus, Kenvil, Kingsland, Little Silver, Marlton, Midland Park, Milford, Montvale, Naughright, Navesink Beach, Norwood, Oradell, Peapack, Ridgewood, Summit, Totowa, Tuckahoe, Wortendyke.

Spring water supplies inspected at Flemington, Buchanan Spring; Pluckemin, Culm Rock Spring; Ridgefield Park, Pilgrim Spring; Springfield, Alpha Spring; Westfield, W. Edgar Reeve Spring.

Sewage disposal plants and systems were inspected at 30 towns. Number of pollutions reported, 90; number of pollutions abated, 30; plans for sewage systems, disposal plants and extensions approved, 8; plans for water supply plants approved, 3.

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CALCIUM SULPHIDE; ITS USE IN INFECTIOUS DISEASES; IS IT PROPHYLACTIC?*

BY JOHN E. PRATT, M. D.,
DUMONT, N. J.

In the title of my paper I am asking a question which I cannot myself conclusively answer. But I am propounding it because I firmly believe it is worthy of serious consideration.

Though I had seen an item here and there relating to the use of calcium sulphide in infectious diseases, going so far, indeed, as to claim for it the virtue of a prophylactic, I was not much impressed till I read an article in the *Medical Record*, issue of September 25, 1909, to which I shall refer later. Since that time I have made such clinical study as I could and sought from all sources the literature bearing upon the use of calcium sulphide.

The gleanings I have made have been scanty and it has been made evident that the profession as a whole knew as little about the drug as I did. A glance at the authorities I was able to find will show what a dearth of literature there is to be found through the ordinary channels.

To the Medical Society of the County of New York, April 24, 1882, was presented a report of a committee of the Therapeutical Society of New York on the use of calcium sulphide as an anti-suppurative. The report covered acne, furunculosis, anthrax, bubo, suppurative ophthalmia, otorrhea, tonsillitis, axillary and mammary abscess, suppurative sinus and diseased bone, with multiple abscesses about the knee joint. The conclusion of the report is as follows:

*Read at the 165th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 14 1911.

"Judging from a limited number of cases, it seems that we are warranted in concluding that in many cases of suppurative affections, ranging from pustules of acne to extensive suppurating surfaces an appreciable and often a marked benefit is derived from the use of calcium sulphide, suppuration which would otherwise have taken place being averted or the quantity and duration of existing discharge lessened."

Mortimer Wilson, in the *Therapeutic Gazette*, June 15, 1888, says:

"Calcium sulphide is either decomposed by the alkalis of the intestinal secretion and a portion of the H₂S absorbed by the blood vessels or it enters the blood as calcium sulphide and is decomposed by carbon dioxide while traversing the pulmonary capillaries, when the movement of CO₂ is most energetic. H₂S is eliminated mainly by the lungs, but also by the skin and glands. Its physiological action is due largely to its stimulating effect on the blood current, especially that of pelvic organs, the glands and glandular elements, all mucous membranes as well as skin.

"The power of calcium sulphide to modify suppurative processes first called attention to the drug. On many occasions its value was tested in checking or absorbing incipient abscess, and, thinking its anti-pyrogenic action might be employed when pus is formed in mucous membrane, it was prescribed as a remedy for leucorrhoea. Improvement was marked in a week and a cure resulted in two weeks."

Afterward Dr. Wilson employed the drug in more than 100 cases of leucorrhoea not dependent on ulceration. In no case did it fail to alleviate or cure completely. Dr. Wilson also speaks of cases in children characterized by enlarged tonsils and glands, hypertrophy in vault of the pharynx

and membrane over turbinates, and in adults with hypertrophic rhinitis, in which calcium sulphide was used with excellent success.

In the *Archives of Dermatology*, January, 1882, page 19, Dr. W. T. Alexander relates a few cases of acne made worse and furuncles formed, apparently by the use of calcium sulphide. This he attributes to idiosyncrasy or susceptibility to perverse action of the drug such as we meet with occasionally.

In the *Archives of Otolaryngology*, Vol. 12, page 122, Gorham Bacon writes:

"That calcium sulphide is one of the most valuable drugs we possess in the treatment of aural diseases, especially suppurative, I think no one will deny who has given the drug a fair trial. In otitis media, suppuration which had already commenced subsided, pus was prevented in many cases, pain often is relieved at once. Many cases of acute inflammation of middle and external ear, with no serious mastoid involvement believed to be due to calcium sulphide."

Dr. H. C. Wood dismisses the drug with five lines. Thus the scarcity of literature from sources whence we should expect to derive knowledge of drug action. It will be noted that none of the authorities quoted is later than 1888, and it is well known that the drug has fallen into disuse and disrepute in recent years.

Two reasons may be assigned for this decadence, viz: The trend of the profession toward therapeutic nihilism, and the unreliable character of the drug, which in certain conditions is unstable and inert. It has been left to a few humble clinicians who are therapeutic optimists and careful observers, who also have found calcium sulphide—in a dependable form, to furnish more accurate information and to secure by their use of the drug, if their observations and deductions are correct, some startling results.

The article in the *Medical Record* to which I have alluded, was contributed by Dr. Clarence D. Ussher, Van, Turkey, physician-in-charge, American Medical Mission and Hospital, under the title, "The Therapeutics of Calcium Sulphide in Relation to Surgery and Contagious Diseases."

Dr. Ussher writes: "A perusal of books on materia medica and therapeutics must impress one with the fewness of known positive remedies and the multiplicity of drugs of which we know little. Calcium Sulphide seems to be one of the drugs of

which leading authors know or believe little. To us in our isolated mission station it has proven of untold value. * * * The immediate basis for our observations is a hospital with fifty beds (where we have had more than seventy patients at a time), a dispensary with in- and out-patient departments, where we gave in 1907 more than 24,000 treatments, and made 1,207 visits in homes, and, in addition to these, we have had the medical care of orphanages with more than 500 boys and girls, as well as the oversight of schools, with about 1,000 scholars. * * * My own observations * * * persuade me that, at least in Van, and probably anywhere else:

"(1) Calcium sulphide will disinfect and bring about absorption of even large quantities of pus and will prevent pus formation.

"(2) Calcium sulphide appears to be a specific cure and anti-infectant as well as prophylactic in typhus exanthematoses, variously known as famine fever, prison fever and ship fever.

"(3) Calcium sulphide appears to be an efficient prophylactic for scarlet fever and distinctly modifies scarlet fever and measles.

"(4) It prevents pustulation, pitting and secondary fever in smallpox, very decidedly shortens the disease and appears to lessen, if not entirely destroy, the contagion and also to act as an efficient prophylactic in the absence of vaccination."

I cannot follow Dr. Ussher through his recital of suppurative cases, as otitis media, furunculosis, empyema, appendicular abscess, periosteal abscess and caries, and typhus, where it "seemed to be as near a specific as can be looked for."

I would like to quote more fully from what he writes about his treatment of scarlet fever:

"In the summer and fall of 1906 an unusually severe epidemic of scarlet fever swept over Van and its neighborhood. * * * The disease had been unknown in Van for twenty-three years, hence susceptibles were many and immunes few. We managed to keep it out of our orphanages and homes till October, when it began in a most virulent form, carrying off two of our oldest boys in thirty-six hours. Then our oldest daughter was taken sick and six or seven more boys. Then the calcium sulphide idea occurred to me and I ordered my pharmacist to make 3,000 pills and give to the boys, the larger boys or company leaders to be responsible for their compan-

ies of forty. Five companies remained free for three weeks, but the sixth company had case after case. * * * Investigation developed the fact that the company leader had refused to give his boys the pills. They were compelled to take them, and the epidemic stopped in that company. * * * Persistent calcium sulphide treatment all around stamped out the epidemic and greatly modified the disease in those who had it."

It is only within a few years that calcium sulphide could be obtained in a condition warranting its use at all times, or of sufficient purity to produce any remedial effects. Not only was the salt inferior in many cases, but the best specimens exposed to air became, by virtue of its attraction for oxygen, changed into different chemical compounds.

"The oxygen in a well-filled, tightly corked bottle of good calcium sulphide, in powder or tablets, is sufficient to render the top layer inert and occasional opening will in time spoil the remainder. Only when the strictly fresh sulphide is rightly made into a granule with an adequate protective covering can the full strength of this valuable remedy be retained."

Calcium sulphide should contain at least 60 per cent. monosulphide, but most of the samples procured in the shops analyzed much less. Several samples were recently tested with this result: The highest test of the powder was 9 per cent.; gelatin-coated pills, 13 per cent.; compressed tablets, 36 per cent.; tablet triturates, 30 per cent.; granules, 65 per cent.

It is not strange, then, in view of the extreme variability of the drug and the facility with which, on exposure, it combines with oxygen to form different chemical compounds, that it lost caste with both physician and druggist. Failure to get results after repeated experiments by careful clinicians seemed to prove clearly and explicitly that the virtue with which the salt had been accredited was a myth and that the effects claimed to have accrued from its use were mere coincidences.

Convinced by their own failure and the adverse reports of other observers that calcium sulphide had no legitimate standing as a therapeutic agent, physicians eliminated it from their materia medica and the druggist relegated it to the back shelf. So it came to pass that the text book references became more and more sparse and uncomplimentary.

But there was left a remnant who had not

bowed the knee to Baal, who, with courage born of conviction, determined to rescue what they believed to be a valuable medicinal agent from the ignominy and disrepute into which it had unjustly fallen, and they have reported from their bedside experience some interesting results.

Armed with a reliable product, those who have retained a working element of faith in its therapeutic activity, have waged a silent warfare against certain forms of disease, especially infections, and, lest this rose be condemned to

"* * * blush unseen

And waste its sweetness on the desert air," I am calling your attention to what I have come to regard as a valuable remedy.

Abbott, who has investigated calcium sulphide, concludes that it "is broken up into hydrogen sulphide, which is eliminated as such by the lungs and skin, while the sulphate appears in the urine. If taken into the stomach during the period of acid digestion the sulphide is decomposed there in part, setting free hydrogen sulphide and sulphurous acid. The active element, then, appears to be the nascent hydrogen sulphide liberated. Best results are obtained when the remedy is introduced into a stomach whose contents are alkaline, then it passes in its entirety into the blood stream and permeates every part."

Another investigator says: "My theory is that the sulphide is split and disorganized by the gastric juice, calcium chloride is formed, sulphureted hydrogen is given off, sulphurous acid, alone or in combination, is formed and absorbed into the blood, and this, together with the calcium chloride, is the immediate active agent in producing the beneficent effect."

I have learned by personal correspondence and from journals that many physicians are now using this drug; one employing it as a preventive of scarlet fever in 40 cases, only one contracting the disease; another in measles and scarlet fever, the temperature going to normal in two or three days.

Tissot found it effective in scarlet fever. In smallpox many have found it to "lower the fever, limit secondary suppuration, and in other ways temper the severity of this affection." Fontaine, in France, used the remedy in whooping cough with good results. "Shaller" has given it continuously for three or four weeks, always with marked reduction in the number and frequency of the paroxysms."

Coleman has saturated children, who were

not immune, with this drug and exposed them without infection in any case. Fontaine says that when calcium sulphide was administered to all the children in a certain neighborhood as a prophylactic during an epidemic of diphtheria, he was frequently called to see adults ill with that malady when the children in the house, taking the drug, were immune. The epidemics really ceased only when the use of this prophylactic had become general.

In a personal letter, Dr. Ernest F. Robinson, of Massachusetts, writes: "Personally I always use it (calcium sulphide) in my own family when there is danger of diseases like diphtheria, measles and the like. I have also used it a great deal as a preventive with other patients and families who were willing to take it. I have never seen a case of infection follow where it was used. This, of course, is merely negative testimony, but it certainly has been satisfactory."

The only child who has presented any complications during the two years of my employment of this drug in scarlet fever, was a boy who had the disease a week and his sister before him for two weeks without the cases being reported or a physician being called. This boy had otitis media, followed by mastoiditis.

While I may have said nothing which you do not already know better than I, nor have convinced you of the usefulness of calcium sulphide, I hope I have given its consideration an impetus, so that a remedy which, in the hands of some men, has proven to be of positive worth, may find its legitimate place in the armamentarium of the practitioner whose aim is to cure disease.

DISCUSSION.

DR. HENRY H. SHERK, Camden, opened the discussion of Dr. Pratt's paper. He said that chemically pure calcium sulphide is prepared by heating calcium sulphate in hydrogen, or by heating calcium oxide in hydrogen sulphide gas. It is white, has an odor of hydrogen sulphide when moist and is insoluble in water. It is phosphorescent in the dark and is not used either in the arts or in pharmacy. Its formula is CaS .

Hepar sulphur is calcareum of the homeopathic pharmacopœia and is made by taking equal parts of clean oyster shells and flowers of sulphur and keeping this mixture in a hermetically sealed crucible heated to a white heat for ten minutes. It is, therefore, an impure sulphide of calcium.

Calx sulphurata, U. S. P. and Br., is made by taking dried gypsum 70 parts, charcoal 10 parts and starch 2 parts, heated in a crucible until the contents have lost their blackness; it

is allowed to cool and then placed in small bottles. Professor Ringer claims for this preparation the power of arresting suppuration. It is found very useful in the treatment of boils, carbuncles, acne, so-called scrofulous sores, especially in the glands of the neck, hastening maturation and preventing the formation of fresh boils. Good results have been reported in the treatment of periostitis and alveolar abscesses.

Velemiski's solution for acne rosacea consists of the following: Calcis \mathfrak{ss} ., sulphur sublimata \mathfrak{ij} , aquæ f. \mathfrak{ss} x, glycerin \mathfrak{v} j. Dilute with 10 parts of water and apply locally.

Dr. Sherk added that the reason that good results are often not obtained from the use of calcium sulphide is that the preparation employed is impure. If it is made correctly and contains the amount of sulphur and calcium that it should, good results will be obtained. He had had some experience in treatment with this drug; and while he thought that he had obtained good results from its use, he was not prepared to swear to it.

DR. EDWARD B. ROGERS, of Collingswood, had used calcium sulphide pretty intelligently, he thought, and also in full doses of the very best preparation that he knew of (the granules), and it was his opinion that this treatment was without any result whatever. He had given the drug an honest trial of two years, and had failed to see any benefit from its use. Last winter, there was an epidemic of measles at Collingswood. Dr. Rogers made the diagnosis in a case of a little girl, and immediately isolated her from the other two children of the family, putting the latter on calcium sulphide. This was given intelligently and regularly; yet in exactly sixteen days, both these other children had measles. In them the disease was no less severe than in the other children. In another case in which he merely isolated the well children from others, they escape the disease entirely. The fact that measles is the most contagious of all the contagious diseases made a good one with which to make a trial of calcium sulphide. He did not think it prevents scarlet fever, because most children are not very susceptible to that disease. He had used the drug in whooping-cough, giving it to the limit, and had abandoned its use, employing other remedies. He did not, however, intend to stop trying it, because some friends of his said that they had been getting good results from its use.

In reply to a question from Dr. Pratt, Dr. Rogers stated that he had used calcium sulphide in doses of one-sixth of a grain every hour, or one-third of a grain every two hours.

DR. HORACE L. ROSE, of Camden, had also had some experience in the use of calcium sulphide. While many times he had obtained no results; yet he thought that in some cases he did obtain good results when he had used a good preparation. He thought that possibly failure to get good results was often due to impurity or deterioration of the drug. About a month ago a gentleman had come to his office with four or five boils on his hands. This was on Sunday. Dr. Rose gave him nothing but calcium sulphide. A week later the boils had healed.

Pain and swelling of the tip of the nose is often caused by an infection of the hair follicles in the vestibule.—*Amer. Jour. of Surgery.*

THE ESTIMATION OF THE FUNCTIONAL ACTIVITY OF THE KIDNEYS.*

JOHN C. TULL, M.D., L. R. C. P. & S. (Ed.)
ATLANTIC CITY, N. J.

Since the days of Bright the importance of the kidney as a seat of disease has certainly not been underestimated, so that there are many diseases, with urinary manifestations, in which it is difficult to keep the kidney out of one's mental picture, innocent though it be. As an excretory organ it is probably second only to the alimentary tract, being more important than the skin, breath and saliva. When better histological methods made it possible for us to better study the pathological anatomy of organs we began to look for definite pathological changes, always associated with definite clinical manifestations. In no organ has the discrepancy between clinical manifestations and pathological findings been more tantalizing. Two kidneys with almost identical clinical signs and symptoms show pathologically a widely different picture, and vice-versa, two kidneys, identical pathologically, are widely different clinically. And so we began to investigate the functional activity of the kidney. We began to believe that the mechanical and vital processes must go hand in hand, and that the daily performance of the kidney must be a combination of these forces. Moreover, it would seem likely that compensatory functional assistance of one portion of the organ to another takes place. Glomerular secretion and cellular secretion undoubtedly assist and compensate for one another and the history of a renal case is the sum total of successes and failures in such adaptations. So that, clinically speaking, it becomes of prime importance to be able to estimate just how the various parts of the kidneys are adapting themselves to each other, and how much work the whole combination is capable of performing. The more important does this become when we wish to estimate the functional power of each individual kidney.

The ideal functional test should conform to the following requirements:

1. It should indicate within narrow limits a constant amount of work performed by all normal kidneys under normal conditions.

2. It should indicate constant variations in function, independent of the histological appearance.

3. It should be capable of application with as simple technique as possible.

4. It must not exert functional calls or strain upon the kidney itself.

Of the various functional tests there are a few deserving of consideration.

1. Cryoscopy, or the estimation of the freezing point. So many factors influence this—diet, water intake, etc., that its estimation becomes of too variable a value.

2. The electrical conduction of the urine. This method determines the amount of the salts in the urine. But here, too, without an accurate knowledge of the water intake, diet, and the influence they exert, the information furnished may be quite misleading.

3. Methylene Blue. This test was introduced in 1897 by Achard and Castagne. It is usually given hypodermically, 15 minims of a 5 per cent. solution. The drug normally appears in the urine in about 15 minutes as a chromogen, the presence of which is demonstrated by boiling, after adding a little acetic acid. Later the dye appears as such in the urine. The drug may continue to be excreted for as long as six days in health. A quantitative estimation of the drug excreted is made by collecting a quantity of urine before administering the drug, after the administration of which the urine is collected for as long a time as desired, all the chromogen being converted into dye. Then by adding drop by drop of a solution of methylene blue of known strength to the urine previously collected, until it is of the same color as the urine excreted after the drug was given, a fairly accurate estimation can be obtained.

Methylene blue is painful when given subcutaneously, its appearance in the urine is slow, and the time of elimination is prolonged. The color of the dye is readily influenced by the color of the urine, and so does not easily lend itself to colorimetric estimation. For these and other reasons the test has lost its popularity.

Indigo-carmin was first used by Heidenhain in his investigations of the physiology of the kidneys. A .4 per cent. solution is used, and 20 cc. injected intramuscularly. The drug cannot be used in more concentrated form, or it will not go into solution. Normally after its injection the urine becomes tinged a greenish blue in ten to fifteen minutes, subsequently it becomes of a deep blue. Excretion is usually complete

*Read at the 145th annual meeting of the Medical Society of New Jersey, at Spring Lake, June 15, 1911.

in twenty-four hours, although variations exist. The drug does not easily lend itself to colorimetry and because of the necessity of large injections it has fallen into disuse.

The Phloridzin test was discovered by Von Mering. It depends on the peculiar property of phloridzin, by virtue of which it produces a glycosuria unaccompanied by hyperglycemia. Phloridzin is used to show the functional activity of the kidney from the standpoint of its glandular function, and therefore differs from all other tests. Five mg. are given hypodermically in an aqueous solution. Normally in twenty minutes sugar appears in the urine, reaching its maximum in one hour, and disappearing in two to three hours. Normally one to two grams are secreted during the test. In the presence of renal disease the sugar output is either entirely absent or delayed in appearance, slower in reaching a maximum, and the amount eliminated decreased. It has lost its popularity because it has been shown that occasionally normal individuals show no sugar after its administration—it is too sensitive to slight renal changes, and gives an exaggerated idea of the extent of the renal lesion and solutions of phloridzin rapidly deteriorate.

THE RENAL FUNCTION BY MEANS OF PHENOL-SULPHONEPHTHALEIN.

The subcutaneous and intramuscular injection of this drug has no irritant action, the untoward effects are none, and it appears in the urine within ten minutes. It is peculiarly adapted to colorimetric estimation.

The Technique—Twenty minutes before giving the dose the patient drinks an ordinary tumblerful of water to insure a free urinary secretion.

One cc. of a carefully prepared, non-irritant solution containing 6 mg. to 1 cc. is administered intramuscularly. The patient voids as frequently as possible, so that one may know when the drug begins to appear. At the end of two hours the whole quantity of urine is taken, and made up to 1,000 cc. and rendered alkaline by NaOH.

A standard solution containing 3 mg. to the litre and made alkaline by NaOH is kept.

For the ordinary practitioner, a practically accurate estimation can be made by taking two graduated tubes of equal calibre. The solution in the two tubes must be made of equal intensity of color by the addition of water to the darker tube. When the color is matched it is a simple problem to

estimate the relative intensity of color of the two tubes. For extremely accurate estimation the Dubosey colorimeter is used.

The importance of the test is inestimable, where one can catheterize the ureters and catch the urine from each kidney in a test tube, and thus estimate the function of each individual kidney.

The failure of the routine chemical and microscopical methods of examination of the urine together with the data obtained from the clinical study of the patient, often fail to reveal the true extent of the renal disorder. Albumin and casts may be absent from the urine in a case of severe renal disease, while they may be present when no serious involvement of the kidney itself exists, and where the kidney is simply suffering secondary to disturbances going on elsewhere in the body. The estimation of urea, chlorides, phosphates and total nitrogen does not help much, because the amount of these substances depends not only on the functional activity of the kidney, but upon the amount of these substances conveyed to the kidney for excretion.

The test is reliable—from day to day we can study the function of the kidney, we can tell exactly how much work each kidney is doing, when to operate and when to leave well alone. It is simple in its application, accurate in its results, easy of interpretation, without much discomfort to the patient and with no detriment to the kidney.

ACUTE SUPPURATIVE OTITIS MEDIA.*

BY GEORGE HAROLD WARD, M. D.,
INGLEWOOD, N. J.

Acute suppurative otitis media is the advanced stage of exudative otitis media. It results from repeated attacks of rhinitis, pharyngitis, tonsillitis, or the existence of abnormal tissue developments in nose or throat, especially adenoids with the resulting persistent congestion of the Eustachian tube and tympanum.

Every case should be regarded as bacterial in origin. The micro-organisms that have been found in pus from cases of acute suppurative otitis media and which have been considered as the cause of the condition are myriad. The most common are diplococcus, pneumonia, streptococcus pyogenes, staphylococcus pyogenes, bacillus pneumoniae (Friedlander), bacillus tubercu-

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losis, bacillus diphtheria, bacillus influenzae and pseudo-influenzae, bacillus pyogenes foetidus, and bacillus coli communis. The pneumococcus is found in pure culture most frequently, the streptococcus next and the staphylococcus third. The influenzae bacillus is responsible, no doubt, for more acute suppurative otitis media than it is given credit or rather discredit for, as it soon dies out, leaving a secondary invasion of a more vigorous microbe in its place.

The exanthematous diseases, especially scarlet fever and measles, are responsible for many cases. The entrance of bacteria from the external aural canal is not common unless a myringitis first sets in.

The mode of infection in the great majority of cases is through the Eustachian tube by direct extension, though in measles and scarlet fever the infection is likely a hematogenous form.

The time occupied in the spread of an infection from its source to the involvement of the entire middle ear may be very brief in severe infections. Within a few hours from the appearance of the earliest symptom the inflammation may travel from the pharyngeal end of the Eustachian tube to the cellular spaces in the mastoid process. We must remember that a middle ear condition implies more than the true tympanic cavity. Similarity of structure and susceptibility to the spread of disease from one part to another compels the consideration of the tympanum, the attic, the additius, and the mastoid antrum as one irregular cavity.

Subjective Symptoms—From the beginning until the intra-tympanic pressure is relieved by rupture or incision of the drum, pain is usually severe and constant. Febrile condition is almost always present, often reaching in children 104 degrees. There may be nausea, vomiting and in young children convulsions. An aural examination is necessary, I believe, in every case of febrile condition in a very young child and is not out of the way in older children, as pain is not always constant. We can all recall cases of children with temperature and general malaise where a diagnosis was postponed till something developed, that something proving to be a discharging ear or a post-auricular swelling.

Objective Symptoms—The otoscopic picture differs radically from that observed in middle ear catarrhs. As stated above, acute suppurative otitis media is a step further in infection from acute exudative otitis media, hence if an acute suppurative otitis media is seen early the otoscopic picture is the

same. The drum presents a dull flat appearance, the blood vessels of the malleus handle are strongly injected and the processus brevis outline is indistinct. As the inflammation continues and exudate is thrown out into the tympanum, the lining mucous membrane swells, the malleus handle is obliterated and finally the increasing pressure results in the drum bulging outward. This bulging is most usually seen in Schrapnell's membrane or the membrana flaccida as it is also called. Spontaneous rupture may occur in any part of the membrane, most commonly in the posterior segment and varies greatly in size.

Diagnosis—Usually there is little difficulty in diagnosing this condition. In infants and young children a purulent otitis may exist without attracting attention to the ears, and the drums in these cases are often only red and thickened, without bulging, though the handle of the malleus is not distinguishable. This condition is explained by the short and fairly patent Eustachian tubes allowing the pus to be evacuated into the naso-pharynx.

Pain in the ear generally means otitis media or furuncle. Inspection of the canal and tympanic membrane will settle any doubt.

Prognosis—In recent years the prognosis of acute suppurative otitis media, including all its complications, has improved greatly. A realization of the seriousness of the condition has led to its earlier recognition and more persistent treatment, while the advances in aural surgery have given to mastoiditis a very favorable prognosis, and to sinus and jugular thrombosis, formerly universally fatal, a fair prognosis.

Treatment—From the moment that a purulent inflammation is discovered, the whole treatment hinges on free drainage for the excretions and on making the tympanum and conjoining parts sterile. If seen in the early stages, attempts to abort the condition are feasible. Hot normal saline irrigations every two to three hours, using at least one quart, of a temperature of less than 110 degrees and little or no pressure, is the first step. Patient should be kept in bed, on a light diet, and small doses of calomel given, followed by a saline. With older children and adults I have used the following local treatment with success in many cases: Saturate a long pellet of absorbent cotton with 1-5000 adrenalin chloride, add a few drops of 2 per cent. solution of cocaine, squeeze fairly dry and insert by means of a curved tip applicator

along the floor of the nose to the naso-pharynx, pressing upward and outward to pharyngeal opening of Eustachian tube. Examine naso-pharynx with mirror to see if cotton is in apposition and then leave in situ for five minutes. This procedure will often open the tube sufficient to drain the tympanum, and, taken in conjunction with heat, may produce resolution.

Baer's treatment has been tried and abandoned.

The nasal and naso-pharyngeal cavities should be cleansed frequently with warm saline solutions, weak Dobell's solution or alkalol answering the purpose well.

If the process continues in spite of the attempt to abort, bulging of the drum results and a paracentesis is indicated. In infants and young children the efforts to abort should be limited and I believe in these cases a paracentesis is indicated where high temperature and a discolored drum are present, without waiting for bulging.

Paracentesis—Preparation of patient: The external ear and aural canal should be thoroughly cleansed, wiping the canal cut finally with absolute alcohol.

Anaesthetic—In infants, chloroform or wrap baby in sheet and hold head firmly. With children and nervous women nitrous oxide; other cases require no anæsthesia, or application for five minutes to drum of few drops of the following: Cocaine hydrochl. gr. 20; carbolic acid crystals ʒj, and gum camphor ʒi.

Instruments—A paracentesis knife, sharp, with a fine point and slightly curved blade. A bayonet handle is the best, as it gives the operating hand free play without obstructing the view.

Incision—Views differ. If the bulging of drum is pronounced make incision through point of selection. Otherwise make incision through posterior inferior quadrant of drum close to annulus and extending from below upward. Many prefer to extend incision from above downward. To my mind there is little difference, but the jugular bulb is under the thin curved floor of the tympanic cavity and in young children might be injured especially as a dehiscence of the bone may exist; this accident has been reported at least four times. Again in cases seen late, by making the incision upward, one is enabled to extend the incision outward into the canal wall, causing a free flow of blood and consequent depletion of the part. I have had universally good results with this practise notwithstanding the criticisms of many for

cutting the canal wall with a knife just out of a pussy middle ear, as well as making an incision in an otherwise normal canal for pus to flow over.

Dangers of Paracentesis—Injury to incubo-stapedius joint fracturing the arms of stapes or tearing away from the oval window with resulting labyrinthitis, meningitis and death. Injury to the jugular bulb, mentioned above, and rarely injury to the carotid artery.

The effect of paracentesis is to produce the best possible drainage to the middle ear and its advantages over a spontaneous rupture are clear. It is the most favorable position for drainage and permits free evacuation of excretion with the least possible injury to the drum tissue and it usually heals with primary healing. Spontaneous rupture, on the contrary, is attained by a weakening of a considerable area of drum membrane and after suppuration ceases, closure, if it occurs, is produced by the formation of scar tissue of considerable extent. Again spontaneous rupture is often insufficient for drainage and has to be supplemented by paracentesis.

After opening of the drum, the cleansing of the tympanic cavity occupies the attention. There are two methods in vogue, the dry and the flushing. The dry method consists of placing wicks of sterile gauze in the aural canal, the inner end being placed in apposition to the perforation. These wicks are removed as often as they become saturated, the canal being carefully wiped dry and a fresh wick introduced. This method is ideal but requires expert attention on the part of the nurse, and is not always practicable. I had a case in May last where the wicks required changing every fifteen minutes for over forty-eight hours. This amount of excretion is, however, unusual.

A second method which might be classed as a dry method is of recent use, namely the use of the lacto-bacillus in suspension (Schieffelin & Co., Massol). Here the canal is wiped dry and a wick of gauze saturated with massol inserted and left till a fresh one is inserted. I have had good results in six chronic cases with this method, though I have had no experience with it in acute cases.

The flushing method is the cleansing of the canal by irrigation. The method I usually employ is irrigating the canal every two hours with hot normal saline or weak solution of bichloride, using at least a quart of water for each irrigation and using no tip to douche bag unless cleansing is

difficult, when a Fowler irrigator is used. After irrigating, the canal is dried and a wick of sterile gauze is inserted till time for next irrigation.

In cases where the drum opening tends to close in with fibrin and heal before resolution is complete, the use of mild suction through the otoscope will often remove the obstruction and keep the incision free.

The local application of such drugs as argyrol, if of any service, is indicated when the acute stage is past, as is also the internal use of urotropin. The advantages of yeast internally is doubtful.

The connection of the laboratory to acute suppurative otitis media cases is very close. A bacterial examination should be made in every ear case both by means of smears and culture media. The smears give immediate information, while the culture corroborates as the culture is undoubtedly more reliable. At the same time we have the material for an autogenous vaccine should this therapy be decided upon.

Again, repeated blood examinations should be made, at least every second day, in severe infections and by following the leucocytic curve and the polynuclear curve a direct inference as to the daily resistance of the patient can be made.

Finally blood culture is of particular aid in complications of otitis media owing to the frequency of bacteræmia. The researches of Libman on Greunning's service at Mt. Sinai deserve especial praise on account of the careful technique employed though his claim of the invariable absence of bacteræmia in otitis media with mastoid complications and without sinus thrombosis, has still, to my mind, to be proven.

INTERNAL DISEASES OF THE EYE*

BY ELIAS J. MARSH, M. D.,
PATERSON, N. J.

It will be recognized at once that the subject of Internal Diseases of the Eye is far too great to be treated, even superficially, within the limits of a paper such as this; in fact, many of the individual diseases could be only meagerly treated within the time allowed me, and it would be difficult in that period to do more than name all of the various pathological conditions which have been described as existing within the visual apparatus. Nor would a

full description of these conditions be likely to interest many members of this society if it could be given. I shall, therefore, confine myself to directing your attention to such manifestations as may from time to time in the course of general medical practice give evidence of disease of those parts of the visual apparatus not visible to ordinary inspection, and, as far as time permits, of the relation of these disorders to disease of the general system or of more remote organs.

Before going further, however, I wish to impress upon the gentlemen present the advantage to the general practitioner of ability to use the ophthalmoscope. The instrument is not expensive, a fairly good one being obtainable for three or four dollars, and a little practice will give any one sufficient skill for ordinary use. Ophthalmoscopy, with retinoscopy and simple functional tests of the eye will clear up many otherwise puzzling cases which come to the physician's office, or, if they do not enable him actually to settle the diagnosis, will at least show what cases may properly be referred to the ophthalmologist. Right here let me mention a case, which recently came to my notice, of a young woman who consulted her physician for diminution of vision, to be told by him that it was due to nervousness and would soon disappear. As it did not, she went of her own accord to an ophthalmologist, who discovered acute chorio-retinitis. Had the physician first consulted had and used an ophthalmoscope, though he might not have been able to make an exact diagnosis, prompt reference to one more skilled than himself would have saved him from an error humiliating to him and harmful to him in both reputation and pocket.

In this connection I want to ask you, for your own sakes and for your patients, not to lose valuable time in the expectant or experimental treatment of diseases of the visual apparatus unless you are sure of your diagnosis and of the line of treatment you are pursuing. No one is a stronger advocate than I of encouraging the general practitioner or family physician to treat his patients himself rather than to send them needlessly to a specialist, but this only when he is sure of his diagnosis and of what he is doing for the cure of the disorder. And in diseases of the eye, more than in those of most other parts of the body, delay often proves fatal. To be sure, it sometimes happens that the expert ophthalmologist is himself unable to make

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a diagnosis at once and may have also to pursue an expectant course, but he is much more likely to know than one inexperienced in such matters, and besides the latter, having done the best he can, has relieved himself of any responsibility which might otherwise attach to him. Especially let me urge you not to use atropine or other active drug in the eye unless you know clearly the indication and the conditions in which you are using it. Irretrievable injury may be and sometimes is done by the instillation of atropine on general principles in the face of unrecognized contraindications.

To come now to the symptoms which should direct attention to the internal diseases of the visual system, by which I mean those behind the iris, and so not visible to ordinary inspection. The chief of these symptoms are pain and loss of vision. Pain in the eyeball may be due to errors of refraction and accommodation, though these conditions more often produce pain around the eyeball than in it. Pain may be due to iritis or iridocyclitis, which will not be considered here. Aside from these conditions, it is due almost invariably to acute purulent infection of the eyeball or to an increase of intra-ocular pressure, the latter in turn resulting either from an intra-ocular tumor or from glaucoma. Infection follows a perforating wound of the eyeball which carries infectious matter into the vitreous, and the diagnosis may usually be made from this history together with the inflamed appearance of the eye and the cloudy or smoky appearance of the vitreous as seen by the ophthalmoscope. Increase of intra-ocular tension, unless marked, is less easy of diagnosis by the inexperienced; with practice it may be recognized by pressure with the balls of the two forefingers on the globe, much in the manner of testing for fluctuation, or more accurately by an instrument designed for the purpose called the tonometer; this is not likely to be in possession of the general practitioner. Intra-ocular tumor can usually be diagnosed only after a thorough and expert examination. Glaucoma is usually more easily recognized, except in chronic cases, where it may be difficult; but here the deep cupping of the optic disc seen by the ophthalmoscope makes the diagnosis for us. Acute glaucoma is accompanied by injection of the conjunctiva and often by a hazy or "steamy" cornea, which may, by the inexperienced, be mistaken for kerato-iritis. It is especially in these cases that the mistaken use of atropine may cause

loss of the eye. Such cases are ushered in by severe headache, often nausea and vomiting, dimness of vision which may be accompanied by a colored halo or rainbow rings around objects seen. Immediate operation is indicated.

Loss of vision may be partial or total, and it may be sudden or gradual. Partial loss of vision may consist of a general dimness over the whole visual field, or it may be in the form of more or less complete blindness in parts of the field, the remaining portions being unaffected. All of these conditions may result from disease in any part of the visual apparatus from the cornea back to the optic tract, and may be due entirely to local causes in the part affected, or to general systemic intoxication, infective or metabolic. Any history of loss of vision, therefore, should receive serious consideration, and an examination should be instituted which will reveal its cause, as this cause, though it may be important only for its immediate effects, may, on the other hand, seriously threaten the very life of the patient.

The first structure that we meet, in order, behind the iris is the lens. Diminution of vision is caused by opacities of the lens or its capsule, commonly called cataracts. These are of various kinds, and are due to various causes which, for lack of time, will not be considered here; it should be remembered that nuclear cataracts are progressive in their course, although with very great variation in their rapidity in different cases, while the polar cataracts do not change. Cataracts are recognized by the ophthalmoscope, and in the more mature stages by oblique focal illumination of the pupil or finally by simple inspection. In traumatic cataract, with perforation, the nuclear matter may protrude through pupil into the anterior chamber. The treatment is operative. Beside opacities of the lens, visual disturbance results from complete or partial luxation of the lens or absence of the lens (aphakia) due either to absorption or to extraction. Subluxation may sometimes be diagnosed by finding the margin of the lens across the pupil; absence of the lens is recognized by tremulousness of the iris on movement of the eyeball, and by an optical test which depends on the reflection of a candle flame from its anterior and posterior surfaces as well as from the cornea. Aphakia requires no treatment save correction of the resulting refractive error by proper glasses. Luxation of the lens requires careful and skilled

observation, that operative interference may follow as soon as it becomes necessary.

Opacity of the vitreous is of two sorts: that arising within the vitreous itself, and that arising from changes in the neighboring structures, the retina, choroid and ciliary body. The first is due practically always to purulent infection from a penetrating wound; it may result by extension from a purulent cyclitis or choroiditis. In either case the result is almost invariably pan-ophthalmitis and destruction of the eye. Opacities in the vitreous resulting from inflammatory exudates or hemorrhages in adjacent structures vary from large masses of blood to very fine particles, few or many in number, floating free or partly free in the vitreous. The functional disturbance varies with the pathological condition from total blindness to the occasional appearance of floating spots in the visual field, and the ophthalmoscopic picture from complete loss of the fundus reflex to the occasional appearance of a dark or colored object detected with difficulty as it floats through the vitreous humor. The opaque substances are either the remains of extravasations from the retinal vessels or exudates resulting from retinitis, choroiditis, or cyclitis. In themselves they have no importance save as they may cause the patient annoyance by crossing his visual field. If the condition producing them subsides they may be gradually absorbed, the process being aided by the administration of potassium iodide.

It is impossible in the time allowed me to do more than mention the various forms of disease of the retina, choroid and optic nerve, and simple enumeration without description would be of little value and will be omitted. Suffice it to say that in any case of visual disturbance ophthalmoscopic examination is indicated, and any variation from normal in the fundus should lead to examination by a person competent to make an accurate diagnosis, and also to a thorough inquiry into the question of syphilis, rheumatism, tuberculosis, acute infections, tobacco, alcohol and occupational exposure to chemical poisons, as well as examination of the urine. The family physician is often in a position to find out more easily than the consultant to whom the case is referred the history of the patient in these matters, and consequently should make every effort to do so, and should transmit a report of his findings to the ophthalmologist for his information and guidance.

Behind the eyeball itself, we may have disease of the optic nerves, the optic tracts, and the visual centre of the brain. Into the different forms of these troubles it is impossible to enter now. I wish only to direct your attention to the fact that they may be entirely unmarked by any change in the ophthalmoscopic picture. It is also to be noted that disease of the optic nerve is shown only in the vision of the eye involved, both nerves being rarely affected in the same degree at the same time, while disease of the optic tract affects one-half, and always the same half, right or left, of the visual field in each eye, while disease of the visual cortex involves the power of sight as a whole, and so affects both eyes equally and evenly.

Neuritis may be marked ophthalmoscopically by congestion and œdema of the disc, but it may be of the retro-bulbar variety which gives no ophthalmoscopic picture till the stage of atrophy is reached. It is, however, always marked by diminution of visual acuity, which may not be proportional to the severity of the pathological process, and by an absolute or relative central scotoma, *i. e.*, a spot of lessened or lost central vision. It is on this symptom that the diagnosis of retro-bulbar neuritis is based. The causes are the same as that of neuritis elsewhere, syphilis, alcohol, nicotine, lead, arsenic and bacterial toxins, especially meningitis, diphtheria, influenza and typhoid, and the treatment corresponding.

Interference with vision unaccompanied by pathological tissue change may be seen in toxic amblyopia, hysterical amblyopia, and amblyopia exanopsia. The first of these is due to a chronic intoxication, most commonly nicotine, which has not yet arrived at the stage of pathological change; it is usually marked by a central color scotoma. Hysterical amblyopia, on the other hand, is marked by a concentric contraction of the visual field with reversal of the color field, *i. e.*, the field for green is larger than that for red, instead of the normal. The diminution of vision may be slight or marked and may be unilateral or bilateral. The "telescopic vision" resulting from the contracted fields in this condition is differentiated from that occurring in embolism of the central artery of the retina by the ophthalmoscopic appearance of the latter, and by the fact that the patients never suffer practically from their loss of peripheral vision by running into various objects, as is the case in embolism. Amblyopia ex anopsia results from long-continued suppression of the vis-

nal image in one eye, as is often seen in old cases of squint. It may continue after the squint has been corrected, and is then only diagnosed by the history.

General diseases in the discovery or diagnosis of which the ophthalmoscope may aid are endarteritis, disorders of the blood and circulation, organic brain disease, nephritis, diabetes, leukæmia, and certain chronic intoxications. *Ecchinococci* have also been found in the fundus oculi.

In conclusion I wish to say that in the brief time at my disposal it has been impossible to do more than touch upon a very large subject, and that consequently the statements made in this paper are all general in their nature and most, if not all, of them subject to exceptions; next, to repeat what I said about the value of the ophthalmoscope to the general practitioner and to urge every man engaged in practicing medicine to provide himself with this instrument and with Snellen and Jæger test cards, but not to attempt to treat diseases of the eye unless he is sure of the diagnosis, and, finally, to thank you for the courtesy which you have extended to me this evening.

HENOCH'S PURPURA.*

BY GUSTAV F. BOEHME, JR., M. D.
NEW YORK CITY.

The multiplicity and multiformity of the manifestations of rheumatism make that disease one which is regarded with great interest. We are all familiar with the cardiac affections, the cerebral and the nervous, the renal and the metabolic changes. In this paper it is the object to present a rather rare condition said to be of rheumatic origin.

Henoch's purpura was first studied by Henoch in 1868 and later reported by him as a symptom complex in 1874. Since that time cases have been from time to time reported. Yet of so little interest has the disease been considered that Osler merely mentions it in a passing note, Anders speaks of it briefly, while Strumpel ignores it completely. Two text books consider it at some length, Albutt's System of Medicine and the latest edition of Pfaundler and Schlossman on "The Diseases of Children."

The disease is classified among the Arthritic Purpuras, to which class also belong

(1) *Peliosus Rheumatica* (Schonlein's Disease) and (2) *Purpura Hemorrhagica* (*Morbus Werlhofii*).

Etiology—The etiology of this disease is not understood. Mackenzie, in Albutt's System, points to two causes as possible, namely, some loss of adrenal function or some neurotic influence. Most authorities declare it to be of rheumatic origin, but that would seem to be begging the question, as the etiologic factor of that condition is far from clear.

Pathology—Of the pathology but little can be found. Apparently no pathological studies have been undertaken.

Symptomatology—The disease occurs most commonly in children and young adults and is characterized by repeated attacks. The patient is seized by what seems to be a rheumatic attack, with intense poly-articular pains. With this there are dyspeptic manifestations and obstinate vomiting. There then develop bloody extravasations about the affected joints. The abdomen is painful, especially in the region of the transverse colon. Fever is present, rarely exceeding 101 degrees. As the disease progresses there develop gastric and rectal hemorrhages and the patient is much prostrated. Usually the process subsides and the patient recovers. In some instances death occurs, as in one of Osler's cases which succumbed to "Acute Hemorrhagic Nephritis," as did the case about to be described.

Prognosis—Is usually favorable, but must be made guardedly "on account of the grave condition and impending danger of nephritis," to quote Hecker, of Munich.

Treatment—This must vary according to the viewpoint taken. If the disease be considered due to adrenal insufficiency, then the only logical course of therapy would be the administration of adrenalin. If, on the contrary, the condition is of rheumatic origin with a specific localization of the virus in the intestine, anti-rheumatic treatment would seem indicated.

In our case the attitude was assumed that Henoch's Purpura was probably due to the causative factor of rheumatism, which, acting on the adrenal gland, had caused an adrenal insufficiency and therapy was, therefore, directed to correct both the rheumatic virus as well as to correct the lack of adrenal secretion. The clotting of the blood was assisted by the use of calcium chloride.

REPORT OF CASE.

The case presents a physical sign which, to my knowledge, has not been previously described, and pathological findings which

*Read before the Staff of the Jersey City Hospital, July 17, 1911.

seem to point to a causative agent. The case ran a typical course for one week, when jaundice developed, first appearing in the sclera and in a few days rapidly spreading over the entire body surface. Throughout the illness the ecchymotic areas were for the most part confined to the extensor surfaces, more particularly accentuated over the interphalangeal and metacarpophalangeal regions of the hands, the dorsum of the feet and the extensor surfaces of the elbows. The areas were symmetrically distributed. The following is the case in detail:

Family History—Father alive and subject to attacks of rheumatism. Mother alive and has been operated upon three or four times for some pelvic condition. Had four brothers and five sisters. One brother died from what is described as "sores all over his body." No hemorrhagic diathesis in the family. No history of nervous or mental disease, tuberculosis, alcoholism, gout, diabetes, cancer or cardiac disease in the family.

Previous History—Social status: Born in 1894, the son of a soap maker. He went to school from his fifth to his fourteenth year, when he went to work as an errand boy. Since that time has worked successively in butcher shops, drug stores, as an elevator boy and telephone operator.

Habits: Slept well; ate his meals regularly, but always had a poor appetite. His bowels were always constipated, but since the onset of the disease has had a diarrhoea. No urinary complaints. Never drank any alcoholic beverages. Drank three cups of coffee daily. Never smoked. Never had any night sweats or any loss of weight.

Venereal: Had a urethral discharge 3-4 weeks before admission, which he says ceases for a few days and then recurs. No chancre or any history of the secondary manifestations of lues.

Previous Medical History—Childhood: Had measles and chickenpox. Also suffered from skin eruptions and gastric disturbances of various kinds. No rheumatic attacks, tonsillitis or growing pains.

Later: When twelve years old a rash developed which began on the arms and spread to the face, forehead, scrotum and penis. It itched excessively. Since the first attack there is a recurrence every winter. It is associated with no other complaints except a sense of depression and lassitude.

Previous Surgical History—When eleven years old dislocated both patellæ in a jump, was treated and the condition cured. Had

"appendicitis" at fifteen years, which was frozen out. Has had no complaints since.

Present Illness—A pain developed in the lumbar region four days before admission, at first dull, gradually becoming worse, being associated with stiffness and great weakness. He came to the hospital January 23, 1911. The pain grew worse and there developed vomiting, violent colicky pains in the abdomen and a diarrhoea, which was fluid and often hemorrhagic. There was also epistaxis. The next night there developed petechial and ecchymotic spots over the extensor surfaces of the arms and legs and later on the alæ of the nose and on the lips.

Summary of the Symptomatology—At the time of the history the patient presented the following symptom complex: (1) Intense poly-articular pains limited chiefly to the large joints; (2) intense colicky pains in the abdomen; (3) severe vomiting, often containing blood; (4) epistaxis; (5) diarrhoea, fluid and showing occult and visible blood at varying times; (6) Petechial and ecchymotic spots over the extensor surfaces of the hands, feet, on the alæ of the nose and on the lips.

Physical Examination on Admission—General appearance: Moderately well-developed; weight 135 pounds. Head: Brachycephalic, forehead receding, hair brown, dry and abundant. Facies: Drawn; papular rash over face and ears. Eyes: Conjunctivæ of good color; pupils normal, equal and regular; no nystagmus or ocular palsies. Hearing: Good. Tongue: Slight white coat. Teeth: Well preserved. Buccal cavity: No patches; no injection of the pharynx or tonsils. Neck: No abnormal pulsations, no goitre; no particular attitude or difficulty in moving neck. No hyperæsthesia, no glandular involvement.

Upper extremities: Papular discrete rash on extensor surface of forearm and hands. Metacarpo-phalangeal and inter-phalangeal joints were red, tender and swollen and hot. Movements limited by pain. Wrists and elbows similarly involved. No petechiæ. No epitrochlear or axillary glands palpable. Lower extremity: Joints presented similar appearance to those of upper extremities, the knees being particularly involved. Knee jerks slightly exaggerated.

Heart: Normal. Lungs: No abnormalities. Abdomen: Scaphoid; no visible pulsations or visible masses. No eruptions. Abdominal wall tense; gurgling throughout abdomen; painful area in region of trans-

verse colon. Spleen, liver and kidneys: Impalpable.

Temperature 100, respiration 24, pulse 72. On the date of admission, therefore, the patient presented what was felt to be acute articular rheumatism. As stated previously, about 48 hours after admission intense colicky abdominal pains began and petechiæ appeared over body as described.

Pathological Findings—Urine: Brown in two layers; the upper dark brown and fluid; the lower light brown and solid. Specific gravity, 1.032. Reaction acid. Sugar absent; albumen abundant.

Microscopical Examination: Showed few squamous epithelial cells, few W. B. C. and abundant R. B. C.

Bacteriological Examination: Showed streptococci in long chains abundant; few staphylococci.

Blood: R. B. C. 4,856,000. Hæmoglobin 70 per cent. No anisocytosis. No poikilocytosis. W. B. C. 9,000.

Differential: Polynuclear neutrophils 78.0 per cent. Lymphocytes 17.8 per cent. Large mononuclears 4.0 per cent. Transitionals, .2 per cent.

Blood-platelets: Field shows marked increase in number.

Clotting time, 4 min. Clot does not retract.

Blood culture: Streptococci not isolated.

Widal: Negative.

Feces: Fluid, chocolate-colored, streaked with bright red; odor acrid; reaction alkaline. Microscopically showed red blood cells abundant, white blood cells few, a moderate number of columnar and degenerated epithelial cells; abundant mucus.

Bacteriological examination showed streptococci in long chains abundant, with an abundant number of staphylococci and bacilli coli. Examination for the typhoid organism was negative.

The initial diagnosis being acute articular rheumatism, sodium salicylate in 20-grain doses, with 40 grains of sodium bicarbonate, was given every four hours, according to Lee's method. The pain did not appear to be much relieved, so codeine sulphate gr. $\frac{1}{4}$ was given with the above the next day. On January 25, forty-eight hours after admission, the petechiæ appeared and the colicky pains developed. The diagnosis Henoch's Purpura was then made and calcium chloride (1-1000 sol.) 10 minims was given every four hours, cracked ice *ad lib.* being allowed. Hematemesis and severe rectal hemorrhages then appeared and enemæ containing $\frac{1}{4}$ ounce of adrenalin chloride to the pint of

normal saline were administered every six hours. His condition improved for a while, the hemorrhages from the stomach and mouth ceased and the ecchymotic areas gradually subsided. On February 2, however, his temperature rose to 105 degrees. Acute hemorrhagic nephritis and violent colicky abdominal pains set in. The patient again began to vomit blood. So intense was his pain that it required $\frac{3}{4}$ grain of morphine sulphate by hypodermic every two hours to control it. The patient gradually weakened and on February 8 expired.

The points to which attention might be directed and which seem to have direct bearing on the case are:

1. The jaundice, never to my knowledge previously described as accompanying this condition, and perhaps accounting to some degree for the marked degree of hemorrhage present.

2. The isolation in abundance of long chains of streptococci from the urine and feces.

3. The abundance of blood platelets.

4. The fact that calcium chloride was given and apparently for a time checked the condition.

No conclusion can, of course, be drawn from one case, yet the probability of a streptococcus septicæmia must be borne in mind, as occasioning all the above symptoms and perhaps indicating the etiologic factor in Henoch's Purpura.

Another factor which seems to me of particular interest is the abundance of blood platelets. This is in accordance with the observations of Hayem and later of Duke (J. A. M. A., Oct. 1, 1910), who found in certain hemorrhagic conditions, acute and chronic ulcerative colitis and nephritis, that, with the tendency to bleeding, the blood platelets were reduced.

He, however, goes on and says that these types of hemorrhage can "be sharply differentiated from other types of disease, such as *malæna neonatorum*, hemophilia, purpura simplex, Henoch's purpura, etc." In other words, he declares that these conditions are not accompanied by a reduction in the number of blood platelets, but rather there exists an increase in the number of these elements in the blood.

And here clinical findings lead to a train of reasoning which, while drawn from only one case, may nevertheless lead to some understanding of the conditions present.

The phenomenon of clotting is described somewhat as follows (Kirke's Physiology):

"In the plasma a proteid substance exists,

called Fibrinogen. From the colorless corpuscles a nucleo-proteid is shed, called Prothrombin. By the action of calcium salts prothrombin is converted into fibrin ferment or thrombin, which acts on the fibrinogen in such a way that two new substances are formed. One of these is unimportant, viz.: a glogulin which remains in solution. The other is important, namely, fibrin, which entangles the corpuscles and so forms the clot."

In the case in question there exists apparently a streptococcic infection. This has evidently had a chemotactic action upon the blood platelets, the source of the prothrombin. In other words, an attempt is being made by the hemopoietic system to send out a blood clotting ferment. Hemorrhage does not cease, however, until the calcium is given for some time, when spontaneous clotting occurs. Would it, therefore, seem unreasonable to conceive of the following bio-chemical condition present in the disease? Without the calcium present in the blood the blood-platelets cannot liberate the thrombin from the prothrombin and hence clotting cannot occur. On the addition of this salt, however, the normal physiological conditions are restored and the normal process of clotting occurs.

This is merely offered as a possible explanation of conditions present. One case with its findings can hardly be grounds enough on which to base a hypothesis, yet the conditions is so rare that we feel justified in attempting to add a new viewpoint.

CAUSES OF POST-OPERATIVE COMPLICATIONS AND EARLY VOLUNTARY MUSCULAR MOVEMENTS WITH AVOIDANCE OF THE USUAL CONFINEMENT TO BED AS A MEANS OF COMBATING THEM.*

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The customs necessitated by operative procedures in days preceding aseptic surgery and carried out by the pioneers in early modern surgical work still have a marked influence in many spheres upon the operator. Not only is conservatism in progress the rule among us, but through lack of proper facilities for experimentation and time for thoughtful consideration of the ever

broadening and rapidly changing problems in our profession, many there are who have found it advisable to continue with methods that have stood the test of time even though they have had disagreeable sequelæ with perchance an accompanying though small mortality. It may be that such mishaps have been deemed as never entirely avoidable, but such a state of mind readily leads to a condition of self satisfaction which is not conducive to advancement toward more uniform and simple procedures which must finally result for the attainment of conditions most beneficial to the patient whom it is attempted to relieve.

It is not, however, for the purpose of advocating less conservative operative work, rather the contrary—the abatement of many procedures unindicated and accompanied often by grave complications—that the post-operative treatment here advanced is called to your attention. For it is only in cases where from prolonged acquaintance with the operative technic from primary incision, through remedial measures performed, to closure of the wound, with simplification of the process and avoidance of unnecessary traumatising and time consuming theoretical steps, purely visionary in value when tested by the rule as to whether or not they assist Nature, that procedures such as are here advised are feasible.

The post-operative sequelæ, some of which we have all observed in our work, can be but alluded to here. However, the more common may be mentioned, which are: discomfort, if not actual pain, bronchitis, pneumonia, pleurisy, shock, hysteria, neurasthenia, insanity, urinary retention, cystitis, nephritis, acidosis, infection, hemorrhage, thrombosis and embolism, tympanites, vomiting, acute dilatation of the stomach, constipation, intestinal toxemia and slow recuperation.

In considering the causes of these operative sequelæ, *factors existing before or originating with the procedures executed* are observable. Thus affections of various parts previous to operative interference are often followed by complications in them or influence the origin of sequelæ elsewhere. In illustration may be cited the oft repeated observations that when a congested lung or slight bronchitic condition is present, bronchitis and pneumonia are particularly liable to occur following irritation of the anesthetic, undue exposure or the aspiration of small foreign particles or mucus; that gastro-intestinal disease is a fre-

* Read before the Middlesex County Medical Society, New Jersey, October 18 1911

quent precursor of intestinal toxemia, excessive vomiting and prolonged convalescence; and that pathologic conditions in the walls of blood vessels, abnormal changes in their contents, undue coagulability of the blood and vasomotor disturbances are not infrequently associated with irregular heart action and thrombosis and embolism. True these complications are more often seen in the aged, but that such factors play an important part in the outcome of operative procedures at all ages cannot be doubted; a pre-existing knowledge of the activity of these functions will not only prevent unlooked-for sequelæ but will lead to measures which forestall their inauguration.

Equally important in producing effects to be avoided are operative procedures themselves and the introduction into the body of poisons in the form of stimulants, anesthetics, etc. The circulatory system bears the brunt of the attack although indirectly, and to some extent directly, the gastro-intestinal and excretory organs suffer.

It is well known that in condition of shock, the blood may accumulate in the splanchnic vessels, in which it is estimated that one-third the total volume of blood in the body may accumulate and into which the patient can literally bleed to death, but it is less generally recognized that with the removal of large growths, interference with abdominal pressure through simple laparotomy, or more especially with exposure and irritation of the viscera, a similar effect may obtain, either as the direct result of normal tension removed or from reflex dilatation of the enormous vascular area involved, conditions often associated.

Apart from the above considerations, operations in so far as they result in the sudden accumulation of waste products in the body, under the stimulus of anesthetic and drugs, or through tissue destroyed, or efforts at repair, can be fairly compared to the effects of exercise. That a period of reaction with lowered blood pressure follows every anesthetic, as it also temporarily succeeds exercise, is to be noted. In operative cases, moreover, there is a further ill-effect for oxygenation is diminished, the action of the antitoxic organs, liver, thyroid and suprarenals, is more or less inhibited and excretion delayed. The result is observable in nearly all these cases where the post-operative treatment is such as is at present in vogue. Reaction does not take place as such, but the entire system is overwhelmed with products of waste, the patient feels as if he had done hard manual labor

or been severely beaten. He is exhausted, aches and pains are prevalent, the circulation is poor, the hands and feet cold, blood pressure is lowered, the urine shows increased toxicity and the effects of renal irritation; but gradually does he regain his former state of health, and then only after a period of serious and dangerous depression of his vital functions. Especially does the nervous system show the effect, and hysteria, neurasthenia and even insanity are possibilities. Together with these conditions are others less easily recognized but equally important, namely, the interference with the nervous control of the circulatory system, as has already been alluded to, and the associated effects upon gastro-intestinal, hepatic and renal functions whereby meteorism (the most prominent of the abdominal signs of loss of blood vessel tone and thereby of interference with the circulation which normally rapidly absorbs intestinal gases), intestinal stagnation, vomiting, constipation, acidosis of hepatic origin and retention of waste products result.

In summing up the etiology of operative sequelæ no one factor can be singled out to the exclusion of the others, but it becomes evident that circulatory disturbances are of prime importance, especially when considering the prophylactic treatment of these complications. For even where pre-existing conditions, as irritation of the respiratory tract, intestinal or rectal abnormalities, disturbances of the nervous system, and interference with the activities of the emunctory organs, have been eliminated, all again may be initiated by functional circulatory disturbances affecting vessel tone and vascular supply, and even in the presence of organic changes in any of these systems we find that by proper forethought for and regulation of the circulation, mal-effects are largely eliminated.

In the prevention of complications, therefore, it is of the greatest importance to bear in mind three objects. *First*, the correction, or elimination as far as possible, of diseased conditions in the circulatory, respiratory, nervous, gastro-intestinal or excretory systems. *Second*, the removal of poisons already in the body as the result of disease in these parts and the minimum introduction and early destruction of deleterious substances, as anesthetic, drugs, and the waste products of operative work. *Third*, the control of arterial tension which will result in a proper supply of rich aerated blood, rapid repair and the elimination of harmful products.

The *first* is in many cases impossible of attainment, but with a knowledge of the presence of pathologic states, the fulfillment of the second and third indications is all the more urgent and the prognosis can be more clearly discerned. However, irritations and acute conditions can be corrected and even interstitial changes and the consequences of arteriosclerotic processes can be benefited.

The second object is also one of great importance, and by means of cathartics, preparation of the patient for operation, the use of minimum amounts of the anesthetic and other commonly carried out procedures, it is usually obtained.

The *third* goal of our endeavor—control of arterial tension—is a factor that seems in a large measure to have escaped the attention it demands and, by way of exclusion, the inference is strong that it is here, will find causes for some of the more explicable post-operative complications such as infection, poor recuperation, discomfort and pain, peritoneal adhesions, tympanites, vomiting, constipation, diarrhea, bronchitis, pneumonia, œdema of the lungs, cystitis, urinary retention, hepatic and nephritic insufficiencies, hysteria and neurasthenia, autoinfection and asthenia, as well as others of a more inexplicable etiology and more serious portend such as thrombosis and embolism.

Bearing upon this important subject, the researches of Lowsley are of interest. He found that blood pressure and the pulse rate were usually increased during exercise and that after exercise a period of reaction sets in, during which there is a sub-normal pressure, greater or less marked according as to whether the exercise is more or less exhausting. He believes if this negative phase persists for more than two hours the margin of safety has been exceeded. As a matter of fact when the subject is in good physical condition he obtains what the athlete calls his "second wind," which means nothing more than the correlation of the blood pressure, rate of flow and distribution to the required degree of oxygenation, transformation of waste products, and their excretion, and under these circumstances the negative phase is comparatively short. Moreover, provided suitable exercises are prescribed and massage and stimulating baths given, this stage may be nearly eliminated.

On the other hand, Edgecombe has shown that individuals with low blood pressure are subjects with poor circulation, cold hands and feet. He believes that it is the extreme

feebleness of the circulation that gives rise to the subjective sensation of intense fatigue, and this is corroborated by the fact that with a rise of pressure there is an almost invariable improvement in the subjective feelings and of the neurasthenic or other symptoms present.

Considering the question of blood pressure relative to more or less prolonged rest, as illustrated in those who take to their bed for minor ailments, we find that there is a rapid loss of strength, arterial pressure soon drops with the changing from the upright to the prone position and quickly goes still lower when the latter is maintained, appetite is lessened, intestinal functions become sluggish with resulting tympanites and constipation, urination is more difficult, hypostatic congestion of the lungs is not infrequent and, in general, a formerly healthy individual becomes weakened, the abdominal muscles flaccid, normal vasomotor tone lost for a considerable period and convalescence is much delayed, even when the subject has remained in bed for as short a time as 48 to 72 hours. These patients are unable after this comparatively brief interval to complete rest to get up and maintain an upright position without experiencing faintness or syncope and other signs of cerebral anemia, which follow when arterial tone is lowered and the blood under the influence of gravity distends dependent vessels, leaving important centres in the medulla without a sufficient supply.

If this is the course of events under normal conditions, how much more the same forces are active in sickness, can best be realized by the test, which is almost universal to-day, of keeping patients, particularly after abdominal operations, in bed from six to twelve or more days. The operation, as has been stated, supplies all the elements which follow severe fatiguing exercise and usually is performed upon patients who are in poor physical trim and unable to obtain a normal reaction even under the best conditions.

In the aged and in those suffering from severe symptoms of absorption and poisoning, whether urinary, from accompanying cystitis or of gastro-intestinal origin, attended with the train of nervous phenomena closely related to it, or from other source, operative work has been associated with great risks as to life, and many of these subjects, with apparently no resistance, die of a toxic overwhelming. The institution of the semi-recumbent position, or one constantly changing, has been followed by in-



Fig. 1.—Nerves showing from above down—6th, 7th, 8th, 9th, 10th, 11th, 12th dorsal, ileo-hypogastric and ileo-inguinal. Upper nerves lie upon transversalis and pass beneath rectus abdominis muscle. Lower two lie upon internal oblique muscle.

creased comfort, fewer lung complications, greater vitality, a more rapid convalescence and lessened mortality; but these facts have failed to influence the trend of surgical thought to the extent their importance demands. We still see patients lying in bed for a much longer time than necessary, double and often triple the time required, upon no rational basis we will find if we analyze the reasons. Many of us have seen subjects with simple conditions prohibited from raising the head from the bed, who in the course of a comparatively short time became so weakened that it was weeks before recuperation was completed. Perchance for a slight ailment, which should have required no confinement, or at least the very shortest, this factor of weakness,

apart from complications, has demanded valuable time of the patient.

The argument does not hold that because of poverty or poor surroundings it is wise to detain a patient long in hospital wards. The dangers he runs under these conditions are too great and a suitable place of convalescence elsewhere would be more to his liking, more conducive to self respect and to an early, safe recovery.

There are those, however, who cannot divorce themselves from the methods fitting to the early days of modern surgery. Especially in the period of antiseptic technic, infection was not uncommon, nor was it unexpected in many cases where it would be considered an evidence of a gross error in the aseptic method of to-day. In these in-

stances and in others where drainage, which now we find infrequently required, was instituted, *fear of a weak wound or interference with peritoneal repair and the presence of fever* led to a variety of after treatment for which reasons no longer exist. *Pain* also in the past was a much more serious factor than at present since by uniform and gentle methods of operating and the elimination of unnecessary procedures, less trauma is done the tissues and convalescence is more comfortable.

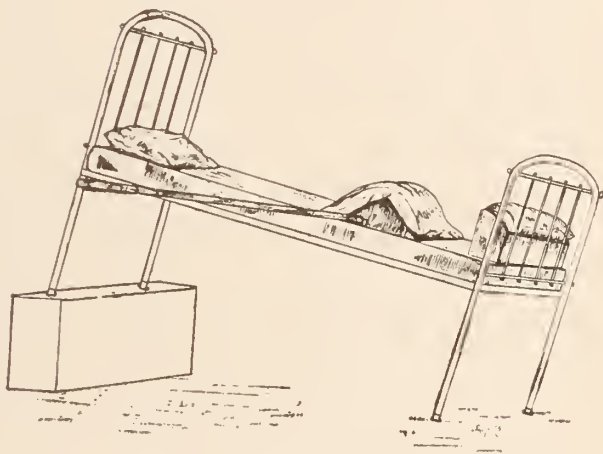
An incision that is improper, or wound that becomes infected, may demand rest to insure a strong scar. However, with the avoidance of infection, of nerve and muscle traumatism and division, and the use of incisions based upon anatomical lines (Fig. 1), there will no longer result weak abdominal walls and patients will be enabled, safely, to leave their beds, certainly by the fifth day. Even in herniotomy in so far as the patient is immediately propped up, although detained in bed somewhat longer than usual, it is seldom necessary to vary from a similar plan. This is fortunate if we can admit that danger of embolism, many cases of which have occurred in this type of operation, is thus avoided.

There are rarely serious objections upon the patient's part and as they are made more comfortable and feel better when propped up, the slight forebodings that may exist are readily overcome.

The great advantages to be obtained are the early recuperation of the patient, a lessened liability to infection, the avoidance of thrombosis, embolism and pulmonary complications, a diminished mal-effect upon the nervous system, a better performance of the physiological processes of digestion, assimilation and excretion, increased aeration of the blood and proper functional activity of liver and kidneys. Special note indeed should be made of the spontaneous bowel and bladder evacuations which rapidly follow early rising, thereby leading to a marked improvement in the patient's condition, as well as preventing the tendency to cystitis, originating in catheterization or otherwise, and ileus or irregular habits of bowel movements.

Some precautions are advisable in the early supplanting of the prone by the sitting or upright posture. In the case of abdominal operations the wound is covered with

a not too voluminous dressing but one large enough to give even pressure over the abdominal wall when strapped down. Two pieces of adhesive, four inches in width, are applied to keep the dressing in place and together with a snug abdominal binder to prevent undue tension upon the suture line. The patient is returned to a bed which is raised at the head ten to twenty inches from the floor (Fig. 2), where he lies quietly until well out of the anesthetic. To prevent slipping down in bed, a bolster beneath the thighs and fastened at each end to the head of the bed, together with a suitable box arrangement put at the lower end of the bed for pressure of the feet to be made against, are used. As soon as out of the anesthetic and able to help himself, he is permitted with assistance to turn upon his side and induced to move legs and arms,



and to breathe deeply, thus assisting oxygenation, the pulmonary circulation, the venous flow to the heart and the more complete emptying of the latter during its systole. The day following operation he reclines in the raised bed upon two or three pillows; the second or third day, according to his feelings, he sits upright; by the fourth the legs are put out of bed and pressure made upon the floor; upon the fifth he can be in a chair and take a few steps; on the sixth, strength is rapidly returning and more freedom is permissible. Sex is an unimportant consideration in this treatment and many patients go home upon the sixth or seventh day, and there are few laparotomized individuals, except those cachectic and cancerous or those extremely weakened and emaciated by disease or hemorrhage, who may not leave by the eighth day. With the latter class, moreover, it is equally important to follow a similar regime, especially

as regards avoiding the prone posture if serious complications are to be eliminated.

At the earliest possible moment these patients are fed meat broths, excess of farinaceous food and of milk being prohibited. Drugs are seldom necessary. Rectal saline enemata or the Murphy drop method are extremely serviceable and advisable in a large percentage of all laparotomies. In addition every means is taken to stimulate the cutaneous circulation by bathing, massage and alcohol rubs, thereby toning up the vasomotor mechanism and assisting both venous and arterial flow. Venous stasis in the extremities is prevented in like manner and thereby the accumulation of toxins of a debilitating and paralyzing nature is obviated.

The classification of surgical work according to the feasibility of carrying out the after treatment, as described, leads to a separation of operations into two large classes; the one demanding a short rest in bed on account of weakened wound, peritoneal complications, fever or pain; the other where these indications for rest do not exist or are subordinate to other conditions demanding early rising.

There are few operative procedures longer classed among the former, but in general they may be said to be severely infected cases, acute abdominal conditions with pus formation demanding drainage, and some plastic surgery cases, including a few herniotomies. But here also long periods of rest are avoided and the patient is in a reclining position, if not immediately after operation, at an early date.

The second class consists of three subdivisions. A. Those operative procedures which require for the repair of the peritoneum and prevention of excessive adhesions some forty-eight to seventy-two hours of comparative rest, during which passive exercise and moderate voluntary movements are used and, thereafter, more active ones are positively indicated. In this group are 95 per cent. of abdominal operations performed, the remainder belonging to class one. Division B includes those procedures in which the peritoneum, either parietal or visceral, does not enter into consideration, strength of the wound and its proper healing is not endangered, debilitating pain is absent and in which no confinement is required. Here we find nine-tenths and more of the rectal operations for hemorrhoids, fissure, fistula, simple prolapse, many abscesses, malformations, division or divulsion of the sphincter muscle for constipation or

painful affection, and in fact all other conditions where the patient is not septic nor cachectic and where the operation can be performed in a painless manner, under local anesthesia, as is possible in practically all of these cases. Here also are classed minor operations elsewhere, as well as major ones where long anesthesia, pain and infection are avoidable and the physical and mental condition of the patient does not prohibit his being up and around. In division C are the cases where, in spite of the presence of one of the contraindications to this method of post-operative treatment, it is wise to prop the patient up immediately after operation. In the aged and those with emphysema, chronic bronchitis or inefficient respiratory action from any cause, circulatory disturbance or other affection tending toward hypostatic engorgement in vital organs, it is essential to avoid the prone position. There are also a number of operations preferably done in two stages, such as certain cases of excision of the rectum for malignancy after preliminary colostomy to divert the fecal current, and by observation at the time of the first operation to define the extent of the trouble; pylorotomy with preliminary gastro-enterostomy, and others where rapid convalescence and as little physical impairment as possible, demand this more logical method of post-operative treatment.

Hernia in these cases has never occurred in my practice, nor do I believe it a probability where infection is absent and nerve injury is avoided. On the other hand, simple inter-muscular incisions for appendectomy with injury or inflammation of the ileo-hypogastric nerve, which may, by communication below, make up the larger part of the ileo-inguinal, has led to right inguinal hernia, a circumstance that is not fully appreciated. The relation of the latter nerve to the inguinal canal and its supply to the internal oblique muscle and conjoined tendon (Fig. 1), readily accounts for the sequelæ.

The separation of muscle fibres is not markedly weakening to the abdominal wall, the fibres running parallel and contraction of them tending to increase their coaptation to each other and make more difficult any protrusion between them. Moreover during the past five years the transverse abdominal incision (Pfannenstiel's) has been to a large extent used by me in laparotomies and in the several hundred cases where the belly wall has been thus divided, as far as I can determine, no weakness in it nor her-

nial protrusion has ensued. It is ideal as regards simplicity, rapidity, strength of repair, absence of blood vessel, nerve and muscle injury, exposure of underlying parts and to a less extent for drainage, when required, and has in short everything to commend it and no very objectionable features.

We can fairly state that operative technic is nearing perfection, but pre- and post-operative measures have to some extent been neglected, hindering thereby the attainment of results which should with confidence be expected with our present knowledge and methods.

Finally, experience with this form of after treatment convinces me, avoidable and dangerous complications will be, like infection, largely prevented, thereby obviating the dread of necessary operative procedures which now exists in many cases for the conscientious physician, who realizes it is not as frequently the operation *per se* as the sequelæ that are to be feared. In addition much valuable time will be saved your cases, weary confinement to bed avoided, a more satisfactory convalescence obtained and there will exist fewer late results, disastrous to the patient and discreditable to surgery.

(We are indebted to the New York State Medical Journal for the loan of the cuts illustrating this paper.—Editor.)

THE WHY AND THE HOW OF THE HIGH-FREQUENCY CURRENT AS A THERAPEUTIC AGENT.*

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When your president, Dr. Wallhauser, requested me to present a paper before this body, it was his wish that something in the line of electricity be the topic. Recognizing that this is a society composed of general practitioners as well as specialists of all kinds, I thought that your interests could not be any better served than to bring to your notice not only the latest, but the most interesting as well as the most

novel and the most useful of all the electric currents of this day.

There is not within this hall a single practitioner of medicine or surgery who will not at once be able to recall some of his cases, that so far have failed to respond, as promptly as he had wished, to the stereotyped line of treatment, that would not materially be benefited by the use of this current. You will also notice that this current is especially adapted to the old and chronic cases that are always a source of worry to the doctor and discomfort to the patient.

Further, I wish to make my position very clear to you. I do not appear before you simply to extol the virtues of this current, nor to amaze or startle you with some almost miraculous results that may have been achieved by the use of the high-frequency current. Neither is it my purpose to rehash that which you have read and perhaps reread in the various books upon the subject. I would consider all that a waste of your valuable time. On the contrary I shall confine myself strictly to the title of the paper. It will be my purpose to lead you step by step until we shall have arrived at the underlying principle that is involved in the use of all therapeutic agents, but, of course, more especially the use of the *high-frequency current*.

As I do this it will be necessary to ask your indulgence for a few minutes. We will be obliged together to go back to our days of anatomy, physiology, physics, physiology, pathology and therapeutics. You will admit that without a scientific foundation no permanent superstructure can be raised. Medicine is fast ceasing to be an art; it is approaching the scientific stage. The rule of thumb and tradition has served a noble purpose, but is now a dead letter, and positive science has taken its place. We may revere and respect, but we must no longer be satisfied with the crude methods which were sufficient for our forefathers. Empiric medicine is a thing of the past.

Nothing must "*just happen in Nature*," there is always some underlying principle for everything, even in the practice of medicine.

THE UNDERLYING PRINCIPLE OF A RECOVERY.

When we have arrayed before us all the various therapeutic measures they are legion. If one single measure could accomplish one-half of what is claimed for it there would be no more disease, every germ would be annihilated and the millenium

*Read at the scientific meeting of the Essex County Medical Society held October 17 1911

would be at hand. So far there is no system, no pathy, no rule by which disease can be cured.

While each therapeutic measure seems to differ from the other, yet they all have one thing in common: they are all intended to alleviate or cure disease.

If we bear in mind that there is only one way in which disease may be cured, it behooves us to investigate that one way. Before we do that, however, we must first have a clear comprehension of what disease really is. The word almost explains itself. "Dis," meaning a negation, "ease," a certain state of well-being, a state of rest. Dis-ease, the opposite or a state of unrest, a condition of the body marked by inharmonious action of one or more of the various organs due to an abnormal condition or structural change.

As long as a being is perfectly normal, that being is not aware of the fact that he is the possessor of any organs at all. The very moment that an individual becomes aware of the fact that he has a stomach, that moment he has some dis-ease; when he suddenly discovers that he has a liver, that moment he has some dis-ease, not necessarily of the particular organ of which he may complain, but he has a dis-ease. He is not at ease with himself, there is some inharmonious action of one or more of his organs.

Pathology is that branch of medical science which deals with the various changes that take place under abnormal conditions in the body. The time from 1845 to 1895 are the most memorable years in the history of pathology. Virchow, dissatisfied with the various systems, brought to light his cell doctrine and cellular pathology. According to Virchow, all disease is directly traceable to the individual cells of which the body is composed. Each normal cell springs from a normal parent cell, each cell depends upon its neighboring cell for equilibrium and harmony of action; disturb or change one cell and all the cells in the immediate neighborhood must feel the effect; this effect we term disease.

Frequently pathology is looked upon as possessing no other function than to furnish a long list of names descriptive of the various morbid states of any particular organ or region. This is much to be deprecated, for the doctor soon gets into the habit of treating the name of the disease process rather than the actual pathological changes which have taken place. In fact, he seems to forget that each patient presents some *definite*

underlying reason why he has not recovered from his ailment or *why* he was taken sick at all. Two patients exposed to the same injury seldom suffer exactly the same consequence. In other words, the reaction of living cells to an agent varies in different individuals. As this resistance to disease differs in different individuals, so does the recuperative power differ.

In nature there is only *one* way in which this recuperative power manifests itself: it may vary in degree, it may vary as to time, but the process is essentially one of *inflammation*. In fact the word pathology might be used to mean the reaction of the individual cells to some injury with an attempt on their part to a recovery or re-establishment of the previously disturbed harmony between the various parts.

Inflammation, then, is the reaction of living cells to an agent desirable or undesirable to the cellular system; this reaction may be either local, general or both, when both it is constitutional in character and known as fever. This reaction of the cells is accompanied by certain manifestations not previously or ordinarily present. It is something that emanates from *within* or from the injured cells assisted by the uninjured ones; it is, therefore, a process and not a state. This process of inflammation is a *succession* of changes which occur as the result of reactions in living tissue, when it is injured or subjected to treatment; provided that the injury is not of such a degree as at once to destroy its structure or vitality. In other words it is a reaction of irritated, stimulated or damaged tissue which still retains its vitality.

This definition is very important, for as we shall see later, when a tissue is incapable of reacting to irritants, either that cell or tissue becomes a foreign body and must be discharged from the economy or it may undergo certain changes and modifications such as fatty degeneration or fibrous accumulations. These changes are for the purpose of making the otherwise foreign substance as innocuous as possible under the circumstances.

The manifestations which accompany this reaction are:

Redness—This is clearly due to the dilatation of the blood vessels.

Swelling—When a part is injured either chemically, mechanically or by the introduction of noxious germs, there is a separation of contiguous cells, into which takes place an exudation of fluids, cells and corpuscles, hence the swelling.

Heat—Wherever there is increased energy there is increased circulation with the result of increased heat.

Pain—This is the result of an irritation to the sensory nerves and the pressure exerted by the swelling.

Disturbance of function is the necessary result of loss of equilibrium between the various component parts. All these cardinal points are the result of a chemotaxis. At this time we are obliged to take the sympathetic nervous system into consideration. By some inherent power not yet fully appreciated the fixed as well as the wandering cells are attracted to the injured part. This chemotactic process is evidently of an electrical nature for we have a positive and a negative chemotaxis; under certain circumstances some cells are attracted while others are repulsed.

In a vascular area the first manifestation is the *dilatation* of the arteries, later the veins. If this dilatation is just of the proper kind and amount, then the repair is at once begun, but if the injury is too severe or the germs too virulent, then there is either delay or no reaction at all. Again, the reaction may take place and later the cells become overwhelmed with the result that there is a slowing of the blood stream in the dilated vessels leading to congestion and finally a stasis. During such stasis the process of inflammation is hindered and the further repair is made impossible. Not only is the process of repair interfered with, but, as the wandering cells must either act as scavengers or themselves break down, an ulcer or sloughing surface forms.

There are some diseases incapable of causing a proper or sufficient reaction and the process of inflammation is incomplete. Gonorrhœa is an example of the acute variety, while tuberculosis and leprosy represent the chronic ailments. In these cases the toxic elements of the microbes and the antagonistic powers of the cells are nearly balanced. In gonorrhœa the germs are found in a perfectly normal state within the cell body of the leucocytes, the leucocytes do not seem to be able to destroy them; on the contrary, many leucocytes must be discharged from the body after they have become germ-laden. In tuberculosis it frequently happens that proliferation of the germs takes place despite their intra-cellular position. It may be said that the more virulent the microbe the less the tendency for the leucocytes, and for the other fixed cells to take up the bacteria,

the less virulent the microbe the more extensive the phagocytosis.

Repair of injury or recovery from disease of any kind depends then upon the proper kind of reaction by living cells to the injury produced, the germ present or the toxic element within the system. This reaction, be it large or small, local or general, sufficient or insufficient, is summed up in the one word of *inflammation*.

THE UNDERLYING PRINCIPLE OF ALL TREATMENT.

The very fact that we are about to institute treatment of any kind presupposes a *deviation* of an otherwise normal condition. When a tissue or organ is irritated, either accidentally or by design, there ensues on the part of the living cells a reaction; this reaction we have termed *inflammation*. This reaction on the part of the cells is always an attempt to repair the injury which has resulted from the irritation. In other words, it is Nature's method of recovery and cure of disease.

So far, with all the ingenuity of the human mind, no process has been discovered that can even favorably compare with a successful natural recovery. The truth of this assertion being self-evident and admitted, it must be apparent that any manner or method of treatment that we wish to institute must be materially influenced by the particular kind of a reaction desired or as Nature would have done had she been successful in this instance.

In time gone by, inflammation was looked upon as being in itself harmful. The fever or inflammation was the principle thing against which the doctor turned loose all his energy; when he successfully lowered the temperature of his patient with the various coaltar derivatives, and the patient lived, it was *prima facie* evidence that at least the treatment was right. This view, of course, is no longer tenable. During the last few years very extensive changes have invaded the domain of therapeutics and are proving themselves advantageous to the patient and at least scientifically correct.

As has been pointed out, all of the old cardinal symptoms of inflammation are not at all essential and some of them are frequently absent under modern treatment. By the Bier's method we produce either an active or a passive hyperæmia; by the Mikulicz system we develop the resistance period of the individual; by Wright's method the toxins of a specific microbe raise

the opsonic index, by the injection of anti-toxins we neutralize an already formed toxin.

In all these scientifically correct methods of treatment have we done anything that Nature has not accomplished under suitable circumstances? There have always been recoveries from diseases, and more than that, a future immunity has been more or less perfectly established in the individual.

If there is any one lesson to be learned from this it is, *that the more we are able to assist Nature in her effort, not only the better are the results, but as may happen in a failure, the less is the harm to the patient.* We must remember that while every disease is curable, but not every patient.

We are forced to the conclusion that inflammation or fever is a normal and natural reaction to an injury, and the right method is not to lessen or arrest this process, but, on the contrary, to stimulate and augment that process in the *right direction.*

* If a patient shows any of the signs of an inflammation we may be sure that something abnormal has occurred in the tissues, something that has caused the tissues to react in that particular manner. When a surgeon makes an incision, it is not his purpose, at least not primarily, to reduce the inflammation, but rather to remove that *something* which has caused the inflammation. If an operation is contraindicated the physician secures physiological rest of the entire body so that *all* the systemic energy may be utilized to increase that necessary reaction and that there might be no waste of energy to reduce the inflammation *per se*, but rather to secure for the patient the fullest benefit of that inflammation.

The whole process of reaction of living tissue to an irritant must of necessity resolve itself into one of three conditions: The reaction is either *adequate*, *inadequate* or *excessive*. Whenever the reaction is adequate, there is nothing for the physician to do, for a complete uneventful recovery will take place. The only duty of the physician lies in guiding the patient past dangerous situations and so preventing complications or interferences from taking place. In other words, the case is left, and wisely so, in the hands of Nature.

It may seem almost paradoxical to say that the great majority of cases of severe inflammation are typical examples not of excessive but of inadequate reaction. The very fact that the disturbance is spreading in extent is in itself an indication that the

system is for the time unable to counteract the irritant. The irritant may be excessive but the reaction to it is inadequate.

When the reaction is inadequate the indications for treatment are: First, to remove the cause, if possible; second, to promote but not to reduce the inflammatory manifestations; third, to aid the general reaction on the part of the whole organism. Here we have the rationale of the Bier's treatment which seeks—and in properly selected cases with great success—so to promote the hyperæmiac exudation and inflammatory reaction in general that the first indication for treatment becomes unnecessary. Wright's method of raising the opsonic index is clearly indicated. For ages it has been known, and practiced, that when an inflammation, though locally apparently excessive, failed to discharge the irritant from the body, recourse was had to poulticing and the employment of hot compresses. These means were clearly used for the purpose of increasing the reaction and bringing the inflammation to a head.

The surgeon knows very well that frequently a simple laparotomy in local abdominal tuberculosis has given excellent results when everything else was hopeless. This is another example of inadequate reaction which takes place in local as well as in tuberculosis in general, and the simple addition of the extra energy manifested to heal the abdominal incision is enough to change an inadequate to an adequate reaction, with the result that the patient recovers.

All the measures so far mentioned have one thing in common, namely to produce one or more of the manifestations of an inflammation. But this inflammation so produced is not a pathological one, but rather a physiological process, a reaction process. Reaction in excess is the exception and not the rule. In acute cases we note that one factor in the inflammatory process may be unduly exalted as compared with others so that the vitality of the tissues may be imperilled; excessive hyperæmia may pass on to stasis and even necrosis result. There may be excessive deposits of fibrin or other exuberant granulation tissue with the development of keloids. Such a condition is usually traceable and indicates an idiosyncrasy on the part of the tissues of the individual whereby a minimal irritation has initiated a persistent overgrowth.

It must be remembered that physiological structure and function depend upon the equilibrium of all tissues. This is maintained by mutual restraint between its com-

ponent cells. The destruction of a single integer or group of integers of a tissue or even a single cell, removes a corresponding amount of restraint at the point injured. So the equilibrium is destroyed which permits of the abnormal exhibition of bioplastic energies on the part of the remaining uninjured components. This abnormal bioplastic activity may be viewed as a compensating hyperplasia. This hyperplasia is not, therefore, the direct result of the external irritation. It cannot be, since the action of the irritant is destructive and is confined to the cells that it destroys. It occurs rather indirectly as a function of the surrounding uninjured cells that have been excited to this increased bioplastic activity. When such a reaction is excessive, there is always hypercompensation. There is more material generated than is really necessary to compensate for the actual loss. In these cases of excessive hyperæmia, as well as referred or sympathetic inflammation at a distance removed from the injury, the local application of cold would clearly seem to be the proper practice. Of course, the local application of cold is the same thing as the distant application of heat. Headache due to some irritant causing congestion may be treated and relieved as well by the application of cold to the head as the application of heat to the feet. Dilatation of the vessels in one part is always balanced by a corresponding contraction in another.

We know that fibroid tubercles and fibroid adhesions have eventually disappeared, without treatment of any kind, showing that under suitable conditions, Nature can accomplish even this unaided. We have here a clear indication for such means as will bring about an increased local circulation, and so promote absorption. In casting about for a drug agent we naturally strike upon potass. iodide for its absorptive power when administered internally; vesicants, rubifacients, heat, massage, passive motion and counter-irritants and electricity seem to be indicated as external agents.

This is the usual way the text books, among a job lot of other measures, recommend electricity, but, as we shall see, there is a vast difference between the proper and improper use of electricity.

THE PHYSIOLOGICAL EFFECTS OF THIS CURRENT.

We have seen that the natural tendency of all disease is toward recovery and cure. We have also seen what requirements are

necessary to bring about this result. It is a law in physics that arrested motion results in heat. The carbon filament in the incandescent globe obeys this law. There is no appreciable chemical change; simply a mechanical friction of the various molecules.

PHYSICAL EFFECTS OF THE HIGH-FREQUENCY CURRENT.

When this current is passed through water, we see only the usual effect of arrested motion, resulting in heat. There is no chemical decomposition. The water may become heated and changed into steam, but there is no breaking up of the molecules, such as results from the passage of a galvanic current. When the galvanic current is passed through the same water, there ensues at once a chemical decomposition, the hydrogen accumulating upon the negative pole, while the oxygen is seen at the positive pole. Here we have a true electrolysis or decomposition by electricity.

If we take a solution of boiled starch and add to it a small amount of potass. iodide, neither reaction nor precipitation occurs. When this high-frequency current is passed through the mixture there is again the same heating process, but no chemical change is apparent. As soon as the galvanic current is passed through this mixture there is at once the usual chemical change or electrolysis. The free iodine liberated at the positive pole at once combines with the starch to form the blue iodide of starch, at the positive pole. It is also true that this arrested motion or friction which causes this heat might produce other effects in the living tissue not observable in dead inert substances as the carbon filament.

We will pass this *high-frequency current* through the living body and the lamp at the same time; at once the filament takes on incandescence, yet there is no sensation at the point of contact with the body. It must be apparent that the same current that causes the glow in the lamp does actually pass through the body; and at least the effect of arrested motion must have some effect upon that body. We will pass this same current through a raw potato, making simply metallic contact with either end of the potato. The spark gap is opened and the milliamperemeter shows a reading of one thousand five hundred milliamperes. The effect upon the potato is again as in the lamp, one of arrested motion, resulting in heat. But here we have a different substance, a compound body and the effect is

also equally compound. The heat here developed causes chemical changes. The vitality of the cells has been completely destroyed. This potato, under suitable circumstances prior to the passage of this current would have shown signs of life and reproduced its own kind, while now, after the passage of the current, the potato is dead and almost cooked. It has changed its chemical constituents entirely.

Another effect will be seen upon cutting this potato in half. Exactly through the path of the current the greatest change has taken place, while at the periphery the change is imperceptible. Next we will pass the current through a piece of raw liver, making the same metallic contact as before. The liver, being still more complex in its cellular construction, nevertheless is bound to obey the same law of physics, that of arrested motion resulting in heat. In addition all the changes seen in the potato are now visible in the liver.

In this instance we made use of three thermometers placed in direct line of travel with the current. Upon inspection we find that the centre thermometer or the one farthest removed from the metallic contact registers the higher degree of temperature. This is of direct clinical importance. Upon cutting this piece of liver we find the same heating and cooking process having taken place as in the potato. With the naked eye we are also able to note not only the tract of the current, but also the additional effect of the greatest change having taken place in the centre of the liver and not at the points of metallic contact. In the potato experiment the skin or covering was removed the same as in the liver and we had a moist contact for the electrodes.

In this test we will make use of a raw egg without, however, first breaking the shell, so that the current is obliged to find its way through the unbroken shell. After a few minutes, if the current has not been too intense, we break the shell and find that the centre, or the yolk of the egg, is cooked harder than the white. We will notice that this is just the reverse from what would have happened if the egg had been subjected to the boiling water process. Yet another and perhaps even more conclusive test is the following one: Here we have a U-shaped tube filled with egg-albumen. A piece of metal is passed into the upper ends of the tube. First the galvanic current is passed through this mixture without any appreciable change taking place. To the same contact points now we attach the high-fre-

quency current. In less than three minutes we see that the bottom or centre of the albumen is coagulated and has become solid and absolutely opaque. By feeling the tube with the finger we find the centre so that the contact is uncomfortable, while at the ends the tube and contents are cool. Something new is beginning to dawn upon us, namely, the fact that the centre of the egg is affected considerable more than the parts in contact with the electrodes; in other words, we are beginning to realize that this heating effect is from *within outward*, and not from *without inward*.

So far we have been making these tests upon substances that were devoid of a circulating blood stream. If, therefore, these various phenomena are to be of any value to us, all these same effects must be produced upon the living tissue and in no way negated by the circulation, as is the case when heat is applied through some external agency. For this purpose the proverbial Guinea pig answers our requirements. The temperature per rectum of the disturbed animal will register about 100 degrees F.

Two metallic or sponge-covered electrodes are placed upon either flank of the animal and the current turned on. As there is no sensation beyond a slight feeling of warmth, we need take no especial precaution with either the animal or the current. In the short space of three minutes the rectal thermometer will show a reading of 105 degrees. This increased temperature may remain for one to three hours without any apparent ill effects upon the animal. Here, then, we have the circulating blood in no way interfering with the heating effect. On the contrary, we produce all the essentials of a natural reparative process—heat, increased blood supply and increased oxydation.

THE EFFECTS OF THE HIGH-FREQUENCY CURRENT UPON THE PATIENT.

When the two poles of this current are applied to any part of the body, there is not, or should not be, the slightest sensation. After a few minutes the part treated becomes sensibly warmed. The patient will tell you that each pulse beat can be perceptibly felt within that region. Upon inspection the parts appear hyperæmic, feel hot to the touch and are covered with a profuse perspiration. We have produced some of the cardinal symptoms of inflammation—heat, redness and an increased blood supply. We have within the region treated all the elements necessary for a natural repair.

This effect as we have seen did not proceed from without inward, but, on the contrary, from within outward.

From time immemorial heat in some form or other has been used to alleviate pain. This heat was always some external agent and the greatest heat was always upon the outside. It is easy to understand how difficult it must be, or even how impossible it is, to heat any deep lying structure at all by the external application of heat. The blood stream has a constant tendency to equalize the temperature. The heat so applied externally always had to be greater upon the outside than it could ever be upon the inside of the body. Yet would you be willing to say that such external application of heat never caused any relief?

How much more should you expect from an agent that produces its greatest effect upon the inside with hardly any effect at all upon the outside? Furthermore, the heat so produced upon the inside lasts for several hours; it is not dissipated. The explanation is this: As has been previously stated, closely associated with the process of inflammation is the one of chemotaxis, and this chemotaxis is an electrical phenomenon. Inflammation without this chemotaxis is futile and inadequate. Clinical observation has proven that the opsonic index is always higher after a general high-frequency treatment.

The reaction then that is produced in the tissues by the application of the high-frequency current is a physiological inflammation plus a strong or positive chemotaxis. Now having the agent, understanding its physical properties, appreciating the physiological reaction of living cells, it seems easy to deduce the therapeutic indications.

Let me call your attention to just a few conditions where actual experience has justified the use of this agent, almost to the exclusion of everything else.

Tic Douloureux—The pathology of this, one of the most excruciating afflictions of mankind, is wholly unknown. Neither is there a therapeutic agent known to the medical man, the surgeon at best may give relief for from four to six weeks by a resection. I have never seen a case of this kind that did not respond at once to the first treatment. I have had most rebellious cases requiring treatment twice daily. But in the course of three or four days, the pain ceased, while after four to six weeks more the pain has remained in abeyance for two years and more.

Arthritis, rheumatoid, but especially the

gonorrhoeal variety. Excluding morphine, is there any agent that will give the patient almost instant relief? After a thirty-minute application to a joint so tender that the patient can hardly bear the slightest touch, a change has taken place, and the same joint can now be freely moved. If this current served no other purpose than to temporarily stop the pain, it is still worthy of first place, because it gives the patient relief and the doctor an opportunity to employ early passive motion and so prevent ankylosis from a gonorrhoeal arthritis. Those of you who have had dealings with such cases will appreciate the force of the argument.

Chronic Gonorrhoea—Every once in a while it so happens that a certain case of this disease does not get well under the stereotyped treatment. I have treated such cases that were still active after one or two years of more or less mistreatment. An ordinary steel sound is connected to one pole, the other, a large metal electrode, placed over the abdomen, current turned on to a point of comfortable heat sensation within the organ. Allow this to act for thirty minutes or more every day for one week, then every other day for two weeks more. At the end of this time there will be no more signs of the disease present.

Chronic Prostatitis—The best results are obtained before the enlargement of the gland has taken place. This pre-glandular period lasts from three months to three years or more. The patient simply feels uncomfortable, has only slight difficulty in starting the stream, there is a spasmodic contraction of the calibre whenever the urine in the viscus reaches a certain amount, he is obliged to rise more often at night. What does medicine or surgery offer such a patient? The relief that he obtains after a single application of this current gives him confidence and his confidence is not misplaced.

Joint Tuberculosis—If the destruction of the tissues has not so far progressed that no one but the surgeon can offer any help, then this current will surprise the most skeptical. Apply a tinfoil electrode to either side of the joint, turn on the current to a point of comfort. Allow this current to run at least one to two hours per day. Where the reaction of Nature was wholly inadequate, in a few days sometimes a beautiful inflammatory process is set up with a profuse discharge of necrotic tissue and in a few weeks the healing process sets in that is wonderful to behold.

Tuberculosis of the Lungs—From actual

personal experience I am willing to go upon record with the statement that I am almost convinced that every case of pulmonary tuberculosis in the first stage is curable by this current. Apply a large tinfoil electrode anterior and posterior over the affected area and pass through this five hundred to one thousand milliamperes for one hour twice daily. At the end of each treatment the patient is in a state of active reaction, the face is flushed, the perspiration upon his forehead, the thermometer shows a rise of one to two degrees by mouth. The cough at first becomes worse, expectoration more abundant. After two or three months the bacilli disappear from the sputum, the cough almost stops, the patient gains weight and he is convalescing. This is the time to send such patients to lead outdoor lives and all that goes with it. These patients return to express their gratitude, while others under similar circumstances, but not at first treated with this current, go on from bad to worse. I must warn you, however, against the possibility of starting a hemorrhage. When there is a history of a previous hemorrhage never use more than five hundred milliamperes, and at first reduce the time one-half.

Colitis Colica—Every practitioner of medicine always has under his care one or more cases of chronic colitis. The regular treatment for this disease is about as unsatisfactory as anything can be. Apply a tinfoil over the abdomen and the back as large as can be placed, pass a current of two thousand milliamperes for thirty minutes daily for at least two weeks, then three times per week for four to six weeks longer. If the case is curable the patient will gain weight from the second week. So far I have treated only one case, which was of sixteen years' standing, that threatened to be a failure. It became necessary to make an artificial anus. With this and the treatment we are now in hopes of absorbing the adhesions and causing a proper reaction to take place, so that we may yet turn what appeared as a defeat into a success, or partial failure only.

Pleuritic Adhesions—After a recovery from pneumonia or pleurisy, it happens that adhesions remain, which, to say the least, are a hindrance and a future menace. The simple passing of this current will remove every vestige of these adhesions.

Joint Anchylosis—Although slow in its results, the final outcome is more than gratifying when this current has been faithfully and persistently used. The end to be ob-

tained is always to create sufficient heat within the tissues to cause Nature to absorb the unnecessary fibrous deposit.

In all the enumerated conditions we are dealing with results of inadequate reaction, known to us as the chronic stage. It must be perfectly clear that any agent that is capable of setting up the necessary elements of an adequate reaction is the agent indicated.

This *high-frequency current* is the only agent that we know of to-day that is capable of causing a natural adequate reaction in any part of the body desired. There is no organ so hidden or so deeply seated that it cannot be reached by the heat of this current and, of course, without practically any effect upon the skin, excepting that of warmth, redness and perspiration.

Neither will it be necessary, after extolling the various virtues of this current, to call your attention to the fact that this agent is not a cure-all nor a panacea for all the ills of mankind, nor do I wish to be understood as advocating this agent to the neglect of any other measure.

But I do wish to emphasize and impress you with the *underlying principle of why and how* this current acts as a therapeutic measure. For, after all, *it is the reaction of living cells to an agent that must be our guide in the selection of that agent.*

231 West 96th Street.

A HOSPITAL CASE.

By LOUIS WEISS, M. D.,
NEWARK, N. J.

A hospital case is one that you
Cannot diagnose, except through
A consultant, that you must call;
You know nothing; he knows it all.

The patient's pain is quite severe
In his right iliac. It's clear,
Appendicitis is its name.
It's a hospital case, decrees fame.

At home you cannot cure such case;
Only to get it, home's the place.
A little upset in the home might
Offend the hospital surgeon's sight.

It is not clean enough for him.
You must satisfy his ev'ry whim.
The only place on earth that's clean
Is found in a hospital scene.

The room is just a trifle small,
The paper faded on the wall.
Such defects are not seen at all
In any first-class hospital.

The faucet's made of simple brass;
No shining nickel there, alas!
E'en the water that's running through
Is cleaner in a hospital, too.

The rays and pans are streaked with rust;
In ev'ry corner you find dust;
To the hospital send you must
The patient, to be fair and just.

You cannot do as well in here
As in a hospital atmosphere.
Work you can more facilitate,
And more surely di'gnosticate.

The home is not quite up to date,
And very hard to ventilate,
And also difficult to light.
E'en the sunshine is not as bright.

The home is on a noisy street;
The hospital, a country seat.
Sleep at home is a forlorn hope;
In hospitals they use no dope.

Does not a patient better fare
In the hospital interne's care?
In the home what chance is there
With the humble practioner?

The country doctor does and can
Treat cases on a homely plan.
It is only the city man
Who is under the hospital ban.

Clinical Reports.

Expulsion of the Placenta Before the Birth of the Child.

W. D. Macfarlane (*Jour. Obst., Gyn. Brit. Emp.*, 1911, xx., 52) records three cases of spontaneous expulsion of the placenta before the birth of the child, in which he thinks the placenta was previa, judging from the site of rupture in the membranes being in close proximity to the placenta. In the third case the last two pregnancies were accompanied by placenta previa. The points of interest in these three cases are: the shape and unusual length of the placenta in two of the cases; the uniform presence of areas of placental infarction on the maternal surface; the presence of hydramnios in two of the cases; a history of endometrial involvement in all; the absence of hemorrhage either before or after the expulsion of the placenta.—*Amer. Jour. of Obstetrics.*

Tumor in the Bronchus.

Reported by Dr. Emil Mayer, Laryngologist, Mount Sinai Hospital, New York City, in the *A. M. A. Journal*, July 29, 1911.

Margaret I. W., aged 3 years, was referred to me September 16, 1910, by Dr. Linn Emerson, presenting the following history:

History.—At the age of eleven days she had a sudden attack of obstruction to her breathing,

which yielded to treatment after a short time. Until January of the present year, she had been well. At this time she had an attack of grippe followed by a spasmodic cough, the latter remaining ever since. July 4, she had an attack of measles, and on the 25th her breathing became so interfered with that emphysema of the neck and body appeared, lasting several days. At the present time breathes with a loud expiratory effort day and night. Has chronic constipation, prolapsus ani, and a capricious appetite.

Examination.—Child is well nourished and has good color. There is a peculiar, loud respiration showing interference with the expiratory act. The respirations are so loud as to be heard quite a distance and remain of this character day and night, becoming somewhat worse on crying or exertion. There is no rise of temperature, and the child plays about, getting easily tired, however. While she is never cyanosed, her distress in breathing often culminates in an attack of vomiting, but without relief to the breathing. The examination of the chest shows a sudden distention of the entire chest wall at each expiratory effort, except for the lower portion of the left lung. In this part there is dulness on percussion and entire absence of air entering the lung in the left lower lobe. There is no bronchial catarrh. The diagnosis of some form of stenosis of the bronchus at the bifurcation on the left side was made. An X-ray picture, taken by Dr. Jaches, radiographist of Mt. Sinai Hospital, showed an absence of air entering the lower lobe of the left lung. There was no evidence of any foreign body shown in the X-ray picture.

Operation.—At Mt. Sinai Hospital, under gas and ether, bronchoscopy was done on September 30, the instrument used being the Killian hand light with a short tube. The child took the anesthesia very badly and was very much cyanosed. The holding of the epiglottis increased the cyanosis to so marked a degree that it was rapidly withdrawn. In the meantime, Dr. Yankauer, who assisted me, had a long tube attached to another Killian hand light to which he had an attachment for the throwing of ether vapor into the tube during the entire examination, and at my request he introduced the longer tube rapidly into the bronchus. At the bifurcation, directly over the entrance to the left lung, a new growth was seen having the general appearances of a papilloma; there seemed to be several of them with small pedicles and having in all a diameter of one-half inch. These were promptly removed, and after their removal the breathing became very much freer, and air again entered at the lower portion of the left lung. The growth was referred to Dr. F. S. Mandelbaum, pathologist of Mt. Sinai Hospital, who reported that the growth having been placed in formaldehyd solution, it was impossible to test for tubercle bacilli, but that the growth had all the appearances of syphilis.

Subsequent History.—The child recovered from the effects of the anesthesia, air freely entering into the formerly obstructed lung, and on the third day the child was sent to its home.

Five months later the examination of the child showed no evidence of interference with respiration, the cough having gradually ceased, and the child was apparently well. In the meantime the child had been examined by Dr. Sara

Welt Kakels, whose report follows: "Well-developed child for her age; weight 26¾ pounds; temperature normal. On the skin and visible mucosæ nothing abnormal. Of the superficial lymphatic glands, the anterior cervical and inguinal glands are slightly enlarged. The inspection of the buccal cavity shows a slight hypertrophy of the tonsils; voice and respiration are perfectly normal. Inspection of the thorax shows that the chest walls move freely during respiration, apparently symmetrically on both sides; percussion over both lungs is clear and resonant; lower borders of both lungs normal. On auscultation vesicular breathing is to be heard, on and off hard over all the lobes of the lungs; heart normal on percussion and auscultation; thymus dulness present. Of the organs of the abdomen, the spleen is not palpable; the liver is very slightly enlarged; its lower border is one finger's breadth below the costal arch in the nipple line, while in the median line it is slightly above a point midway between the umbilicus and the xyphoid process. The urine shows no trace of albumin or sugar. The feces show microscopically no pathologic constituents. The blood-count is as follows: Hemoglobin, 70 per cent.; red blood-cells, 3,600,000; white blood-cells, 10,200; differential count, polynuclears, 59 per cent.; small mononuclears, 30 per cent.; large mononuclears, 8 per cent.; eosinophils, 3 per cent. Wassermann's test was negative."

A most careful investigation into the family history as well as that of the child, shows no evidence of specific disease. A summary of the case shows that the clinical diagnosis of a stenosis of the bronchus at the entrance of the left lower lobe of the lung was fully established, and that a happy result followed the removal of the growth. This is a combination that is exceedingly rare.

Congenital Muroid Multicystic Tumor of Small Intestine.

Dr. H. W. Longyear, of Detroit, Mich., reported this case in a paper read at the annual meeting of the American Association of Obstetricians and Gynecologists, Louisville, Ky., September, 1911, as published in the *Amer. Jour. of Obstetrics*, November, 1911:

A patient of Dr. C. C. Jennings, of Detroit, a girl six years of age, was attacked on the morning of March 7, 1911, with appendicitis of fulminating character, and was operated at 11 P. M. of the same day. On endeavoring to locate the appendix—a long one situated behind the cecum—through a small incision, a tumor was encountered lying to the right of the umbilicus. To digital touch it felt slightly nodular, like the spleen, and on bringing it under the incision it had the bluish color and segmented appearance of that organ. By extending the incision the mass was readily brought outside the body, as no adhesions or shortness of its attachments presented. It was then seen to consist of a segment of the small intestine of about two inches in length, on each side of which was a mass of small cysts, which were packed closely together, none occurring singly, and resembling somewhat the arrangement of kernels of corn on the cob, varying, however, considerably in size, the largest measuring about one-quarter inch in diameter. The cysts were translucent, and on being brought outside, lost the bluish

color which was noted when viewed through the small incision. The mesentery was not involved, but the cysts were packed closely down against it along the entire length of the involved portion of the gut. The polycystic masses on each side were nearly symmetric, and each embraced about one-third of the circumference of the bowel, leaving the distal third free. There was no evidence of any kind of irritation having affected the peritoneum in any way, that membrane being smooth and free from adhesions or discoloration. The peritoneal covering of the uninvolved part of the bowel, situated between the cystic masses was smooth and glossy. One of the cysts was incised, thereupon several drops of a semi-fluid, viscid, clear substance resembling mucus, slowly exuded.

The question of resection of the bowel was discussed, but as the tumor apparently had had no part in the causation of the attack necessitating the operation, probably had never caused any trouble and might never do so, as it was doubtless of congenital origin, it was decided to let it alone and leave it for a future operation, if at any time obstructive symptoms should indicate an increase of growth. Resection of the bowel in the presence of a violent appendicitis did not seem justifiable, so that the gut with its interesting exhibit was replaced and is still in situ, and has thus far caused no symptoms, the child having been in perfect health since convalescence, which was normal in every respect.

To sum up the gross pathology of the case, so far as the author was enabled to learn it by brief examination, we have a benign, non-inflammatory multicystic tumor of the small intestine about two inches in length, apparently springing from the bowel at its mesenteric attachment and developing outward, each way, from that point, so as to involve about two-thirds of the free border of the bowel, the cyst being covered by a very thin wall, composed of peritoneum only, and containing a clear, viscid, semi-fluid substance resembling mucus.

[Dr. Longyear corresponded with Drs. W. H. Welch and J. M. T. Finney, of Baltimore, who expressed their belief that it belonged to the general class of so-called gas cysts of the intestines. Dr. Finney wrote: "Since a number of these cases have seemed to disappear following operation for some other cause, in which nothing special was done to the cyst, I feel that in the absence of any definite symptoms it would be well to wait a while before undertaking any surgical measures." Dr. Finney reported a similar case in his own practice.—Editor.]

The Power of Heredity.

Dr. Maudsley says: "He who inherits a predisposition to insanity does not necessarily get it from a parent who happens to be insane—no, not even though his father was insane when he was begotten, or though in madness his mother conceived him. He gets it from where his parent got it—from the insane strain in the family stock."

Jersey preacher says that the second marriage is the happiest. So long as girls are as uncertain as canteloupes there can be no way of proving the matter except to try, and that process has its risks.

County Medical Societies' Reports.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Holmhurst on Friday evening, December 8th, at 8:30, with the president, Dr. E. H. Harvey, in the chair. After the usual routine business was transacted the society proceeded with the experiment of a clinical meeting as decided upon at the last meeting.

Dr. J. C. McVay showed a case of interstitial keratitis of syphilitic origin and a case of phlyctenular keratitis of tubercular origin.

Dr. H. T. Harvey exhibited two cases of Friedrich's ataxia occurring in boys of ten and twelve years of age.

Dr. Emery Marvel showed a case of recto-vaginal fistula in a baby and a case of pyloric ulcer on which a gastroenterostomy had been performed.

Dr. W. Blair Stewart described three cases of angina pectoris.

The cases were all very interesting, were freely discussed and it seemed to be the general impression that the experiment of a clinical meeting was most decidedly successful.

At the conclusion of the meeting the usual enjoyable social season, with refreshments, were observed.

ESSEX COUNTY.

By Dr. Frank W. Pinneo, Reporter.

A regular scientific meeting of our county society was held Tuesday evening, December 5th. Mr. Frank H. Sommer, former sheriff of Essex County, addressed the society on "The Relation of the Physician and Surgeon to the New Employers' Liability Act, with Special Reference to Expert Testimony."

He analyzed "Law" as laws of (1) contracts, (2) tort, and (3) property, on the one hand, and on the other, criminal. Reverting to contracts, he showed that an agreement, to be binding, must be in writing; that to create obligation, *i. e.*, make a contract, a consideration is a necessary part of the agreement, and, further, his consideration cannot be a service rendered in the past. Coming to tort, he showed that here, in contrast to contracts, the law imposes duties even though there be no obligation by agreement. The natural relations of man to his fellow implies them, that, for example, one cannot take his fellow's property, or otherwise injure him, with impunity. The obligation naturally exists. The law merely recognizes it.

Before this new law on Employers' Liability there was a "trinity of defense" against action of servant (employee) which the employer could fall back on to defend the suit. (1) That the employee assumed his own risk incurred in his occupation; (2) the neglect of a fellow servant, which absolves the employer; (3) contributory negligence. The operation of any of these factors in any degree would serve as an effectual estoppel to action at law. Furthermore, the death of the plaintiff would automatically stop his action. This new law (1) emphatically wipes out, and absolutely, this three-fold defense of "assumed risk," "fellow servant" and "contributory negligence." It

leaves, however, the defense of the "injury being not due to the master" and the injury being "self-inflicted, wilful." (2) It makes a feature of providing definite compensation, so that if the degree of injury be determined, and the wage received be known—both readily ascertained—the damages are clearly fixed, and that by the law itself, without suit.

On the topic of Expert Testimony he explained that the reason for rules of exclusion of testimony is to prevent irrelevant matters which might mislead the jury from the essential aim. Four kinds of testimony are exceptions in the operation of these rules: That on skill, or science, or art, or trade. A sharp distinction should always be remembered by a witness between testimony on facts and that of opinion, the latter of which constitutes expert testimony and carries with it the privilege of adding reasons for the opinion. A medical witness may qualify even if not licensed.

Eight new members were elected: Charles Frederick Rathgeber, M. D., East Orange; William C. Fischer, M. D., Vailsburgh; F. N. Mandeville, M. D., Newark; Royal Morris Cohn, M. D., Newark; John Franklin Chattin, M. D., Newark; M. Streen, M. D., Newark; William F. Wismar, M. D., Newark; Morris Rand, M. D., Newark.

Announcement is made by the president, Dr. Wallhauser, that Dr. W. S. Bainbridge, of the Skin and Cancer Hospital, New York, will address the society soon, the date to be announced. Also that Dr. J. Berthune Stein will be at our March meeting and speak on the Wasserman Reaction, with demonstrations.

The annual meeting of the Medical Library Association of Newark took place on November 24. The year showed progressive, constructive work, one feature of which this year was the indexing of an accumulated lot of journals, so that now there is a complete index of everything on hand, and facilities for both filing and finding anything wanted, which will greatly aid searchers and readers and still more increase the usefulness of the library. Those who make use of it now express appreciation of the resources acquired, and they are only a beginning of what is aimed for. Of \$598.75 received during the year, there was expended \$493.79, leaving a balance of \$104.96. The Public Library, besides housing and caring for the books, expended \$194 for current periodicals. The membership was maintained at the highest mark—142. The Medical Library Exchange at Baltimore was utilized by both receiving from and shipping to it. Donors of books numbered 45. A new departure was adopted in adding several committees to those of the Board of Trustees, the president to make such appointments. The following are the officers for the ensuing year: President, Dr. E. S. Sherman; vice-president, Dr. T. W. Corwin; secretary and treasurer, Dr. F. W. Pinneo; librarian, Mr. John Cotton Dana; directors, Drs. H. J. F. Wallhauser, A. A. Strasser, F. R. Haussling and A. B. Twitchell.

The Essex County Pathological and Anatomical Society held its annual meeting December 14th. The following were elected for the ensuing year: President, Dr. F. R. Haussling; vice-president, Dr. A. A. Strasser; secretary, Dr. J. H. Lowrey; treasurer, Dr. D. A. Kraker. On the Board of Governors, Drs. H. J. F. Wall-

hauser, H. S. Martland, W. P. Eagleton and Carl E. Sutphen. An amendment to the constitution, which was adopted, makes all retiring presidents members, *ex officio*, of the Board of Governors. Dr. Thodore Teimer, president for four years, since organization, was thanked by resolution, unanimously adopted, for his faithful interest and successful leadership culminating in the position of such great usefulness the society now occupies. The following specimens were presented and interestingly discussed:

1. Ovarian Tumor with Thrombosed Vessels, Dr. E. J. Ill.
 2. Papilloma Vesici, Dr. Edgar A. Ill.
 3. Lithopedion (Ectopic Calcified Fœtus), Dr. Guy Payne.
 4. Acute Miliary Tuberculosis (child 5 mo.), Dr. Frank W. Pinneo.
 5. Arterio Ventriculi Bundle of His, Also Infantilis, Dr. H. S. Martland.
 6. Goitre Exophthalmos, Dr. H. B. Epstein.
 7. Unusual Tumor of Inguinal Lymph Glands, Dr. Sutton.
 8. Adeno Carcinoma of Pancreas;
 9. Retroperitoneal Multilocular Colloid Cystadenoma of Mesodermal Origin, Dr. E. Staehlin.
- The last was an extended and carefully prepared paper with stereopticon demonstrations.

The Academy of Medicine of Northern New Jersey has carried out the program for section meetings which have been very profitable and interesting. A special meeting was held Friday afternoon, December 15th, to hear Dr. R. C. Cabot, of Boston, on "Essentials and Non-Essentials in Physical Diagnosis." Invitations were widely extended and a large audience greeted the doctor. His address was so replete with succinct and important suggestions, the fruit of his experience, that it should be read in full, and, rather than include here the abstract of it which we have prepared, we hope to print later the paper complete. Emphasis was laid on the following points: "The majority of physicians in the United States do not diagnose incipient tuberculosis;" blood pressure observations are the most important addition in diagnosis which fifteen years have developed; the determination of total solids in urine, with any albumin or sugar, is often all sufficient; a blood-smear properly prepared is as good as a blood count.

Dr. John B. Deaver, of Philadelphia, addressed the Medical League of Newark December 18th, on Pancreatitis. His manuscript of it is promised to another Journal, however.

(For an abstract of Dr. Deaver's address, by Dr. Finklestein, see under Newark Medical League.—Editor.)

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held December 5, 1911, with the president, Dr. George M. Culver, in the chair, and was well attended.

The paper of the evening was read by Dr. George W. Shera, of Jersey City, on "Squint," and it was discussed by Drs. T. R. Chambers, E. L. Bull, J. Koppel, T. R. Paganelli and Wallace Pyle.

A number of interesting clinical cases were reported and discussed.

The president appointed a committee, consisting of Drs. C. E. Putnam, J. J. Mooney, A. P. Hasking, S. B. Sprague and T. H. Lemmerz, to make arrangements for the annual dinner of the society, to be held on the 23d of January, at the Down Town Club.

At the next meeting of the society the paper to be read will be by Dr. William L. Pyle, on "Optimism in Medicine," and Drs. Hasking, Sexsmith, Dickinson and H. Vreeland have been appointed to discuss it.

HUNTERDON COUNTY

Morris H. Leaver, M. D., Reporter

The semi-annual meeting of the Hunterdon County Medical Society was held in the grand jury room on October 24, 1911, Dr. Isidore Topkins presiding.

Drs. G. N. J. Sommer and W. A. Clark, of Trenton, were present as guests of the society.

Dr. Grenelle B. Tompkins, of Flemington, was elected to membership.

Under the report of the Section of Practice, Dr. Leon T. Salmon started a discussion on "Colds," which was generally participated in by all present.

Dr. Topkins, of the Section of Surgery, reported an interesting case of puerperal infection, giving his treatment in detail.

Drs. W. H. Schenk, of Flemington, and G. N. J. Sommer, of Trenton, were elected honorary members of the society.

MERCER COUNTY.

Frank G. Scammell, M. D., Reporter

The Mercer County Component Medical Society met December 12th, in the Trenton Municipal Building, with Dr. Edgar C. West, president, in the chair; Dr. Charles H. Holcombe, vice-president; Dr. Harry North, secretary; Dr. F. G. Scammell, reporter; Dr. Irving Turner, T. H. Mackenzie, G. N. J. Sommer, F. S. Hammond, W. C. Sandy, C. Reed, W. S. Lallor, J. C. Felty, E. S. Hawke, G. Schoening, N. B. Oliphant, E. Barwis and S. Sica present.

The society adopted the American Medical Association's educational plan on health and public instruction, and the chair appointed Drs. Thomas H. Mackenzie, N. B. Oliphant and F. G. Scammell a committee to confer with the State chairman and outline plan of procedure.

Drs. G. N. J. Sommer, surgeon to St. Francis Hospital, gave an interesting address, "A Cursory Review of Operations on Cancer of Stomach," with the report of a case of "Gastrectomy," and supplemented the diagnosis by a pathological report submitted by Dr. Fred S. Hammond, pathologist to the New Jersey State Hospital.

The discussion of this interesting paper was carried on by Drs. Schoening, Mackenzie and Oliphant.

Dr. Schoening had a communication before the society asking for a special meeting to be called and to have representatives from the State Board of Health, State Geologist, City Board of Health and officials from the city, with reference to some means of recognizing the views of our society and perhaps recommendations for public health.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The regular monthly meeting of the Paterson Section of the Passaic County Medical Society was held in the Braun building, Paterson, N. J., on November 14, 1911.

Dr. Robert M. Curts was chosen chairman pro tem.

Dr. William Spickers showed a case of epithelioma of the face, treated by the X-ray.

Dr. William Neer showed a case of epithelioma of the lower lip, excised, with submaxillary gland.

Dr. E. L. Henion reported a case of advanced acromegaly.

By invitation of the chairman, Mr. Boyd explained a system of general credit rating for the community. It was voted that a committee be appointed to inquire further into the matter and report. The chair appointed as such committee: Drs. Scribner, Hagen, Dingman, Mclay, Surnamer and Tuers.

Dr. Walter B. Johnson gave a report of the Legislative Committee's work regarding their prosecution of illegal practitioners. Resolution of thanks to the prosecutor, the Legislative Committee and to Dr. William Flitcroft, president of the society, who was foreman of the grand jury.

A resolution to the State Board of Medical Examiners, in re the case of Dr. Arthur Ball, an advertiser making extravagant claims of "remarkable cures," and asking for a revocation of his license. The meeting then adjourned.

December Meeting.

The regular meeting of the Paterson Section of the Passaic County Medical Society was held in Lyric Hall, on December 12, 1911. There was a large attendance. Dr. William Flitcroft presided.

The subject of the evening was "Moving Picture Illustrations of Nervous Diseases," by T. J. Weisenburg, M. D., of Philadelphia, professor of Clinical Neurology, Medico-Chirurgical College. Dr. Weisenburg first gave a talk on moving pictures as applied to medicine and surgery, and said that Professor Doyen, of Paris, in 1903 had moving pictures taken of an abdominal operation. These films were shown in all the capitals of Europe, but unfortunately the manufacturer tried to make money out of the films and the exhibition was condemned and the showing of the films stopped. A friend of Dr. Weisenburg saw the Doyen films in Rio Janeiro. In this country, Dr. Chase, of Harvard, was the first to use moving pictures in their application to surgery or medicine. Dr. Weisenburg stated that he proposed to cover the entire scope of nervous and mental diseases. He believed that moving pictures were of great value because the students gave more attention to the pictures than to the patients and that the pictures provided a ready means of illustrating any case of nervous disease at the time wanted.

The first film was to illustrate Athetosis following Infantile Diplegia.

Case 1.—Female, adult. When you see a case of athetosis you know immediately that the lesion occurred at birth. You never see athetosis if the lesion occurred after birth. The usual history of these cases is, difficult labor followed

by hemorrhage, usually due to forceps application. In this case the hemorrhage occurred from the middle meningeal artery. The patient has never walked nor talked. She has athetoid movements of face, arm and neck, also the atrophy of muscles, Babinski reflex, spastic limbs, and her neck muscles are large. Her movements may be termed sinuous in character.

Case 2.—Adult, female. This case showed particularly the athetoid movement of the fingers. When patient sits still no movement occurs. But the movements are produced on attempting to do anything, even to talk. She also has large neck muscles.

Case 3.—Female, adult. This case looks more intelligent than the two preceding. She shows particularly athetoid movements of the face and fingers. All the cases shown are from the Philadelphia General Hospital.

The second set of films illustrated Paralysis Agitans. This disease usually occurs after the age of 40; it is rare under this age. Commences usually with tremor in right hand, then left hand, head bends over, knees give way, patient assumes attitude of giving way, and acquires a wooden countenance, the furrows of face become ironed out. If the patient is right-handed, the tremor starts in the right hand. If the patient is left-handed, the tremor starts in the left hand. The tremor is called a pill-rolling tremor and improves on effort. In Multiple Sclerosis, the patient has an intention tremor and on making an effort, it becomes worse. In Paralysis Agitans, the centre of gravity of the patient is in front. He has to walk fast to catch up to it.

Case 1.—Man. This case shows the attitude, the head bent, the knees bent, the pill-rolling tremor and the wooden countenance. When he picks up a handkerchief, he does it quite steadily, and the tremor improved. The side view shows the typical attitude of an early case. This is not a marked case.

Case 2.—Man. This case shows the gait, but he walks a little fast, holds himself stiff, has no expression of the face, has slow movement of the head and pill-rolling movement of the fingers.

Case 3.—Man. This case is typical. May have had the condition for years, has to be helped to stand up, has the attitude, walks slowly, dribbles from the mouth, and has the pill-rolling tremor. When he starts to walk, falls backward at first, before he recovers his centre of gravity.

The third film was to illustrate Multiple Sclerosis. Multiple sclerosis is a disease of the young. It is rare in the United States, common on the continent, as Tabes is in the United States. Dr. Weisenburg knows of only eight autopsies for multiple sclerosis in the United States. Although a New Orleans physician had reported there were 40 cases in the Charity Hospital there. The disease occurs usually between the ages of 15 and 20. First one arm gets stiff, usually the right, then the entire side. The patient staggers to one side, the reflexes are increased, the patient has difficulty in talking. The speech becomes scanning, the hands show intention tremor particularly in writing, and it is impossible for the patient to feed himself. Nystagmoid movements occur. The gait is spastic, the patient weakens. These patients are always jovial. They have a different

expression from a patient suffering from tabes. One can often diagnose them at sight.

Case 1.—Man. Notice he is laughing, he talks slowly, he is saying his name, Joseph Skillen. There is no tremor when he is quiet. He cannot touch nose with his finger and has marked intention tremor of hand and head.

The fourth film illustrated Unilateral Laughing resulting from Thalmus lesion.

Case 1.—Man. This patient had a diagnosis made of lesion on one side of the optic thalmus because he laughed on one side of his face. He can show teeth on both sides or on one side, can move muscles on both sides of the face. You can see that he shows his teeth, shuts his eyes, but laughs on one side of his face. We believe that the cerebral centre for laughing and crying is in the thalmus.

The fifth film was to illustrate "Locomotor Ataxia." The disease is characterized by pains, ataxia, lost reflexes, and is very common.

Case. 1.—Colored man at age of 19 had syphilis. at age of 24 developed locomotor ataxia. He soon developed optic atrophy, lost his sight and as his sight grew less, his ataxia decreased. This picture shows you that, although he is blind and has ataxia when he walks, with his eyelids open he walks very well, but as soon as he shuts his eyelids he falls to the ground. Why this is so we cannot explain.

All the pictures on the above roll were taken with sunlight. The pictures on the next roll were taken in artificial light.

Case 1.—Female. Patient has Huntington's Chorea. This disease is one of the few nervous diseases named and described by an American—Dr. Huntington, of Long Island. This disease occurs in patients usually over 40. The movements are irregular, affect all limbs, head and body, and, late in life, patient becomes demented. It is an hereditary disease, but skips generations. The picture shows you the typical jerky movements. She does not talk, has no mentality.

Case 2.—Colored woman. Generalized tic. Tic is a term meaning multiple movements. These movements are quicker than the movements of Huntington's chorea. The cause is functional and the movement can be cured or improved. You can see by the picture, that this woman goes through several different movements and that she is clever and bright, contrary to the stupidity of the case of Huntington's chorea.

Case 3.—Man. This patient has locomotor ataxia. He is emaciated, is markedly ataxic and his facial expression is indescribable. We think at times that he has ataxia of his trunk muscles and perhaps in his respiratory movements. He is flatfooted, walks carefully, watches his movements. He illustrated the Rhomberg sign. When he stands with his feet far apart and shuts his eyes, he falls to the ground.

Case 4.—This patient has muscular dystrophy. This disease is seen usually in young persons. They have a pseudo hypertrophy of the muscle. Child at first has big shoulder development and looks fine. Later, when he starts to walk up and down stairs the movement is slow and the child stumbles easily. Finally shoulders go back, abdomen protrudes and a waddling gait develops. Pathology shows there is an hypertrophy of muscle, due to fat deposits; on microscopic examination, very few muscle fibres may be found. The picture shows the patient

in a chair, he gets up to a standing position, by climbing with the aid of the chair. When given a cane, he starts to walk, with a strutting, waddling gait, the shoulders being thrown far back and the abdomen protruding.

Case 5.—Man. Tic of tongue. Tic means forcible movements that cannot be controlled. The picture shows the forcible movements of the tongue. He was taken to a studio where some actresses were waiting. The man objected to the actresses being present, and because they were allowed to stay in the room, became angry, which made the tic worse.

Case 6.—Man. Multiple neuritis. This disease affects most nerves of the body, and is characterized by anesthesia, pains, paralysis, wrist and toe drop. This picture is shown to you to illustrate the steppage gait of multiple neuritis; he walks like a stepping horse.

Case 7.—Man. This man has astasia abasia. It is an hysterical functional disease; the man cannot use his limbs. The picture shows that the man walks well at first, then walks more slowly, helps legs, with his shoulder muscles, facies expression is an index of his condition. He now protests he will fall, uses only upper limbs and finally falls.

Case 8.—Man. This man has "lateral sclerosis." This disease is due to a sclerosis of the lateral motor columns. First one leg becomes weak and stiff, and then the other. A Babinski reflex is always present. This picture shows you the gait of the man; you will notice he has some staggering, that is because there is some posterior sclerosis.

This picture is exhibited mainly to show you the method used to obtain ankle clonus, knee jerk and Babinski reflex. Irritate plantar surface, you obtain extension of large toe; the important thing is that the extension must be slow. This picture shows the Babinski reflex well and you can depend that when this reflex is present, the pyramidal tract is diseased. You will also notice in this picture that the leg is stiff, the gait spastic, and he uses the whole of the body to move the leg.

Case 9.—This man had hemiplegia. This picture shows you the contracted condition of the upper and lower limb, when he opens his mouth the tongue is drawn to the paralyzed side, the droop of the paralyzed side of the face, the gait of the patient. He carries his arm like a hemiplegic.

Case 10.—Man. This man had generalized tic. He may be seen walking about the hospital yard, assuming all sorts of attitudes, may dance, etc. This picture does not show many varieties of movements, until near the end, when you notice that the man suddenly spins around on one foot, a few times. All the films were taken by Lubin.

On motion, a rising vote of thanks was given by the society to Dr. Weisenburg. The meeting then adjourned.

Passaic Section of County Society.

The regular meeting of the Passaic Section of the Passaic County Medical Society was held in Smith's Academy on Thursday evening, December 14th, 1911. Dr. G. T. Welsh presided. The attendance was small.

Dr. William H. Carroll presented a specimen of a Dermoid Cyst and also a specimen of a "Twist of the Intestine."

The following are the clinical reports:

Case 1.—Mrs. V. Z. Private, age 33. Nativity, U. S. Consulted me at my office December 2, 1910, and gave the following history: Had not been feeling well for the past few days, complained of a general weakness, loss of appetite, could not sleep well on account of a troublesome cough, short, hacking in character, not so troublesome during the day, but would cough at intervals. Has been losing flesh.

Examination—Temperature, $98\frac{3}{4}$; pulse 80; digestion good; bowels regular; menstruation regular and painless.

Physical Examination—Percussion sound over both lungs normal; respirations normal; throat and nose free from obstruction that might cause cough. Was given tonic of phospho-muriate of quin. comp. ʒi t. i. d., and advised to send specimen of sputum for examination. Result, no tubercular bacilli present.

On December 14 patient again reported to office and said she did not feel that there had been any improvement; cough and general weakness the same. On questioning patient, she stated that for the past week she had noticed an enlargement on the right side of abdomen in region of pelvis. On examination, I found the following conditions:

Inspection—Abdomen slightly enlarged and pointing. Bimanual examination: Uterus movable, but not freely; cervix small, slight pain when was pushed toward the left. On right side could make out an enlargement about the size of an orange, elastic to the feel. Last menstruation was on November 20th, for one day. Diagnosis: Cystic tumor, possibly ovarian. Advised operation, but patient refused, as she wished to spend the holidays with her family, but agreed to report once a week, which she did until January 3, 1911, when she entered the Passaic General Hospital.

On admission at 4 P. M., temperature 100 F.; pulse 110; respiration 26. Rested well the greater part of night, but was troubled with a short hacking cough, body with warm perspiration. January 4th, 8 A. M., temperature $99\frac{3}{4}$; pulse 106 respiration 22.

Her history from this time on does not vary much from day to day. At times would complain of having a heavy pressing on side of abdomen when lying down. Cough continued and was very annoying. Blood count: Hemoglobin 60; red cells 5,090,000; white cells 8,300.

On account of the continued rise of temperature in evenings and a drop to normal mornings, and the question as to whether this condition was due to tuberculosis or some other condition, operation was postponed from day to day. As conditions did not improve and the tumor had reached the level of the umbilicus, I determined to operate. On January 28th, the patient was taken to the operating-room. The usual median incision made and a distinct cystic tumor showed at the opening. It was lifted out of the abdomen, tapped and about four quarts of a thick yellow fluid escaped and with it a bunch of blond hair. The sac was followed down and the pedical, which was found to be attached to the right tube, was ligated and cut off, as a precautionary measure. An opening was made through Douglas' cul-de-sac per vagina and a gauze drainage drawn through. Patient came out of ether and shock of the operation without any bad results. Made an

uneventful recovery and was discharged cured on February 22, 1911. What I wish to call your attention to particularly is that the patient ceased to cough immediately after the operation and has never coughed since. Temperature also dropped to normal; never rose afterward above 99 F. at any time. Has gained 20 pounds during the past year.

Case II.—Julia B., colored, aged 35. Nativity, United States. Was admitted to my service at the Passaic General Hospital on the evening of November 16, 1911, with the following history: On the evening before she had taken a large dose of Carter's liver pills, from which she had two copious movements. The following morning, no pain or distress during or following the action of the bowels, until the afternoon, when she was taken with severe pain and cramps through the abdomen, centre of pain about the region of the umbilicus, no vomiting nor distention, abdomen soft and petulent. Pulse and temperature were normal. Conditions reported to me by Dr. Bell, interne at the hospital. Ordered him to give morphia gr. $\frac{1}{4}$, atropin gr. $\frac{1}{150}$, hypodermatically, and to have the rectal tube inserted and note whether flatus was expelled. Only water was allowed by the mouth. Rested quietly during the night after hypodermic, slept at intervals. Rectal tube passed but no flatus expelled. Low S. S. enema given returned clear with few fecal particles.

November 17, 8 A. M.—Abdomen sore, severe pain in region of umbilicus. Slight distention, temperature $98\frac{3}{4}$ and pulse 80; respiration 26. No vomiting or desire to vomit. Unable to void urine, catheterized and ʒxxii of urine obtained. At 9:30 A. M., when making my rounds, on examination could make out a distinct mass in abdomen very tender on pressure, dullness on percussion, abdomen tense, rectus muscle rigid, facial expression good. Tongue slightly coated, no vomiting or nausea, temperature and pulse the same.

Diagnosis—Intestinal obstruction; advised an immediate operation. Patient begged to be allowed to talk the matter over with her husband, which was granted on condition that I was to be given an answer as soon as possible, as I felt she was in great danger. At 2 P. M., received consent of patient and she was prepared for an exploratory operation.

At 4 P. M. was taken to the etherizing-room; temperature was 100, pulse 90 and respiration 22. After being put under ether, an incision beginning two inches above the umbilicus and carved wound to the left of the same, ending two inches below, was made. When the abdomen was opened up a large black mass of intestines could be seen. Carefully lifting them out, they were found to be twisted upon themselves three or four times; after careful inspection as to the direction of the twist, they were carefully severed as far as possible and the adhesions which had taken place gently separated; in a few minutes had the pleasure of seeing the mass straighten out and completely relax.

Towels wrung out of hot water were applied in hopes that a return of the circulation would be established, but after ten minutes, as there was no improvement, the omentum was ligated in sections, the bowels stripped back to empty it; tied off in the sound portion above and below diseased part and 29 inches of intestines

were removed. An end-to-end anastomosis, by means of the Murphy button, was made. As the abdomen had quite a large quantity of bloody serum in it, a twin drain was introduced through a stab wound low down on right side, midway between the floating rib and anterior superior spine of the ilium. Abdomen closed and patient returned to bed. Temperature 98; pulse 130; respiration 30; condition fair. During the night the pulse varied from 120 to 130, respiration 24, temperature 98. Pain quite severe in region of incision.

9 P. M.—Morphia gr. $\frac{1}{4}$, atropin gr. $\frac{1}{150}$, hypodermically on account of severity of pain. Rested quietly during the remainder of night; slept at short intervals. Had some eructations of gas.

3-10 A. M., November 18—Murphy drip given on account of pulse showing indications of flagging and was continued until 4:30 P. M.; pulse of better quality. Complained of feeling nervous, but has no pain. November 18, 9 A. M., vomited 5vi. of dark brown fluid. 2 P. M., again vomited 5vi. of dark brown fluid; complains of feeling nauseated and very thirsty. This condition continued until November 19, at 11:30 A. M., when she vomited a small amount of dark brown fluid, with some hard particles which looked very much like fecal matter, had very offensive odor. I thought it was all up with her, but she evidently had some mission to perform in this world, as she was very much improved the next morning.

November 19—Condition unchanged. November 20, 6 A. M., rectal tube inserted for five minutes, small amount of flatus expelled. November 21, 9:45 A. M., low S. S. enema given, returned colored dark brown. Defecation large formed and semi-solid. November 22, 8 A. M., low S. S. enema given, returned colored dark brown. Defecation small formed, moderate amount of flatus expelled.

As the patient had not had any nourishment and only 5i. doses of water allowed by the mouth, rectal feeding was now begun and she continued to improve from day to day, and when I went off duty on December 1, she was able to take light diet. I visited her on December 12, and she informed me she was feeling as well as she ever did in her life. Was sitting up part of the day, had no pain, bowels acting well. Wound healed by first intention. Has not as yet passed the Murphy button.

Representatives of the Pittsburg Mercantile Agency were present and addressed the section on a system of credit rating for the community. After some discussion, a committee was appointed to look into the matter and report back to the society.

WARREN COUNTY.

J. H. Griffith, M. D., Reporter.

The fall meeting of the Warren County Medical Society was held in the parlors of the Lee House, Phillipsburg, N. J., December 8, 1911, F. A. Shimer, M. D., president, in the chair. In the absence of the secretary, Dr. F. J. Larrivue was made secretary pro tem., Dr. W. J. Burd, secretary, arriving later.

H. E. McCormick, M. D., of Phillipsburg, was greeted and requested to sit with the society as a corresponding member, he being a non-member at present. Sixteen members of the society were present, besides our worthy

councilor, Thomas N. Gray, M. D., who took a lively interest in our proceedings and gave us much valuable advice, information and words of encouragement.

A communication from the New Jersey Public Health Education Committee was presented and it is the purpose of said committee to carry on a campaign of education throughout New Jersey in May, 1912, the lecturers to be furnished from the members of the county societies, and the lectures to be given in schools, churches, women's clubs, labor unions, etc.

In connection with the above request, a committee of three from this society was appointed to take up this interesting subject, viz.: Drs. J. M. Reese, C. B. Smith and G. W. Cummins.

Frank S. Gordon, M. D., of Blairstown, N. J., read a paper entitled, "A Study of the Allevatives," which elicited many favorable comments and was highly complimentary to the doctor. On motion, it was ordered that this excellent paper be sent to the Journal of the Medical Society of New Jersey for publication.

Several interesting cases were presented and discussed with benefit to the membership. After a banquet given by mine host of the Lee House, the society adjourned to meet at Washington, N. J., on March 12, 1912.

OTHER MEDICAL SOCIETIES.

The Newark Medical League.

Reported by A. Finkelstein, M. D., Secretary.

The League met in the Weiss Building, Broad street, Newark, on Monday evening, December 18, 1911, at 8:30 o'clock, about 125 physicians being present.

Dr. John B. Deaver, of Philadelphia, presented a very interesting and instructive paper on "Pancreatitis." He first described the minute anatomy of the pancreas, paying special attention to the main and accessory and the relation of gland to the surrounding viscera.

Etiology—The relation of the common pancreatic duct to the common bile duct, the two having a common opening into the duodenum, makes any obstruction to the ampella of Vater by a gallstone likely to produce pancreatic obstruction or inflammation. 2. Bacterial infection from the intestine or bile ducts.

Pathology—Absence of pancreatic digestion, as shown by abundance of undigested fat in the stools and characteristic color; 2. Fat necrosis, that is the splitting up of fat into fatty acids and glycerin. This is common in acute pancreatitis, but rare in the chronic form; 3. Hemorrhage is well marked in the majority of acute cases. It occurs in the pancreas itself and into the peritoneal tissues around. Urine, may get Cammidge reaction in acute cases but not in the chronic cases. Dr. Deaver does not depend much upon this reaction.

Varieties—The acute and chronic forms.

Acute Pancreatitis—The onset is very sudden and the pain and tenderness gradually localizing itself in the epigastrium; shock is profound; the pulse small and rapid; the temperature is sub-normal; there is severe vomiting and constipation is marked. Enemata may relieve the latter and diarrhea may ensue. The case is one of acute peritonitis of an upper abdominal type and ends fatally in about three days. The diagnosis is extremely difficult and may be confused

with ruptured gall bladder, acute appendicitis, perforating gastric or duodenal ulcer, or acute intestinal obstruction. The pathological changes are gangrene or extensive hemorrhage into the pancreas with marked fat necrosis.

The treatment is surgical and in making the diagnosis the word "internist" becomes a misnomer. It is the surgeon with aseptic hands and the scalpel, who opens up and explores, who is the internist, and the man who palpates, percusses, auscultates and makes a diagnosis is really the internist. In treating the case surgically, a median incision may be made for diagnostic purposes and when diagnosis is confirmed by the findings—swelling and hemorrhage in the pancreatic region and fat necrosis—the organ should then be explored and drained through the posterior or lumbar incision, cutting in on the left side. Emphasis was put on the fact that in these cases the speaker had always found an exudate in the lesser peritoneal sac and very rarely in the greater sac.

Chronic Pancreatitis—Generally due to biliary catarrh or calculi in the termination of the common bile duct, or following an acute or sub-acute pancreatitis. The onset is usually gradual, but it may be sudden, with pain and jaundice. The pain may be continuous or paroxysmal and located in the epigastrium; jaundice deepens with each paroxysm of pain; vomiting is well marked. The head of the pancreas can often be felt as a hard tumor, and often the gall bladder is distended. There are two classes: 1. The interlobular, which affects the tissues between the lobules, the islands of Langerhaus not becoming involved. This form is usually due to duct infection and produces no glycosuria; 2. The intraciner type, the inflammatory fibrous tissue penetrates the lobules and invades the islands of Langerhaus. It is associated with diabetes. The treatment consists of drainage by the cholecystostomy operation. If a calculus be found in the ampulla of Vater, it should be removed through the duodenum. In both the acute and chronic types morphine may be given, but only in such doses as will just edge off the pain.

The following officers were elected for the ensuing year:

President, Dr. Edwin Steiner; vice-president, Dr. Max Danzis; treasurer, Dr. Louis L. Davidson; secretary, Dr. Abraham Finkelstein.

Council—Drs. Max Danzis, chairman; David A. Kraker, Louis L. Davidson, Abram J. Alexander, Henry B. Kessler, Isaac Kupperman, Louis Weiss, Edwin Steiner, Nathaniel G. Price and Abraham Finkelstein.

West Jersey Medical Inspectors' Association.

The Medical Inspectors of the Public Schools of Camden County, organized, on November 22, 1911, the West Jersey Medical Inspectors' Association, with the following officers:

President, Dr. Henry H. Davis, of Camden; vice-president, Dr. Wallace McGeorge, of Camden; secretary and treasurer, Dr. Theophilus W. Madden, of Collingswood.

Executive Committee—Drs. William B. Jennings, Duncan W. Blake and Marcus K. Mines.

"Why is a bell buoy on the ocean like a bell buoy in a fashionable hotel?"

"Because they are both tipped by the swells."

Social Purity Organization.

For the purpose of forming a State organization, many New Jersey social reformers gathered at the Y. M. C. A., Trenton, N. J., November 17, 1911, at 2:30 o'clock P. M., at the invitation of the social evil committee of the State Sanitary Association of New Jersey. An organization to cope with this problem along the lines proposed by a number of other States, was formed.

Following the organization these officers were chosen: Dr. Alexander Marcy, Jr., of Riverton, president; Mrs. C. B. Alexander, of Hoboken, vice-president; Rabbi Foster, of Newark, second vice-president; Mrs. A. H. Reeves, of Morristown, third vice-president; Dr. Thomas N. Gray, of Orange, secretary and treasurer.

In an address on the duty humanity owes to the mothers and children of the race, Rev. Dr. Floyd Tompkins, of Philadelphia, condemned the sins of the father which entail so much harm and suffering. He urged the adoption of every possible safeguard without delay, and criticized the care that was given to animal husbandry while the human race suffers from neglect.

Dr. Robert N. Wilson, of Philadelphia, who is a member of the Pennsylvania Social Purity Society, told of the danger of contagion through innocent agencies, such as public drinking cups, towels, and also the kissing games that are so often tolerated at social affairs.

Wants the Jobs.

From the Newark Evening News, Dec. 7.

Dr. Alvah H. Doty, head of the quarantine at New York, has a big job.

What is more to the point, he controls a lot more of big jobs.

He stands at the gateway of the biggest port in the Western world, and notably the biggest immigration port of the whole world, to guard a nation of 90,000,000 people from plague.

Naturally, he has a big staff, and important positions under him. Heading practically a military body in a war—a war against disease—he is more or less of an autocrat.

In his vast organization, having at times to handle rapidly, but searchingly, great numbers of puzzled and frightened immigrants, and having to enforce the necessarily rigid protective measures of health, many cases of apparent, and some cases of real hardship, may be imposed.

There may have been cases of favoritism, of extravagance, perhaps of graft. Those things are up to Dr. Doty's opponents to prove.

What needs no proof is that he, although having to remodel his work because of the discovery of "cholera-carriers" making the examination more complicated, and although hampered by an "investigation," kept the cholera out of America last summer.

The investigation referred to is ended, and the recommendations, unfavorable to Dr. Doty as was intended, are up to Governor Dix.

There is no criticism of Commissioner Bulger's findings. He did what he was paid for.

Dr. Doty has a big job. What is more interesting to some people—Tammany, perhaps? He also has control of a whole lot of fat jobs.

Dr. Doty was appointed by a Republican. A convenient excuse for not reappointing him might be very handy—to Tammany, perhaps?

THE JOURNAL

OF THE

Medical Society of New Jersey

JANUARY, 1912

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

Oh, do not pray for easy lives! Pray to be stronger men. Do not pray for tasks equal to your powers. Pray for powers equal to your tasks. Then the doing of your work shall be no miracle, but you shall be a miracle.—Phillips Brooks.

SPECIAL—TO EVERY READER.

In entering upon the work of the New Year—1912—the editor sends his greetings to every reader of the Journal, wishing each one a very

Happy New Year.

We invite every officer and every member of every medical society in the State of New Jersey to unite with us in the endeavor to make our Journal better than ever this year. Our great ambition is to have the Journal fully set forth the splendid work the members of our profession in New Jersey are doing. As we have not the powers of omnipresence and omniscience, we are compelled to request not only every secretary or reporter of a county or local medical society, but also every member, to send to the editor—addressed to New Brunswick—every item they deem of suffi-

cient interest to report to the profession. We also invite articles for our Correspondence Columns on any subject which concerns the profession, and also any kindly criticism.

MEDICAL DEFENSE.

The readers of this issue of the Journal will find on another page the full text of the Medical Defense Act as modified by the Society at its last meeting. It is important that all members, who wish to keep insured and be defended in malpractice suits, should carefully read it.

We have thus far successfully defended every case. Several cases are now awaiting trial. Some of the plaintiffs, when they found that their suits were to be energetically defended and carried, if necessary, to the very highest courts of the State, have withdrawn their complaints.

When one considers that the payment of his subscription to the Journal pays also for him any legal expenses arising out of a suit undertaken by the Society in defending him against alleged malpractice, he will appreciate the great advantage of having his name entered on the list of subscribers to the Journal. It cost one of our physicians in former days over \$1,200 before he was finally and honorably acquitted. Many have paid \$300 or \$400 in defense or have been driven to compromise for similar amounts. All of our members can now be relieved of this trouble and expense by having their names placed on the list of subscribers to the Journal.

You will have the opportunity, when you next pay your annual dues, to decide what you will do. It will cost each member one dollar for his membership dues and one dollar additional to subscribe for the Journal—a total of two dollars per year. This is the same amount that has been paid heretofore, only that failing to ask that your name be entered as a subscriber to the Journal, you will lose not only the benefits of the Journal itself, but will be obliged to defend yourself out of your own pocket

in case some disgruntled patient possibly aided and instigated by a shyster lawyer, takes a notion to sue you, because they think you will pay something rather than be put to trouble and expense to defend yourself.

It would seem the height of foolhardiness to neglect a precaution which involves so little cost.

TYPHOID FEVER IN TRENTON.

We refer in another column to the prevalence of typhoid fever in the city of Trenton, during the past month. It is a matter of deep regret that Trenton has not for several years been free from this disease, that it has occurred frequently in our State institutions and that at times it has existed to an inexcusable extent.

As Trenton is the capital of our State; as so many of our educational, charitable and penal institutions are there located; as the Legislature calls large numbers of our citizens from all parts of the State there during its sessions and as it is the headquarters of our State Board of Health, the citizens of our State generally have an interest in the matter and have a right to insist upon the adoption of adequate measures by the authorities to prevent what we believe to be the needless prevalence of typhoid fever and wipe out the disgrace that attaches to the neglect of proper remedial measures.

The State Board of Health should use its power, and, if needed, be clothed with greater power at the coming session of the Legislature, to stamp out, so far as possible, this disease. Temporary expedients to check its progress are not enough. We do not believe the Delaware River is a proper source for Trenton's water supply, certainly not while the towns along its banks are allowed to freely pollute its water. The civil engineers ought, by this time, to be able to solve this problem far more efficiently, and if they decide that a filtration plant is necessary, it should be installed without further delay.

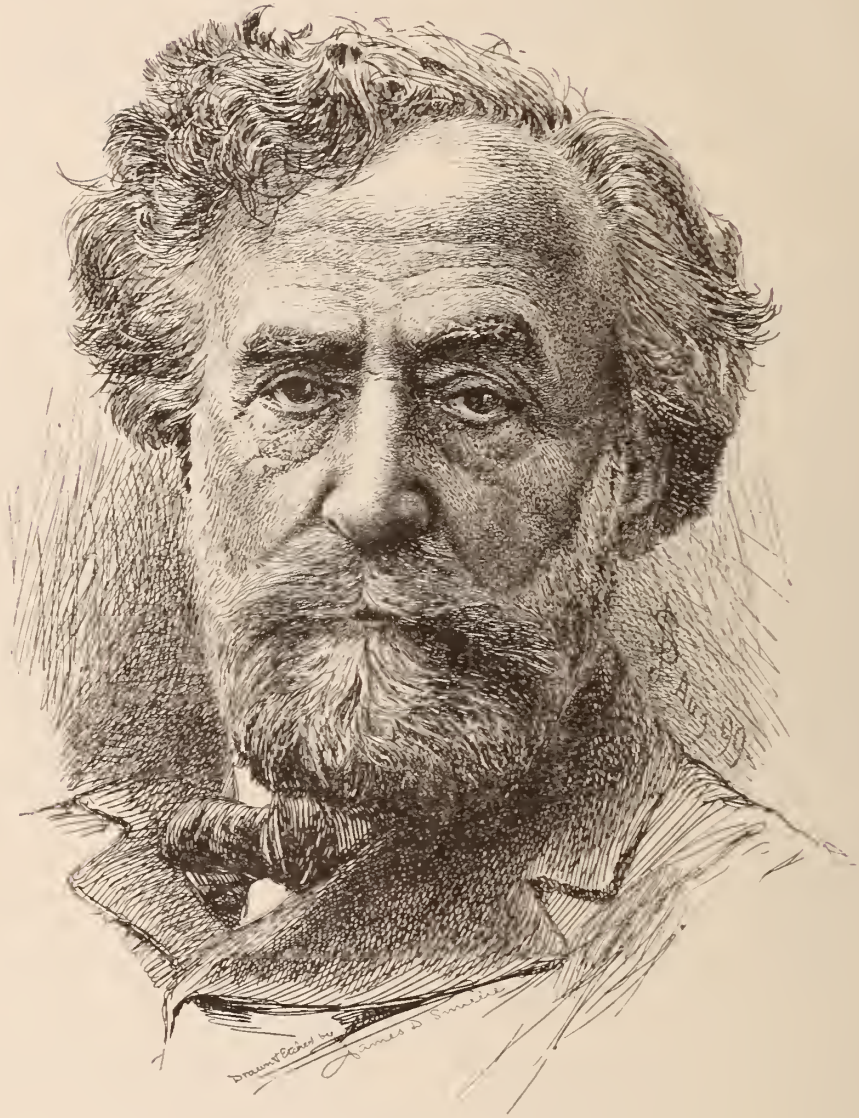
Physicians, even those versed in sanitary

science, can do but little except to protest and urge upon the authorities prompt action; insist upon securing the judgment of the ablest engineers; the adoption of the most approved methods regardless of cost; and when decided and relief is obtained, insist that the maintenance of works for a pure water supply shall be conducted on strict business principles, economically, *entirely free from political control*, and run by men under civil service regulation.

Newark has, we believe, decidedly the best water supply in the State; its management and the purity of its water is probably not excelled by any city in the United States. Its citizens have been willing to pay the price—millions of dollars—to secure pure water; to guard against its pollution, and to wisely maintain it. *It has been an exceedingly wise investment*, for it has meant and will continue to mean the saving of thousands of lives and the prevention of tens of thousands of cases of severe illness. *The Capital of our State* should not fall behind Newark in this matter. The State and local Boards of Health should compel the authorities of the city to protect its citizens and the city's good name.

DR. ALVAH H. DOTY.

The citizens of New Jersey have just cause for manifesting the deepest interest in the question of the retention of Dr. Doty as Health Officer of the Port of New York, because an efficient quarantine that shall shut out pestilential diseases from foreign countries at New York's port of entry, affects us equally with New York. We believe we voice the sentiments of the medical profession in New Jersey in expressing confidence in the efficiency of his administration of the office and in requesting Governor Dix to reappoint Dr. Doty, because he is fully qualified, by knowledge and experience, and his conspicuous success in the past gives the people of our State and the whole country confidence that *they* are being protected as well as the citizens of New York State.



A. J. A. J.

President of the American Medical Association, 1912.

Courtesy of the American Medical Publishing Company.

A Symphony of Deeds.

A life so clean, with service as its cue,
Such ceaseless effort for the sick, forlorn,
That tongue nor pen can give the homage due,
Save to thank God that such as he was born!

How many hearts have filled with grateful cheer
At words of hope that he alone could give.
How many times his skill has banished fear,
And taught some erring one the way to live.

A true physician, thinking naught of self,
His entire life a symphony of deeds,
Untouched by baser aims or greed of pelf,
His only aim to succor human seeds.

And thus he stands, the Nestor of us all,
Beloved, admired, with every man his friend,
Long may it be before he hears the Call,
Far in the future may his Journey end.

—H. Edwin Lewis, in American Medicine.

ABRAHAM JACOBI, M. D.

It gives us great pleasure to insert in this issue of our Journal an excellent portrait of President-elect Abraham Jacobi, of the American Medical Association, who was elected last June and enters upon the duties of the office at the annual meeting next June at Atlantic City.

Dr. Jacobi was born in Westphalia in May, 1830, received the degree of M. D. at the University of Bonn, Germany, in 1851; was, to his credit, imprisoned again and again, during the revolution of 1848, and, when liberated, he, like Schurz, Siegel and other able men, sailed for America, landing here an unknown exile with little money. He at once began the practice of medicine in New York City, and soon became a leader in his profession. In 1857 he was appointed lecturer on infantile pathology in the College of Physicians and Surgeons; in 1860 he was called to occupy the first chair established in America for teaching the diseases of children, by the New York Medical College. In 1870 he became clinical professor of the same branch in the College of Physicians and Surgeons and occupied that chair until 1902, when he was made emeritus professor. In 1895 the University of Berlin offered him the chair of pediatrics, but the ties which bound him to his adopted country were too strong and he declined that high honor.

Dr. Jacobi has been exceedingly active not only in his private practice, but also in the city, county, State and National medical societies. He was the prime mover in the founding of the section on pediatrics in the A. M. A. in 1880, and also in the New York Academy of Medicine. No American medical man has been more prominent at international medical meetings. He is also an honorary member of a very large number of scientific societies in this country and abroad. He was once most appropriately hailed by his life-long friend, Carl Schurz, as "the personification of scientific conscience and the personification of civic conscience."

It was eminently proper that this great leader and worker in medical organizations, and grand, unselfish man and citizen, so devoted to the welfare of humanity, should have received, at the age of eighty-one, the highest honor which the medical profession in America could confer—the presidency of the great American Medical Association. It is unnecessary to say to those who know his unostentatious, modest nature that this honor came unsought and was conferred—a very unusual thing—when he was unable to be present at the annual meeting.

We speak of his advanced age, but he is almost as active as ever and is always ready to respond to calls for addresses and other helpful

services, when within the range of possibility. The editor of this Journal had the honor and the pleasure recently of receiving a beautiful letter from him in which he says: "My routine work and outside labors, committees, etc., require much time; leisure, I have none and never had, except in summer vacations." May his life be spared for many years to come to bless humanity and enrich his professional brethren in medical knowledge and to teach us by example lessons of unselfish devotion.

Brands Christian Science as Quackery.

Rev. Dr. W. H. Hess, in Trinity Congregational Church, New York City, preached on "Quacks and Quackery" on December 10th. He said:

"Our neighborhood has been horrified within the last week by the news that a little child had perished for the lack of medical attention. Kathryn Mosbach died not more than fifteen minutes' walk from this church. Mrs. Roberts, the Christian Science healer who was supposed to be treating the child, lives a few hundred yards away. And the Christian Science Church from which all this 'error' emanated is not 200 yards away.

"It is criminal to allow Christian Science healers to handle such a case. Medical science has discovered an almost infallible remedy for the diphtheria scourge in antitoxin. I hope that the law will be rigorously administered in this case and that an example will be thus set which will prevent similar outrages on civilization. The neglect in such cases comes perilously near the category of homicide. So the regulations as to the use of Christian Science should be made far stronger and infraction of them should be made a criminal offence.

"To you members of this congregation who are allowing yourselves to be bamboozled by Christian Science, I will say that it is the worst of quackery. Dr. Weir Mitchell has been seeking for twenty-five years for a single case of organic disease cured by Christian Science, but has been unable to find one that is authenticated. The Christian religion is very simple, and there is no use complicating it with outside considerations. It says only, love your neighbor as yourself, do unto others as ye would that they should do unto you and—don't kill the children!"

Reorganization of the State National Guard.

Governor Wilson has issued a general order which reorganizes the National Guard of the State.

The order provides for a medical department composed of the medical corps of commissioned officers; the medical reserve corps, composed of contract surgeons who may be used for temporary duty in case of necessity, and a hospital corps of enlisted men. This personnel will be assigned to the various organizations as needed, and used in part to form a field hospital, which is created by the order.

Under the reorganization plan there will be an immediate increase of about seventeen in the number of officers in the guard. This is necessary in order that the departments and medical

corps may at once have the officers of proper grade in the event of the division being mobilized for field service under the laws of the United States.

Ultimately, however, the reorganization will mean the gradual elimination of forty staff officers who have been transferred to the staff department. This has been provided for by a provision that after the commissions of these officers expire by death, resignation or retirement, the vacancies thus created shall not be filled and the offices shall cease to exist.

This process of elimination will eventually terminate the offices of surgeon-general, now held by General John D. McGill, of Jersey City; inspector-general, held by General Lewis T. Bryant, of Atlantic City; judge advocate-general, held by General Edward P. Meany, of Convent, and inspector-general of rifle practise, held by General Burd W. Spencer, of Passaic.

The medical department, under the order, is reorganized in conformity with the suggestions made by a board appointed by the Governor some weeks ago, and composed of Captain Henry D. Thomason, Medical Corps, United States Army, on duty with the division of militia affairs; Lieutenant-Colonel William G. Schaufler, Lieutenant-Colonel Henry Allers and Captain Harold D. Corbusier. The findings of this board were heartily indorsed by the adjutant-general in his annual report,

The order establishes a field hospital, with headquarters at Newark, and places Captain Corbusier in charge. He is directed to organize it at once and report to the division commanders for orders. The carrying out of this plan will give the State an organization which would not only be available for immediate service in case of war, but would also provide an organization which, in case of fire or public disaster within the State, would be ready for immediate use.

Bill for Registration and Regulation of Nurses.

Another attempt to have passed the bill providing for the regulation of practise and registration of nurses will be made this year by the New Jersey State Nurses' Association. This was decided on at a special meeting at the Free Public Library recently.

The bill, which was introduced for the association last year by Assemblyman Thomas McCran, of Passaic, passed the Assembly but was defeated in the Senate. An addition to the bill, approved by the association, is a reciprocity clause, allowing nurses from States where registration is necessary to practise here.

New York Medical Journal's New Editor.

On December 9, 1911, Dr. Charles E. de M. Sajous, of Philadelphia, became the supervising editor of the New York Medical Journal. While Dr. Sajous will give up his private visiting practice, he will continue his work as a consulting physician, investigator, teacher, and author, and thus be in a position to keep in the closest touch with the needs of the medical profession.

Just as the Journal goes to press, the report comes that Governor Dix has decided to remove Dr. Doty, Health Officer of the Port of New York. He must take the responsibility for the consequences of his action, which the people will believe the article from the *Newark Evening News*, which we inserted on page 427, correctly interprets.

Editorials from Medical Journals

Quality vs. Quantity in Membership of Medical Societies.

From the American Medical Association Journal, December 16, 1911.

"Straining every effort to secure the enrollment of every man bearing the title of M. D., regardless of his character, scientific attainments or methods," is a mistake. The policy of granting membership in a medical society to a "crooked stick" in order to straighten him out is like that of the girl who marries a man to reform him; it does not pay. Thus runs the argument in a good editorial in a recent number of one of the State journals*.

The recent improvement in medical education, to which the Council on Medical Education of the American Medical Association has largely contributed, has raised the average intellectual grade of medical men. But it must not be forgotten that an educated man can be a rascal and of more harm to society because of the education which he misuses. Consequently, in addition to a proper medical education, a good moral character should be an indispensable requirement, not only for obtaining the doctorate, but for good standing in the profession as well. While the medical society is not a reformatory, it is responsible both to the public and to the profession for the conduct of its members. Every component society must guard its membership, both by carefully scrutinizing the character of those whom it admits and by continually requiring its members to make self-interest subservient to public good.

Effective means toward this end are furnished by the judiciary body or board of censors provided for each society in the approved plan of the organization. The members should insist that this court be active, should provide it with sufficient means and should give it such loyal support as will insure a fair trial and a just verdict in every instance in which a violation of professional trust is alleged. When these judiciary bodies shun "star chamber" sessions and welcome the broadest publicity in their actions, when their rulings uphold the dignity of the

*Jour. Med. Soc. New Jersey, November, 1911

profession and the welfare of the public rather than the interests of individual members of the profession, the organization will merit and will receive the approval of the public in its efforts to maintain quality in its membership.

Every society that has taken action on unethical practices has condemned them and declared those guilty of them unworthy of membership. It remains to be demonstrated whether the organization which as a body approves ethical standards, disregards or sustains them by the actions of its individual members; in other words, whether or not it is a disciplined society in which each member subordinates his personal interests to the common cause.

Organization should be thorough; every doctor of medicine should be in its ranks. It is even more important than this, however, that every member should be loyal to the ideals of the organization, honorable in his personal and professional conduct, active in promoting the welfare of his profession even when it involves the sacrifice of personal gain—in short, that he should be a gentleman. Quality in membership is of prime importance. Quantity, while desirable, is decidedly subordinate in value.

The editorial referred to is timely and we are sure that the organization is alive to its warning.

Surgical Treatment of Nephritis.

Editorial from the Medical Record, Sept. 30th.

When early in 1899 the late George M. Edebohl announced his observation of striking improvement following decapsulation of the kidney in cases of chronic nephritis the first tendency was to credit surgery with another great victory over the medical treatment of this disease. Since that time hundreds of patients have undergone the operation in question, and the early enthusiasm has given place to an almost equally emphatic disapproval of the procedure in most medical circles. That this, however, is but the usual swing of the pendulum and that the operation has its well-defined indications is the theme of an interesting paper by Morris Booth Miller in the September number of the American Journal of the Medical Sciences. Miller shows conclusively that Edebohl's idea of the salutary changes produced by the decapsulation of the kidney cannot be accepted. New blood supply arising from the perinephritic areas and rejuvenating the diseased kidneys has only a theoretical existence. Reis examined six hundred denuded kidneys to find in one only evidence of a new blood supply, while the well-known proneness of perinephritic issues to suppuration depends upon their poor provision with arteries, which can hardly be expected to feed the kidneys in addition.

Yet there is no question that in many instances striking relief of symptoms that occasionally even threatened life were obtained by Edebohl's and other surgeons. Still more to the point has been some of the experimental evidences offered. Rovighi found that in cases of cantharides-nephritis in rabbits all recovered

after operation, while 50 per cent. of the controls died; in diphtheria-toxin nephritis 50 per cent. were saved by decapsulation, while 100 per cent. of the control animals died.

Long before Edebohl's began to advocate boldly his operation, Harrison of London noted the amelioration of nephritic symptoms in patients upon whom nephrotomy was done for supposed calculus or other reasons. He thought that the changes in tension and the diminution of congestion of the kidneys were to be credited with the salutary effects, and Miller is disposed to accept this view. Decapsulation accomplishes all that the time-honored cupping and blood-letting, both admittedly helpful, can accomplish, and much more thoroughly and directly, as it acts at the very focal point of the disease. This is why the best results have been obtained in cases accompanied by hypertension of acute onset and those showing much edema within the kidney itself.

Miller concludes that the operation should be given a well-defined place in the treatment of nephritis. It may be hopefully done in acute forms of the disease, young patients being the best subjects. There exists sound reasons for operating for anuria or uremia occurring in chronic nephritis; but in any case the operation should be done only after medical treatment has failed. At a last desperate chance, however, it may be done in any form of nephritis.

The Prolongation of Life by Drugs.

From Therapeutic Gazette, Dr. H. A. Hare.

From the earliest times the hope at least has existed in the mind of man that some remedial agent would be discovered which would have the power to prolong life for an almost indefinite period, either by producing in the system some change by which senility would not occur, or by putting aside causes which were thought to be productive of old age. Twenty years ago Brown-Sequard brought forward his testicular juice for a purpose practically akin to that just described, but, like all other inventions for this purpose, it was speedily weighed in the balance and equally speedily found to be worthless. So, too, about ten years ago the idea was advanced, more or less directly, that the use of the lactic acid bacillus, by preventing the absorption of toxic materials from the intestine, would act powerfully as a means of prolonging life, since the theory was that these poisons were largely concerned in the production of cardiovascular and renal lesions. The latter theory had perhaps more basis for its existence than the one which resorted to testicular extract, but that it really accomplishes anything has not been proved, and is exceedingly doubtful.

The latest proposition along these lines which we have seen is made by Weitlaner in the Medizinische Klinik, of Berlin, of May 7, 1911. Weitlaner points out the frequency of infection in impairing vitality and in producing chronic processes in important organs. If infection did not occur, he thinks that men would live to be 150 years old, and he believes that if such infections can be avoided, the limit of life may be readily doubled. For this reason he advocates the systematic use of the salicylates after the individual has reached fifty or sixty years, increasing the dose at the slightest manifestation

of any infection. The dose of the salicylate which he gives amounts to 20 grains twice a day, and his idea seems to be that the salicylate in some way is destructive of the pneumococcus and the staphylococcus, which are particularly prone to attack those advanced in years. If nephritis is already present he orders fairly large doses of urotropin in addition.

That it is true that the salicylates have some influence in combating infection seems to be pretty well proved, but that they have any specific influence on any organism other than that of acute articular rheumatism is, so far as we know, by no means established. What little evidence there is to support such a view is based on clinical observation uncontrolled by scientific research, and our object in calling attention to this matter is not so much to indorse Weitlaner's plan as to show that certain physicians are still hopeful of discovering agents which will prolong life.

The Increase of Insanity.

From the Medical Record, Oct. 14, 1911.

In the belief of perhaps the majority of medical men of the present day insanity is steadily increasing. Some hold the view that mental affections are increasing at an exceedingly rapid rate, and that the world is becoming mad; others contend that the situation has been grossly exaggerated and that as a matter of fact the increase is more apparent than real, due to some extent to the more accurate tabulation of the insane which now takes place. The truth, as usual, probably lies between the two extremes. Insanity has increased, but not so largely as the pessimists assert. In any event, it is instructive to consider the opinions of those who have had experience of the question. J. T. Searcy, superintendent of the Alabama Insane Hospital, read before the Medical Association of the State of Alabama at Montgomery in April, 1911, a paper on the subject (Dietetic and Hygienic Gazette, September, 1911), in which he showed from statistics that the increase of admissions into the insane hospitals of Alabama during the past ten years was over 45 per cent., while the population of the State increased only 16 per cent. Similar figures from all the States of the Union point to a like increase, and other civilized countries exhibit a somewhat analogous State of affairs. Searcy thinks that there is no alternative to an admission that there is a large gradual increase of persons so mentally deficient and defective that they come within the jurisdiction of State care. Moreover, the writer draws attention to the fact that not only has insanity increased, but the psychoses are more prevalent.

Of course, heredity counts for much in that increase. As a nation becomes more civilized, so it becomes the object to preserve all human life. In the old days, the principle of the survival of the fittest held sway, and the weakly ones were for the most part eliminated. In these days civilization is more tender by far, and lives are now saved to propagate their kind which in former times would have perished in consonance with the stern laws of nature. When all is said that can be said concerning this phase of the matter, however, it must be allowed that heredity does not account for all.

In the opinion of Searcy the abuse of drugs is an important factor in the increase of insanity

and psychoses. It is difficult always to distinguish between cause and effect. It may be that the drug taker is invariably a neurasthenic in the first instance, but it is most assuredly true that drug taking increases the neurasthenic tendencies and may lead to more serious mental derangement. The offspring of drug habits, be the drug alcohol, morphine, or cocaine, come into the world with an unstable nervous temperament and are unduly susceptible to the effects of narcotics.

Too Much Rest Cure.

From Monthly Cyclopedia and Med. Bulletin, Publishers' Column.

When Dr. S. Weir Mitchell discovered and recommended the "rest cure" for neurasthenic patients he unwittingly gave a tremendous boom to American boarding-houses. The rest cure is one of the most popular ideas ever introduced.

Housekeeping under modern conditions should be a much easier problem than before the advent of the numerous household inventions with which our forefathers, or rather our foremothers, were acquainted. Nevertheless, a steadily increasing number of housekeeping women strike on their job, transferring their household goods to a warehouse, and their household gods to a boarding-house.

Of course, a boarding-house life has its drawbacks; at least, if we are to judge by the comments of those who expect a Delmonico bill of fare at \$3.75 per. Yet it affords, in a measure, an opportunity to carry out Dr. Weir Mitchell's theories by permitting the feminine inmates an opportunity for the maximum amount of rest and the minimum amount of exertion thus far realized.

Occasionally the robust active woman of the household becomes marooned in a boarding-house, through no choice of her own, and chafes under the lack of occupation, but the same beneficent nature which kindly subtracts from the length of the tail of the bob cat because of its total lack of necessity, and generously provides the duck with webbed feet in order that he can better enjoy his aquatic stunts, produces such changes in the feminine temperament, clamorous for work, that she soon adapts herself to the restful atmosphere of her surroundings.

One might almost be permitted to suggest that it would be of benefit from a social point of view, if some new project in the healing art would arise and recommend some more active form of occupation for those women now leading a languorous existence in the boarding-house and who, perhaps, have already all the benefits likely to accrue to them from the rest cure.

Editorials from the Lay Press.

An Advance in Surgery.

From the Hudson Observer, Dec. 1, 1911.

Surgical science has made rapid gains during the past generation. One of the greatest discoveries, if the report from Philadelphia concerning the result of the experiment is true, is that of Dr. Albee, who, it is said, has cured hunchbacks by grafting splinters of the shinbone on the spine.

Surgeons have been timorous about using

knife or saw on the spinal column, as it was regarded as so delicate and vital that death would follow any operation. They no longer view with despair a case of broken neck and have succeeded in prolonging the lives of unfortunates.

Captain Hart, of the Princeton University football team, has a dislocated vertebra and wears a brace to support his head. It is only a matter of time when surgeons will be able to safely operate on any part of the body.

Health of School Children.

From the Evening World, New York City.

Another defect has been discovered in school children here. Sir Alfred Mosely reports on the authority of E. J. Stevens, Associate Superintendent of Schools, that one boy out of every three is flatfooted—that the instep arch has broken down or never was. This means, declares Sir Alfred, that "in effect 33 per cent. of the boys in your schools are cripples. Flatfoot tends to weaken and bend the back and affect the spinal column; it makes a boy a poor workman in the school."

Public schools the world over are becoming a vast clinic in which physicians explore for disease. Dr. Hall in Leeds found half the children in a slum school suffering from rickets. In the Edinburgh schools 40 per cent. had diseases of the ear. The British Dental Association, examining 10,500 school children, found only 1,508 sets of teeth, or 14 per cent., free from decay. In the Dundee schools half those examined had defective vision. The superintendent of schools in Alameda, Cal., says that out of 3,600 pupils "more than three hundred are afflicted with physical defects observable even to the layman." The Bureau of Municipal Research, reporting for this country, says: "In rural as well as in city schools nearly one in three will have trouble with the eyes; nearly one in five will be mouth-breathers, because of too large tonsils of adenoid growths; every now and then there is one with nervous trouble or St. Vitus' dance, and certainly more than one in every school who is obviously predisposed to tuberculosis." Country children are found to be the worse off because they have the defects without the ready access to treatment.

Public schools no longer merely inspect children for contagious disease. They inspect for nearly every ailment that lowers efficiency. Some have children's throats operated on for adenoids, others have defects in vision corrected, others have dental work done, others provide nurses, others furnish meals at cost price, others donate tooth brushes, others sent cards of instruction on hygiene and diet to parents, others co-operate with relief societies in giving shoes and clothing. Doubtless some will now treat for flatfoot.

The charge for all these services is borne by the community. One justification therefor is that if the work were not done under school direction much of it would not be done at all. Another is that it is done more cheaply than it could be under private initiative. In two fields the State exercises vast and elastic powers—in the regulation of public health and in education. These two fields are merging in modern school management and the result is

an expansion of paternalism, the significance of which is not yet grasped, nor its end seen.

Medical Inspection in American Schools.

From the State Gazette, Trenton.

Nearly 1,300 cities and towns in this country have organized systems of graded public schools. Returns from something over 1,000 of these cities have been received by the department of child hygiene of the Russell Sage Foundation. Of these nearly half, we are glad to say, now have regularly organized systems of medical inspection in their public schools.

The first of these was inaugurated in Boston in 1894. In the early days practically all the systems were administered by local boards of health, but in recent years most are under boards of education.

Of the 443 cities having medical inspection, examinations for the detection of contagious diseases are made in 405. In no fewer than 552 cities, however, vision and hearing tests are conducted by teachers; in addition, in 258 cities, the work is carried on by physicians. A complete medical examination conducted by doctors is carried on in only half of the 443 cities reported.

A branch of the medical inspection, not always included when that subject is mentioned, is that of dental inspection. The dentists themselves have done much hitherto unheralded good in this direction. In a number of the larger cities the local dental associations have established clinics at which school children are given treatment either free or nearly free. In a few localities dentists have been added as regularly paid members of the corps of medical inspectors. It is gratifying to know that sixty-nine cities now have dental inspection conducted by dentists.

"What is the cost of medical inspection?" is the question quickly asked by the average member of a school board. For salaries alone the per capita cost ranges from about half a cent for vision and hearing examinations, conducted by teachers, to \$1.25 for full physical examination, conducted by experts. But from the economic point of view we should say the latter were the cheaper in the end.

The Surgeon.

From the State Gazette, Trenton.

Amazing progress is being made in the science of surgery. Give the clever surgeon a kit of tools, some tissue with life in it, and he will build you a man.

One of Dr. Hammond's patients was a man suffering with a diseased kidney. It was necessary to remove the organ to save the man's life. This was done, and the kidney of a man killed in an automobile accident last Saturday was put in its place. Dr. Hammond is of the opinion that through the perfect anastomoses of the vessels and ducts, the adopted kidney will functionate as well as an ordinary healthy kidney.

The operation was a wonderful one to the lay mind, and it may save the patient's life, but it must make a fellow feel a little squeamish to know that he is walking around with a kidney inside of him that belonged to a man he never met and who was killed because he exceeded

the speed limit. And then, it may take some time for the patient to find out what kind of liquor refreshment that adopted kidney has been used to.

Women in the Professions.

From the Hudson Observer, Nov. 18, 1911.

The success that some women who have invaded the professions have achieved has been so widely and loudly proclaimed that many young women have been tempted to enter them, only to encounter adversity. The few successes are known, but the many failures have not been told. The young women start as legal or medical practitioners, only to learn that they have a tremendous struggle ahead; that they are confronted by the inexorable law of supply and demand, and even their own sex, from whom they expected to draw the clients and patients, prefer consulting the male practitioners.

The sad story that reveals the hardships that women are enduring in the battle for existence is the suicide of two female physicians who fought and lost. A few days ago in the news columns was told the death by her own hand in Indianapolis of a female physician who, for a decade or longer, had endeavored to build up a paying practice, was regarded as being far above mediocrity in ability and had the encouragement of some sympathetic friends in the profession. Overwhelmed by debts, she abandoned the long fight and ended it.

The story was repeated yesterday. An unfortunate woman doctor in Pittsburg, only thirty-five years old, killed herself, leaving the melancholy message that explained the failure: "I can collect little from my patients, and I am tired." These suicides would indicate that the room for women in law and medicine is limited.

Where to Go For Manners.

Grace Goodhouse in the Camden Daily Courier.

Manners have been ever a source of interest among civilized people. We all contribute toward the making of manners and we all in turn are made by manners, so it behooves us to pause and consider.

The things that displease us in others are just as displeasing to others in us, and so we may well sit down and take a good look at our stock of manners and see wherein we come short of the high standard we are apt to set up for other people.

A story has recently been going the rounds to the effect that an Englishman traveling in this country had given to him the following traveling hints:

For information go to Boston.

For wealth go to New York.

For terrapin go to the eastern shore of Maryland.

For oysters go to Norfolk.

For manners go to Charleston.

Now while this may contain a compliment to those charmingly well-bred men and women who live in the South Carolina city, it certainly is not very flattering to the people of the rest of our country. We surely ought not to have to "go" anywhere for manners; they should be carried with us at all times, as a part of our life.

The simple rule by which manners are made is consideration for others, and this requires a kind heart and a sympathetic understanding. To be considerate of others one must learn to put one's self in another's place.

MEDICAL DEFENSE ACT AS ADOPTED BY THE MEDICAL SOCIETY OF NEW JERSEY IN JUNE, 1907, AND AMENDED IN JUNE, 1911.

Resolved, 1. That the Medical Society of New Jersey assumes the defense of any and all members threatened with prosecution for malpractice, provided they be at that time in good and regular standing in their county societies and have paid their subscriptions to the Journal of the Medical Society of New Jersey for the current year.

2. That the Council of the Society selects annually as counsel some well-known lawyer in the State of New Jersey qualified to act as such, and retain his services at a proper fee.

3. That the necessary expense so incurred be paid from the Society's treasury.

4. That the defense be carried out on the following lines:

Every member of the Medical Society of New Jersey who has paid all dues, assessments or other charges assessed or levied by the Medical Society of New Jersey for the current year shall be entitled to receive, without expense, upon application therefor, the services of an attorney and counselor at law in any action for malpractice brought against such member in any court within the State of New Jersey, on the following conditions, and not otherwise:

First—Any member desiring to apply for malpractice defense hereby provided, shall immediately upon receipt thereof send to the Secretary of the Medical Society of New Jersey any letter, process of court or other evidence of threatened litigation in connection with such malpractice case.

Second—It shall be the duty of the Secretary to forthwith examine the financial records of the Medical Society of New Jersey, and if such member so applying is found to have paid all arrears, dues or other charges due the Medical Society of New Jersey for the current year, he shall certify those facts to the Secretary of the Judicial Council of the Medical Society of New Jersey and forthwith send to such Secretary the papers received from the applicant for defense, and said Secretary shall forthwith forward to the applicant, if he shall find that such applicant has paid all dues to the Medical Society of New Jersey, a formal application for defense containing authority for the said Society through its attorney to defend the action and granting to the Society and its attorney sole power to conduct the defense thereof, and agreeing not to compromise or settle said claim for damages for said alleged malpractice without the consent of the Medical Society or its attorney. The said applicant shall furnish and return to the Secretary of the Judicial Council, with his application duly executed, a full, accurate and complete history of his treatment of the case of which the alleged malpractice arose, giving dates, names of witnesses, nurses and other attendants. If the Judicial Council finds the case defensible it shall have the power to

employ counsel, the fee to cover the expense of defense in the trial court not to exceed two hundred and fifty dollars. If the case is carried to a higher court the amount which the Council may expend in such further defense shall be fixed by the Board of Trustees.

Third—If, on the other hand, the Secretary finds that any member so applying has not paid all dues as herein specified, then, and in that case, he shall return at once to the applicant all papers or memoranda received by him from said applicant, together with a statement that he is not entitled to defense, and the reason therefor.

Fourth—It is further understood between each and every member of the Medical Society of New Jersey and the Medical Society of New Jersey, that under no conditions or contingency will the Medical Society of New Jersey pay any sums awarded in settlement, compromise, or by verdict or otherwise against any member sued for alleged malpractice, and each member in applying for defense in any malpractice case, shall agree not to obligate in any manner the Medical Society of New Jersey or any persons connected therewith, to the payment of any sums whatsoever for any purpose.

Fifth—If the Judicial Council of the Medical Society of New Jersey as hereinbefore provided for, finds on investigation that the party applying to such Society for defense, is guilty of an alleged malpractice, and that a judgment will probably lie against such applicant, then such applicant shall not have the aid of the Medical Society of New Jersey in his defense.

FORM OF APPLICATION FOR MALPRACTICE DEFENSE.

To the Medical Society of New Jersey, South Orange, N. J.

The undersigned, residing at _____ in the County of _____, New Jersey, and being a member of the Medical Society of New Jersey and of the Medical Society of the County of _____, hereby applies for defense in an alleged action for malpractice brought against him by _____ of _____, New Jersey.

For and in consideration of this defense the undersigned agrees not to compromise or adjust this claim without the consent of the Medical Society of New Jersey or its attorney. He renounces his own and places in the Medical Society of New Jersey full power to defend said action and look after his interests.

The undersigned agrees not to obligate the said Society to the payment of any money whatsoever for any purpose, and will help, aid and assist and co-operate with the Medical Society of New Jersey and its attorney in the defense of said action, in the securing of witnesses, in the execution of any papers properly presented to the undersigned for signature and execution, and do all things necessary and proper in the defense of the above action.

That the names of all witnesses, physicians and nurses who have any knowledge of the circumstances in this action are as follows:

- Residing
- Residing
- Residing
- Residing
- Residing

That the undersigned has herto annexed a true, accurate and complete statement of the

treatment by him of the patient, and a complete history as far as the undersigned is able to give it, of any other treatment received by the patient, giving the dates and places of all examinations, treatments or operations by himself or others.

The undersigned encloses herewith all papers, receipts, bills or other documents received by the undersigned in connection with this action.

Dated, _____ day of _____, 19____, in the City of _____ and County of _____

Applicant.

Therapeutic Notes.

Anodyne Liniment.

- R Ol. cajuputi.
 - Chloroform, of each, 6.0.
 - Methyl salicylat., 12.0.
 - Linim. sapon., q. s. ad 100.0.
- Craig in Prescription.

Arteriosclerosis.

Where there is stenocardia, the following mixture affords great relief:

- R Diuretin, ʒj.
- Sodii iodidi, gr. viij.
- Aquæ destill.,
- Aquæ menth. pip., of each, ʒiij.

An appropriate daily dose to be given.—Med. Brief.

Cervix—Inflammation Of.

A good powder to apply in inflammation of the cervix is the following:

- Thymol 4 drams
- Acidi Borici 6 drams

The cervix is to be thoroughly cleansed of all mucus and then this powder is to be insufflated or applied against the cervix and protected with cotton.—Critic and Guide.

Chilblains.

- R Acidi borici.
- Zinci oxidi, of each, Gm. 1.0.
- Orthoform, Gm. 0.2.
- Adipis lanæ hydrosi, Gm. 20.0.—M.

Apply and leave on overnight.—Paris medicale. Or—

- R Tannic acid,
- Resorcin.
- Ichthyol. of each, Gm. 2.0 to 6.0.
- Distilled water, Gm. 10.0 to 50.0.

For local application.—Dubreuilh, in Paris medical.

Coryza—Powders For.

The following prescription is given in Nouveaux Remedes as a specific for acute coryza:

- R Sodii salicylat., gr. xxij.
- Pulv. ipecac. et opii., gr. iiss.
- Olei menth. pip., mj.

M. et ft. pulv.; mitte tales xx.

Sig.: One powder every three hours while the affection is acute.

An hour after the first dose amelioration is observable, and 3 doses daily are usually sufficient after the acute stage has passed.

Cough in Infancy—Treatment Of.

No. 1.—Before there is any mucous secretion:

℞ Potassii citratis.....gr. ij
 Ammonii iodidi.....gr. j
 Vini ipecacuinhe.....mij
 Tincturæ camphoræ comp.....mij
 Syrupi aurantii.....m̄x
 Aquam ad.....ʒj

No. 2.—When the secretion is free:

℞ Ammonii carbonatis.....mj
 Oxymellis scillæ.....mv
 Vini ipecacuinhe.....mij
 Syrupi tolutani.....mvi
 Aquam ad.....ʒj

No. 3.—When the secretion has become mucopurulent:

℞ Ammonii carbonatis.....gr. i
 Terebeni.....mij
 Syrupi tolutani.....mv
 Pulv. acaciæ.....gr. ii
 Aquam ad.....ʒj

—Critic and Guide.

Earache—Drops For.

The following formula is given by S. H. Snow in Clinical Medicine:

℞ Menthol,
 Camphor, of each, Gm. 1.3.
 Phenol, Gm. 1.0.
 Glycerin, Gm. 30.0.

M. Sig.: Warm 10 drops in a spoon and pour into the ear.

Glycerin is superior to olive oil as a medium for ear application, being more penetrating and more easily washed out.

Flatulent Distention of the Abdomen.

The pressing requirement is to alleviate the suffering of the patient, and the following prescription, given as directed, will afford the relief so urgently needed. The cause of the trouble must afterward be dealt with systematically:

℞ Tinct. belladonnæ,
 Tinct. nucis vomicæ,
 Tinct. opii, of each, mj.
 Tinct. cardamom. co., m̄ijj.
 Sp. ammon. aromat., mxv.
 Aq. menth. pip., ʒj.

Tale ʒiij.

Sig.: A teaspoonful to be taken every hour for six doses. Repeat when necessary.—Practitioner.

Freckles.

℞ Hydrargyri Bichlor.gr. i
 Alcoholisʒij
 Aquæ Rosæ ad.....ʒiv

A. Apply twice a day, and at night powder face with pure rice powder.

Furuncles—Treatment Of.

The use of ordinary elastic collodion, painted around the furuncle for the purpose of limiting the spread of the inflammatory zone surrounding it, is recommended by the author. The centre of the boil should remain uncovered over an area at least as large as a silver dime. The ring at collodion should be renewed several times daily, the brush passing exactly over the area previously covered and not encroaching on the centre. The latter becomes increasingly prominent, the collodion exerting more and more pressure around it. As a result of this treatment

the peripheral inflammatory zone yields first of all. The extension of this zone being prevented, the patient is protected from general infection. The central process itself then diminishes in intensity. At the end of one, two or three days a small, yellow spot appears in the centre of the boil, which then opens, discharges and subsequently heals.—W. Fuchs, *munchener medizinische Wochenschrift*, May 30, 1911.

Influenza.

The following prescription has been recommended for influenza:

℞ Quininæ sulph., gr. ij.
 Caffein. citrat., gr. j.
 Salol,
 Acetanilid, of each, gr. iiss.

M. et it. cachet; mitte tales xij.

Sig.: One cachet every three hours.—Prescriber.

Insomnia With Excitement.

Camus, in a communication to Paris medical, gives the following:

℞ Potassium bromide,
 Chloral hydrate, of each, ʒv.
 Extract of hyoscyamus,
 Extract of Indian hemp, of each, gr. iij.
 Distilled water, to make ʒiij.

M. et it. mist. Sig.: Two teaspoonfuls when required.—Cyclop. and Med. Bulletin.

Lead Colic.

After the relief of the severe pain of colic, the following is an excellent formula for the purpose of eliminating the lead and stimulating the stomach:

℞ Potass. iodidi, gr. xl.
 Magnes. sulph., ʒj.
 Tinct. nuc. vom., ʒv.
 Aquæ cinnamomi, q. s. ad ʒviiij.

Two teaspoonfuls night and early morning.—Medical Standard.

Measles—Treatment Of.

In the Proceedings of the Royal Medical Society, London, Dr. Robert Milne is reported as claiming to have carried out the following treatment with surprising results in the cure and in the prevention of the spread of both measles and scarlet fever, even in institutions, without adopting methods of isolation or disinfection. He first used phenol in oil in the proportion of 1 to 10. For twenty-seven years, however, he claims to have used pure eucalyptus oil. During the first four days, commencing at the earliest possible moment, this oil is gently rubbed in, morning and evening, all over the body. The treatment is kept up until the tenth day of the disease. The tonsils and pharynx are swabbed with 1 to 10 phenol in oil every two hours for the first twenty-four hours, rarely longer. He claims for this treatment that when it is begun early, secondary infections never occur and complications are unknown. With the treatment carefully carried out, children may occupy the same room and even the same bed without risk of infection. No quarantine is necessary and other children in the family may be allowed to attend school. No after disinfection is necessary.

Nasal Catarrh.

The following has been well tried and gives excellent results:

℞ Oil of pine,
Terebene, of each, ʒij.
Creosote,
Menthol, of each, ʒss.
Oil of cinnamon, m x.
Oil of eucalyptus, to make ʒj.

Mix. Directions—Sprinkle a few drops on a handkerchief or cotton-wool and inhale through each nostril separately, or put a teaspoonful into a pint of boiling water and inhale the vapors.—Medical Standard.

Orchitis.

Christian recommends the following external application for use after the subsidence of the acute inflammation:

℞ Ungt. hydrargyri,
Ungt. belladonnæ,
Ichthyolis,
Adipis lææ, of each ʒij.

Sig: Apply locally.—Cyclopedia and Med. Bul.

Pneumonia—Treatment Of.

Dr. H. G. Hughes, in the New York Medical Journal, states that an analysis of the urine of a pneumonia patient shows almost constantly absence of sodium chloride. He has found that the administration of potassium nitrate in full does causes the sodium chloride to reappear in the urine within a few hours and to continue present as long as the potassium nitrate is given. The effect upon the course of the pneumonia is remarkable. The temperature almost invariably begins to fall within a few hours and continues to drop until it reaches normal. The physical signs remain for a few days, and then resolution begins and goes on to recovery without crisis. The author interprets these results as the manifestation of the early and gradual dissociation of the constituents of the exudate caused by the salt-free diet and the "dragging out" from the exudate of the sodium chloride by the administration of potassium nitrate.

Ipecac; Its Uses and Modus Operandi.

The marvelous action of this drug, ipecac, upon the intestinal parasites which are now known to be the causative factors of tropical dysentery suggests at once the question, What is the modus operandi of the remedy? Does it mingle with the contents of the intestinal canal and in this manner eventually reach and destroy the harmful parasites, or is it gradually absorbed by the gastrointestinal blood-vessels and thus, in all probability, more rapidly conveyed to every part of the body, the secreting structures of the intestinal mucous membrane included? The great efficiency of ipecac in alleviating bronchial inflammatory disorders in which bacterial organisms play an important part suggests the likelihood that the drug, or at least a large part of the dose administered, reaches the affected intestinal area in precisely the same manner as it does the inflamed bronchi, that is, by way of the circulating blood. And if it be true that, as here assumed, one of the chief effects of ipecac is to destroy certain bacteria which find their way into the human body, why is it not reasonable to believe, as Dr. Frazier, of

Mountain Home, Idaho, maintains, that the drug may be administered to advantage in typhoid fever?—Dr. A. H. Buck, in the Medical Record.

Hospitals and Sanatoria.**New Jersey State Hospital, Trenton.**

Dr. Henry A. Cotton, medical director of the State Hospital for the Insane, submitted his annual report at the meeting of the Board of Managers of the institution yesterday. Dr. Cotton also gave an account of his recent European trip, for which he was given leave of absence by the board. He told of his study of conditions and methods in vogue at many of the large asylums in Germany, France and England, in which insanity is treated. Dr. Cotton intends to put into effect a number of innovations in the treatment of patients of the State Hospital as a result of his experiences abroad.

State Hospital, Morris Plains.

Special precautions are being taken at the hospital to guard against the possible pollution of the water supply and some sources of possible pollution are being removed.

The water system of the hospital and its method of operation are complex. On account of the difference in elevation of the two main buildings, high and low pressure systems are maintained. The two systems are so connected that in case of a shortage or of fire, water from the high pressure can be turned into the low-pressure system. Most of the water is obtained from springs, although in time of rain a large amount of surface water enters the reservoirs. There are six reservoirs.

Collier Memorial Hospital.

The hospital which is to be built at Red Bank by Mrs. Catherine L. Collier in memory of Peter F. Collier, is expected to cost about \$60,000. The plans have been prepared and Dr. Peter P. Rafferty, of Red Bank, is having the oversight of its erection.

Newark City Hospital.

A new department at the Newark City Hospital was created by the Board of Health December 5th, for Genito-Urinary Diseases, and Dr. Clarence O'Crowley was appointed visiting physician and surgeon.

St. Francis Hospital, Jersey City.

The Women's Guild of St. Francis' Hospital, Jersey City, held their annual Christmas exhibit of gifts to that worthy charitable institution in the parlor of the hospital December 12. It was attended by many who enjoyed the hospitality of the ladies in charge. Tea and cake were served.

This year in order to make the event more effective, the parlor where the exhibition was given was beautifully decorated with snowballs and holly. All the different articles that were contributed to the hospital were placed on a large table and marked with the donor's name.

The givers of the blankets were principally members of the medical and surgical staff—Drs. John D. McGill, chief surgeon; Sweeney, Bowyer, Otto and Edward Kopetcheny, Blanchard, A. P. Hasking, W. L. Hetherington, E. Ames, Edward Salmon, W. Pyle, Leo Crowley, Francis Short, Peter Hoffman, J. A. Sullivan, J. M. Wainwright, A. Nelson, G. Culver, T. J. McLoughlin and H. Culver.

It has been stated that this hospital is soon to receive an up-to-date auto ambulance.

Somerset Hospital, Somerville.

The Somerset Hospital Association has elected the following trustees: D. N. Messler, E. A. Lloyd, James L. Griggs, Louis P. Gaston, Thomas D. Van Syckle, Alfred Renskopf. The board has elected the following officers: President, James F. Ten Eyck; vice-president, E. A. Lloyd; treasurer, Charles Schwed; secretary, George A. West; executive committee, Philip Case, James L. Griggs, Dr. C. P. Fisher, Dr. J. P. Hecht, Mrs. James L. Griggs and Miss Vredenburg; training school committee, George A. West and Dr. A. L. Stillwell, and superintendent of hospital, Miss Carson.

Hudson County Tuberculosis Sanatorium.

After a year of constant fighting, the doctors who have been running the Hudson County Tuberculosis Sanatorium, get their way. As a result, Director of the Board of Freeholders Charles C. Schmidt named James F. McKee warden of the Hudson County Almshouse, to the board of managers of the Tuberculosis Sanatorium. With Warden McKee will serve Dr. Gordon K. Dickinson, of Jersey City; Dr. Joseph F. X. Stack, of Hoboken, and Dr. J. F. Quigley.

Last year the sanatorium had a hard time of it. The appropriation was rapidly exhausted, and at last there was a meeting of the doctors who went into conference with County Counsel John Griffin and with Walter O'Mara, clerk of the Board of Freeholders. As a result Warden McKee was added to the Board of Managers at the urgent request of the doctors.

No Morris County Tuberculosis Hospital.

The proposition for a hospital for tuberculosis patients in Morris County was killed, for the present at least, by the Morris County Board of Freeholders, December 13th, when a majority of a special committee on the question reported against the project. A minority report was also offered.

Hospital Organization.

Dr. H. A. Christian, Boston, in the Journal of the Maine Medical Association, says that the very complexity of method used in modern medical investigation demands a highly specialized training and continuity of observation for investigators and in addition a large variety of apparatus and trained assistants if advance is to be made. The time element enters to make impossible the application of such methods to more than a relatively few patients at any one period. Consequently the trend of modern clinical investigation is more and more toward the most minute continuous study of a few patients rather than the cursory observation of the

many. Team work and co-operative co-ordinated observation become increasingly important and hence the necessity of a centralized staff organization. As a result of the influence of present methods of clinical investigation there has come the feeling that for the hospital in which medical investigation is to be conducted, a continuous service with a single head is a more advantageous unit of organization than the older method of broken service with three or four chiefs of co-ordinate rank on duty during the twelve months. If we examine critically the hospitals of the world with reference to their productivity in investigation, it seems quite certain that productivity is most marked in those that have used the continuous service plan.

How does such a continuous service affect the other functions of a hospital? Is there better teaching with a continuous than with a broken service? Can better men be attracted to the one than to the other? The teaching function of a hospital is, in large part, at least, utilized in connection with a medical school, and staff selections should be made in co-operation with medical schools, thereby securing better men for the work. The continuous service in connection with a teaching position in a medical school is considered more desirable than the broken service, inasmuch as it singles out one man as director and leader and concentrates in him the emoluments of the position. Able men will naturally seek such a place and selection need not remain local, as was the case with the broken service. The ability to pick the best man wherever he may be is certainly desirable from the pedagogical view point. In fact, it is almost alone in the clinical branches of medicine that the limitations of local selections are tolerated in the choosing of teachers. If in all other branches of educational work the best teachers can be secured by a non-local competition, why not in clinical medicine, surgery, etc.?

Marriage.

BUNTING—MACDOUGALL.—At Elizabeth, N. J., November 8, 1911, Dr. Philip Du Bois Bunting to Miss Mabel Audrey Macdougall, both of Elizabeth.

Deaths.

EDWARDS.—In Williamstown, N. J., December 22, 1911, Dr. J. Gaunt Edwards, of that city, aged 62 years.

Dr. Edwards was born in 1849; graduated from the Bellevue Hospital Medical College in 1878. He was a member of the Gloucester County Medical Society, the Medical Society of New Jersey and the American Medical Association.

FERGUSON.—In the Passaic General Hospital, Passaic, N. J., November 25, 1911, Dr. Benjamin Wallace Ferguson, of Sussex, N. J.

Dr. Ferguson was born in Brooklyn, N. Y., July 11, 1858, the son of William B. Ferguson, who died three years ago. He was of Scotch ancestry. His mother was Louise Chambers, a lady of English descent, of Jersey City. She died when the doctor was only four years old. He was raised and cared for by three maiden

aunts, Quakers, who continued to reside in Jersey City, as did the father.



BENJAMIN W. FERGUSON, M. D.
(Courtesy of the Sussex Independent.)

The doctor attended the public schools of Jersey and finished in Hasbrouck Institute, of Jersey City, where he was prepared for the Bellevue Medical College, of New York, in which institution he was graduated when less than twenty-one years old, in the class of 1878. Early in that spring after eight months' practice in Bellevue Hospital, he located for the practice of his profession in Sparta in Sussex County. In December of 1878, after the removal of Dr. Muehler from Beemerville, Dr. Ferguson removed to that village and soon built up a wide and lucrative practice, which extended over a wide area in Frankford and Wantage townships. In addition to his professional work he was active in public enterprises, and for several years was a partner in the mercantile business of D. C. Truex & Co.

He removed to the Borough of Sussex in June, 1905, and immediately built up a very large practice, so much so that he was compelled to call to his aid an assistant, which he has had most of the time since his removal here. He had a well appointed home, with finely equipped offices on Bank street, where he continued to reside until the time of his death. Since his residence in Sussex, Dr. Ferguson has been foremost in all uplift movements and enterprises tending to the betterment of the borough and was a ready contributor to all good objects.

He was a member of the Sussex County Medical Society, the New Jersey State Medical Society, the Tri-County Medical Society and the American Medical Association. He was a permanent delegate from the county medical society to the State Society, and at different times held various offices in the county society. As a physician he stood high in his profession. He

loved the work, and was a close student and careful reader of current literature and the latest publications in his professional line, keeping abreast of the times in his chosen calling. Socially, Dr. Ferguson was a most companionable man, one who will be most sadly missed in many circles. He was broad-minded, charitable and generous to a fault, a true and ever loyal friend. He was particularly fond of little children. His great, kindly nature was most manifest in the sickroom.

He was a member of Samaritan Lodge 98, F. and A. M.; of Northern Chapter, No. 38, Order of the Eastern Star, and of Pulaski Lodge No. 103, I. O. O. F., all of Sussex, and of Middletown Lodge No. 1097, Benevolent and Protective Order of Elks, and a valued member of the Sussex Literary Society. The doctor was unmarried.

He was operated on for appendicitis by his friend, Dr. Philander A. Harris, assisted by Dr. E. N. Peck, of Boonton, a former assistant of Dr. Ferguson, on November 20th. He had had a severe previous attack, September 15th. He was apparently recovering, when on November 22 he was attacked with pneumonia, which resulted in his death.

PARRY.—At Hainesport, N. J., November 28, 1911, Dr. William C. Parry, aged 62 years.



WILLIAM C. PARRY, M. D.

Dr. Parry was born at Warminster, Bucks County, Pa., May 17, 1849. In early life he was a school teacher for a few years and then took up the study of medicine. He entered Jefferson Medical College, Philadelphia, and graduated therefrom in the class of 1872. He practised medicine several years in Mt. Holly and afterward at Hainesport. He was a member of the Burlington County Medical Society and the Medical Society of New Jersey. He was also a member of the State Tuberculosis Commission and of the local Board of Health. He was taken ill on returning from a social function at Mt. Holly on the night of November 23 and

pleuro-pneumonia developed and caused his death.

Dr. Parry was Burlington County's representative in the State Senate from 1895 to 1898. He was a Republican and received a plurality of 2,830, succeeding a Democrat who had received a plurality of 527. He served on several important committees of the Senate with credit, and as a member of the Agriculture and Agricultural College Committee he devoted much time to a better development of agricultural interests and in laying plans that would enable the farmers to more easily carry on their business under all conditions of competition. He had been identified with the Moorestown, Mount Holly and Burlington trolley line ever since it began operation and at the time of his death he was president of the Burlington County Transit Company, which now controls the road. He was a man of high standing in his community and he enjoyed the esteem of all who had the pleasure of his acquaintance. He had for years been identified with movements that were intended to produce good for the public at large and he had gained prominence through the interest he had taken in an effort to benefit the farmers of the county and State. His advice on agricultural matters was always considered of the greatest value.

He is survived by a widow, an unmarried daughter and a son, William H. Parry, a member of the Essex County bar. Dr. Parry was a member of the Society of Friends.

RIEDEL—In Maywood, N. J., October 19, 1911, Dr. Emil Heinrich Riedel, from malignant disease of the bladder, aged 65 years.

Dr. Riedel graduated from the New York University in 1881.

WHITTINGHAM—In Millburn, N. J., December 1, 1911, Martha G., widow of Edward T. Whittingham, M. D., who was at one time a surgeon in the United States Army. Mrs. Whittingham was born in Millburn and was 79 years of age.

Medical Examining Boards' Reports.

	Examined.	Passed.	Failed.
Alabama, July.....	127	89	38
Arizona, July.....	13	9	4
Arizona, October....	7	7	0
Idaho, October.....	22	16	6
Illinois, March.....	74	53	21
Illinois, May.....	69	52	17
Illinois, June.....	222	166	56
Iowa, September....	12	11	1
Kansas, June.....	66	46	20
Kansas, October....	17	8	9
Louisiana, October..	36	20	16
Massachusetts, Sept..	61	40	21
Minnesota, October..	17	15	2
Mississippi, October.	90	27	63
Missouri, June.....	181	146	32
Montana	36	23	13
Nebraska, August....	15	14	1
New Jersey, October	52	43	9
Rhode Island, Oct...	14	13	1
Virginia, June.....	117	93	24
Wisconsin, July.....	36	30	6
Wyoming, October..	4	4	0
Connecticut, for year 1910	84	61	23

At the New Jersey examination 2 of the 7 chiropodists and 9 of the 29 midwives failed to pass.

Personal Notes.

Dr. Samuel E. Armstrong, Rutherford, attended the Bergen County Grand Jury dinner at the Hotel Astor, New York, December 8th.

Dr. Walter S. Bray, Camden, was recently elected dictator of the Camden Lodge 111, Loyal Order of Moose.

Dr. Samuel A. Muta, West Orange, is a member of the Essex County Grand Jury.

Dr. Richard C. Newton, Montclair, addressed the Woman's Club of Glen Ridge, December 8, on "The Causes and Prevention of Nervousness." He dwelt on faulty modes of living and too close confinement of children in schools and their wrong "bringing up." He advocated plenty of fresh air; plenty of cold water inside and out; plenty of sleep; plenty of outdoor exercise, and less than you want to eat.

Dr. Henry A. Cotton, Trenton, medical director of the State Hospital at Trenton, returned December 2d from a two months' trip abroad. He took, with about 70 other doctors from different parts of the world, a special course in mental diseases in the clinic of the Royal University, Munich. He also visited several hospitals in German, Paris and London.

Dr. E. L. B. Godfrey, formerly of Camden, is now practising in South Pasadena, Cal. His address is 1139 Mound avenue.

Dr. Edward P. Cooper, Parsippany, recently spent two weeks in North Carolina in hunting game.

Dr. Katherine Porter, Orange, medical inspector of the public schools of Orange, recently read a paper on "Social Hygiene," in one of the Newark churches.

Dr. Thomas S. Dedrick, Washington, won the prize on White Orpingtons at the Bethlehem, Pa., poultry show last month.

Dr. Howard F. Palm, Camden, returned recently from a very successful gunning trip lasting several days.

Dr. Richard C. Newton, Montclair, read a paper before the Orange Mountain Medical Society a few months ago on "John Brown, M. D., and the Brunonian System of Medicine," which appeared in the Medical Record, December 2d.

Dr. Levi B. Hirst, Camden, has an interesting paper in the Camden County Society Journal on "Frequent Causes of Deafness in Children."

Dr. Peter Hoffman, Jersey City, is a member of the new Hudson County Grand Jury.

Dr. William H. Lawrence, Jr., Summit, recently returned from a three weeks' hunting trip in the South.

Dr. William A. Wescott, Berlin, is a member of the Camden County Grand Jury.

Dr. Charles F. Adams, Trenton, and wife returned home December 16th, from their European trip.

Dr. J. Willard Farrow, Dover, has been elected president of the Woodrow Wilson Club.

Dr. William J. Wolfe, Chatham, and wife returned recently from Bermuda, where they spent several weeks for the benefit of the physician's health. He is greatly improved.

Dr. George H. Baker, Long Branch, who was stricken with paralysis two years ago and partially recovered, has gone to Washington, D.

C., where he will undergo special treatment. He expects to spend the winter in Washington and is hoping to regain health.

Dr. William G. Schaufler, Lakewood, was one of the speakers at the laying of the cornerstone of Lakewood's new \$40,000 High School building.

Dr. Martin W. Reddan, Trenton, returned from Europe on White Star steamer *Laurentia*, on December 16th.

Dr. David F. Bentley, Camden, has entered upon his duties as coroner of Camden County.

Dr. Walter Madden, Trenton, recently enjoyed a gunning trip in South Jersey, with a party of friends.

Dr. Josiah Meigh, Bernardsville, had his auto destroyed by fire last month, a lighted cigarette or match having been carelessly thrown into a puddle of gasoline in the gutter where the auto was standing.

Public Health Items.

Health Officers Seize Meats.

Dr. Isaac H. Shaw and Walter Scofield, of the department of food inspection of the State Board of Health, December 16th, seized a lot of food in the shop of Butcher Nugent, at Rutherford, Bergen County, and denatured it. The inspectors seized 9 hams, 14 small hams and a large quantity of corned beef and destroyed it, on the ground that the entire seizure was unfit for human consumption.

Guttenberg's Health Report.

Reports received by the Guttenberg Board of Health December 12th from physicians showed that diphtheria and scarlet fever are still prevalent and that precautions must be taken. These diseases have persistently claimed new victims since early last summer. The physicians reported that since November 28 there had been five new cases of diphtheria and four of scarlet fever. There were also eight other contagious diseases reported, seven of measles and one of tuberculosis.

Montclair Bureau of Municipal Research.

This organization recently recommended to the Montclair Town Council that steps be taken for the erection and equipment of a tuberculosis pavilion and that a trained nurse be employed and placed under the direction of the town Board of Health. It was suggested that one of the duties of the nurse should be the instruction of mothers in the care and feeding of infants, together with rules of sanitation, especially mothers in a well-defined section of the town, where educational efforts were greatly needed.

Jersey City Board of Health.

The Jersey City Board, December 19, created the position of deputy health officer and appointed Dr. Joseph Craven to fill it. Dr. John J. Magner was promoted from superintendent of the Bureau of Inspection to that of the Bureau of Contagious Diseases, and Dr. Edward H. Salmon was appointed to succeed Dr. Magner. Dr. John J. Broderick is president of the board.

Diphtheria in Bernardsville Township.

At a meeting of the Board of Health, held December 19th, Dr. Josiah Meigh, the health officer, reported eighteen cases of contagious diseases in the township. He asked to be instructed as to his power in dealing with several cases about which question has been raised. Dr. Meigh contended that Drs. F. C. Sutphen and Fred C. Jones had not acted according to the rules of the board in instructing their patients to refuse to allow him to make cultures of the cases in their charge.

Dr. Meigh presented letters and telegrams bearing on tests of cultures submitted by him to the State laboratory. These statements were contradictory, in that in two cultures taken from the same person one gave evidence of diphtheria and the other showed no such symptom. Letters were also shown by Joseph E. Buck, clerk of the board, that were written to Drs. Sutphen and Jones, which were equally contradictory in substance. Inspector Bowen, of the State Board of Health, said that he had visited the cases in question and found evidence which substantiated Dr. Meigh's contentions that diphtheria existed. He also gave the board advice as to how to proceed in order that further controversy between physicians and the health board could be avoided. He stated that the law gave power to the local health officer to establish quarantine in cases that were in doubt.

The board instructed the health officer to adhere to the rules governing his position and in cases of violation to appeal to council.—Newark Evening News.

Typhoid Fever in Trenton.

Since November 1st there have been reported to the Trenton Board of Health more than 110 cases of typhoid fever. Several inmates of the State Prison, State Hospital and other institutions have been stricken with the fever during the past two months. Dr. T. H. Mackenzie is reported as having said that there have been more cases at the State Prison than at any time within the past 15 or 20 years. The use of chloride of lime in the city water has not thus far given the expected relief and several medical men have expressed the belief that to purify the water drawn from the Delaware River, contaminated by the filth sewered into it by the towns up State, a filtration plant must be installed by the city if the health of the city is desired.

Typhoid Vaccine Used in State Prison.

Approximately 6,000,000,000 bacteria will be required to carry out a plan adopted by the board of inspectors of the State prison, December 12th, to prevent the further spread of typhoid fever at that institution.

The board adopted a resolution directing the prison physician, Dr. Thomas H. Mackenzie, to have all the inmates of the institution vaccinated in accordance with the new method which has recently been employed quite successfully as a preventive of typhoid.

The result of this experiment, which is to be made in a wholesale manner upon the inmates of the prison, will be watched with close interest by medical experts. The typhoid vaccine process was discovered about five years

ago in India, and since that time has been tried with a considerable degree of success, not only in that country, but elsewhere.

Physicians who have investigated the subject are authority for the statement that the typhoid vaccine is much less dangerous than that used as a preventive for smallpox.—Trenton True American.

The Typhoid Mortality.

The Census Bureau in Washington has recently published the typhoid death rate for several of the larger cities in the registration district of the country, based upon the estimated mid-year population of 1910 for each city. The largest number of deaths, 556 occurred in New York City, although its rate was but 11.6. The smallest number, 32, is credited to Cincinnati, which also showed the lowest rate, 8.8, of all the 17 cities concerned. Second in point of number is Chicago with 300 and a rate of 13.7. Philadelphia held third place with 272 deaths, the rate being 17.5. Next came Baltimore, 235 deaths, rate 42, the second highest of all. Then followed Milwaukee, with 172 deaths, rate 45.7, the highest shown; after which Detroit, 108 deaths, rate 23; St. Louis, 103 deaths, rate 14.9; Buffalo, 87 deaths, rate 20.4; Washington, D. C., 77 deaths, rate 23.2, the other cities showing a still smaller number of deaths with rates ranging from 13.1 to 13.7.

Reported Death Rates Sometimes Misleading.

Health Officer Wells, of Montclair, maintains that in compiling statistics, allowance should be made for towns having hospitals when patients from outside municipalities die in these institutions. He instanced the condition in Montclair in October last. In the Mountainside Hospital that month he said there were twenty-six deaths. While fifteen were Montclair residents, six were from Bloomfield, one from Glen Ridge, and the remaining four from surrounding towns. If Montclair had been charged with the fifteen deaths only it would have stood well up in the list of "healthy towns."

"When you see a town given a death rate of 8.5 per 1,000, such as West Orange is credited with," said Mr. Wells, "there surely must be some unusual condition to explain it. With a rate like that the average person in the town would live to be more than 100 years old."

New Jersey Health Officers' Association.

At a meeting of this organization held in the rooms of the Academy of Medicine, in the Wiss Building, Newark, November 20th, the Committee on Legislation was authorized to prepare a bill to be introduced in the coming session of the Legislature, making boards of health custodians of vital statistics instead of city and municipal clerks, as at present.

The proposed bill was the subject of considerable discussion and will, if adopted, authorize a number of changes.

It is proposed that every registrar of vital statistics shall stamp every certificate of death, birth or marriage with an official seal bearing the date of the issue of such certificate. It will be proposed that when deaths of non-residents

occur in a town that the certificate be made out by the registrar in the town where the death occurs, and that a certified copy be sent to the registrar of the town of which the deceased was a resident within five days. The record will then be kept in both towns.

In cases where marriage certificates are issued in one town and the actual wedding ceremony is performed in another, the new bill proposed that the registrar of vital statistics in the town where the marriage occurs notify the town where the license was issued within five days. If this is done, it was claimed, the records will be complete and can be referred to more easily.

The question of legislation placing all health officers under the tenure of office act was discussed but not decided.

President Chester H. Wells, of Montclair, was authorized to appoint a special committee to prepare a form for annual report of health boards. It was stated that at present there is no uniformity in the reports and that a uniform system throughout the State would be advisable.

The advisability of a more rigid control over local boards of health, was also discussed. The annual meeting will be held in conjunction with a conference between the members of the State body and local boards. At that meeting the question of control will be again considered.

Physicians Fail to Report Tuberculosis.

Nine more physicians in North Hudson stand in danger of a \$50 fine for failing to report tuberculosis cases to the North Bergen and State health boards. A communication was received to the effect that that number of persons had died of the disease, and no records of the illness had been sent to Trenton. The State Board asked if the North Bergen board had been notified, but it had not.

Frauds in Foods and Drugs.

Dr. H. H. Rusby addressed a large audience in the First Presbyterian Church, South Orange, December 8th. The following points were dwelt upon at some length:

Seventy-five per cent. of the capital invested in drug and medicine purveying is fraudulently employed.

Food frauds represent at least ten per cent. of the total grocery bills of the average household.

Preservatives, dyes and flavorings mask filth, decomposition and adulteration in an innumerable variety of food products.

Not only is fraud practised upon the pocket-book, but human life is menaced and health impaired.

Food frauds persist because of the tolerant attitude of the public, tolerance due to ignorance of the extent and gravity of the offense.

Aroused public sentiment, expert supervision and diligent effort on the part of local authorities provide the only practicable safeguards.

"The money question is the most inconsiderable of all those involved," he declared. "The issue of life and death among the infantile portion of our population rests directly upon the nutritive value of the food supplied them. Countless numbers, both of infants and adults, die because the remedial measures required by their condition are not supplied, while other countless numbers die from the direct effects of

the injurious constituents of their foods and medicines.

"If we include under the head of 'fraudulent operations' all sales of spurious, adulterated, impure or substantial drugs and medicines by manufacturers and large dealers, all dilution and substitution by retail pharmacists, all false and misleading claims by nostrum makers, both upon the labels accompanying the packages and in separate advertisements, and all other acts of the same inherent nature, then I will assert without fear of exaggeration that at least seventy-five per cent. of the capital invested in drug and medicine purveying is fraudulently employed. I do not think that the figures in relation to foods are anywhere near so large; nevertheless I shall show you conclusively that the conditions in food purveying are in themselves sufficient to justify all the alarm on the part of the public which has recently been manifested."

The doctor referred to revelations made by Dr. H. L. Coit, concerning the two or three hundred thousand infants who die annually in the United States before reaching the end of the third year, most of them by impure food and improper feeding. He dwelt on rotten eggs, bad cream cheese, ice cream, confectionery, flavoring extracts, jellies, preserves, cereals, patent medicines, the filth in bakeries, etc.

He referred, in closing, to the inadequate efforts of the State to correct the evils. The State of New Jersey provides exactly two inspectors to investigate all the offenses of this class which occur throughout the State. They are, moreover, hampered with a law which imposes such conditions as to the method of procuring samples as to make it almost certain that the offender will be able to dodge the charge. The funds available for the work are pitifully inadequate.

Board of Health on Watch for Infantile Paralysis.

The New York Department of Health has assigned inspectors to all orthopedic hospitals and dispensaries to insure the complete report of all cases of infantile paralysis. Circulars will be issued by the Board of Health and distributed to every family in which the disease occurs giving information regarding the disease and its treatment. The minimum quarantine will be six weeks, after which disinfection or house renovation will be made obligatory. Circulars calling attention to these requirements will be sent to all physicians and they will henceforth be required to report promptly to the Board of Health all cases which they are called on to treat.

Work of Pennsylvania's Health Department.

The Legislature of Pennsylvania last year appropriated \$3,000,000 for its public health, \$2,000,000 of which was to be expended in the fight against tuberculosis, and \$1,000,000 to combat other diseases. During the past four years the number of deaths per annum has been decreased 14,000. It is estimated that about 2,500 deaths from typhoid fever and 7,000 from diphtheria were prevented last year by the activities of the State Health Department. The State maintains three sanatoria and 115 dis-

pensaries for the treatment of tuberculosis and during the past year treated 40,000 cases of that disease. Taking the lowest estimated value of a human life, \$1,700, it is calculated that the economic saving to the State through this reduction of the death rate amounts to \$24,000,000 for the year. Preliminary arrangements have been made for the medical inspection of girls and boys in the third and fourth class school districts throughout the State. Five hundred physicians will be appointed to the task which embraces the examination of children in 321 boroughs and 460 townships.

Increase in Number of Suicides.

In Hoboken, N. J., the suicide rate during the last ten years was 35 per 100,000 inhabitants. The combined rate of 100 American cities was 21.8 per 100,000 in 1908, but fell to 9.7 in 1910. In New York it was 18.9. San Francisco, Cal., had the highest for the period of ten years—1900-1909, having been 52 per 100,000, though it fell in 1909 to 42.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, November, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending November 10, 1911, was 2,914. By age periods there were 588 deaths among infants under one year, 243 deaths of children over one year and under five years, and 936 deaths of persons aged sixty years and over.

Pneumonia and diseases of the respiratory system show a slight increase, which is usual at this season of the year. Deaths from all other causes are less than the preceding month and over 300 below the average for the previous twelve months.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending November 10, 1911, compared with the average for the previous twelve months, the averages being given in parentheses:

Typhoid fever, 36 (30); measles, 3 (27); scarlet fever, 5 (18); whooping cough, 14 (33); diphtheria, 54 (57); malarial fever, 3 (2); tuberculosis of lungs, 305 (326); tuberculosis of other organs, 53 (51); cancer, 179 (158); diseases of nervous system, 363 (365); diseases of circulatory system, 378 (378); diseases of respiratory system (pneumonia and tuberculosis excepted), 170 (244); pneumonia, 166 (261); infantile diarrhoea, 209 (212); diseases of digestive system (infantile diarrhoea excepted), 182 (184); Bright's disease, 208 (234); suicide, 25 (37); all other diseases or causes of death, 561 (643); total, 2,914 (3,260).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis:

Specimens received from suspected cases of diphtheria, 535; tuberculosis, 379; typhoid fever, 317; malaria, 8; miscellaneous specimens, 52; total, 1,291.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending November 30, 1911, 555 samples of food and drugs were examined in the State Laboratory of Hygiene, with results as follows:

Below the Standard—Two of the 161 samples of milk; the 1 of beef; 1 of the 10 of cream; 1 of the 6 of lard, and 140 of the 319 of eggs.

Above the Standard—All 29 samples of spices; all 20 of butter; the 1 each of cocoa, dried milk, flour; the 2 of honey, and the 3 of cream tartar.

Four suits were instituted in cases where samples were found below the standard.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 188 dairy inspections were made. The following table gives the number of dairies inspected and the number found 60 per cent. above and 60 per cent. below the perfect mark:

	Dairies inspected.	Above 60%.	Below 60%.
Burlington	1	0	1
Essex	32	11	20
Hunterdon	23	7	16
Mercer	18	15	3
Middlesex	27	18	7
Monmouth	1	0	1
Somerset	13	12	1
Sussex	30	27	3
Union	3	0	3
Warren	42	9	32
Totals	190	99	86

Number stopped producing milk: Essex, 1; Middlesex, 2; Monmouth, 1; Warren, 1.

Number of letters sent to dairymen, 119.

Number of water samples collected from dairy premises, 3.

Inspections were made at the request of the following local boards of health: Moorestown, Newark, New Brunswick, Orange, Perth Amboy, Princeton, South Orange Township, Trenton, Washington and West Long Branch.

CREAMERIES INSPECTED.

Allamuchy, Augusta, Franklin Park, Hoboken 4, Hope, Mulford's, Newark 2, New Egypt, Plainfield, Sussex 2. Total, 15.

Creamery licenses recommended, 1.

Letters sent to creamery operators, 2.

ICE CREAM FACTORIES INSPECTED.

Bayonne, Elizabeth 4, Guttenberg, Hoboken 2, Irvington, Jersey City 4, Montclair 6, Newark 17, New Brunswick, Orange 5, Passaic 10, Union Hill. Total 53.

Ice cream factory licenses recommended 6.

Letters sent to ice cream factory operators, 21.

During the month ending November 30, 1911, 140 inspections were made in 52 cities and towns, 23 of which were in Jersey City, 20 in Newark, 15 in Trenton and 5 in Paterson.

The following articles were examined during the month but no samples were taken:

Milk, 513; butter, 514; food, 645; drugs, 175.

Meats inspected: Mutton, 80; veal, 72; pork, 97; beef, 120.

Other inspections were made as follows: Milk wagons, 208; milk depots, 44; grocery stores, 427; drug stores, 2; bottling plants, 1; oleomargarine investigations, 9 (wagons, stores);

slaughter-houses, 31; meat markets, 10; confectionery stores, 4; pickling establishments, 1; bakeries, 12; hotels, 6; cold storage plants, 18; egg breaking stores, 6; butter stores, 10; miscellaneous, 1.

Division of Sewerage and Water Supplies

Total number of samples analyzed in the laboratory, 171: Public water supplies, 135; private supplies, 20; spring waters, 2; State institution supplies, 5; proposed public supplies, 1; dairy supplies, 4; miscellaneous supplies, 1; sewage samples, 3.

INSPECTIONS.

Public water supplies inspected at Gloucester 2, Skillman, Wildwood.

Special inspection of water supplies and water purification plants at Bound Brook, Little Falls, Orange, Rahway, Skillman 2, Trenton 5.

Special inspection of water sheds in Absecon Creek, Lake Lenape, Middle Brook, Nishisakawik Creek, Passaic River (tributaries above Basking Ridge), Pensauken Creek, Raritan River (near Flemington), Rock River and its tributaries.

Sewage disposal plants and systems inspected at Asyla, Bradley Beach, Bridgeton, Burlington, Haddonfield, Manasquan, Neptune Township, North Plainfield, Ocean Grove, Point Pleasant, Princeton, Sea Girt, Spring Lake, Wenonah, Woodbury, Woodstown.

Special inspections relating to sewage disposal plants and systems at Aldene, Asbury Park, Hilliard's Island, Interlaken, North Paterson, Ocean Grove, Skillman, Woodstown.

Stream inspections on the Cohansy Creek, Crosswicks Creek, Delaware Bay, Delaware River, Great Egg Harbor Bay, Lake Hopatcong, Maurice River, Middle Brook, Millstone River, Muscatong River, Passaic River, Nishisakawik Creek, Raritan River.

Number of stream pollutions reported..... 61

Number of reinspections made..... 19

Number of stream pollutions abated..... 16

Ten-day notices to cease pollution served.. 12

Plans for sewage systems, disposal plants, and extensions approved..... 6

Plans for sewage systems, disposal plants and extensions disapproved..... 1

NEW AND NON-OFFICIAL REMEDIES ACCEPTED BY THE A. M. A. COUNCIL ON PHARMACY AND CHEMISTRY.

Bismol (Kalle & Co.).

Ferment diagnosticum (Kalle & Co.).

Calcium phenolsulphonate (Abbott Alkaloidal Co.).

Calcium phenolsulphonate (Mallinckrodt Chemical Works).

Crurin purum (Kalle & Co.).

Crurin dusting powder (Kalle & Co.).

Digalen tablets (Hoffman-La Roche Co.).

Lutein tablets (Hynson, Westcott & Co.).

Mercuric oxycyanide (Merck & Co.).

Pancreon (Chemische Fabrik Rheuania).

Sodium peroxide, R. & H. (Roessler & Hasslacher Chemical Co.).

"Your life is too sedentary," said the doctor. "What you need is constant excitement."

"Well, I guess I'll get it," replied the fair patient. "I'm going to marry a man to reform him."—Philadelphia Record.

Typhoid Bacillus Carriers.

Dr. J. C. Meakins, of Quebec, in the Canadian Medical Association Journal, Toronto, urges, in view of the frequency of typhoid carriers, the difficulty of cure and the great danger they are to the public health, that every means should be employed for their recognition, prevention and isolation. The task of recognition of transitory carrier falls to the general hospitals, where over 50 per cent. of the cases of typhoid are treated. Every case, before discharge, should be examined thoroughly bacteriologically, and should be kept in the hospital or under strict observation and be treated by hemologous vaccines until the excreta are free of typhoid bacilli beyond peradventure. If they could be re-examined six to twelve months afterward, especially the adult women patients, much would be gained. Search for the source of infection in every case of typhoid, and the district physician should be informed when a known carrier is in his jurisdiction so that he can keep him under supervision. Those patients who are not treated in the hospitals should be strictly watched and frequently examined by a special department of the board of health.

Germany has dealt with this question in a masterful way. In the southwestern part of the empire typhoid fever is largely endemic. On the recommendation of Koch, stations were established in this district under the municipal government. Each laboratory was well supplied with skilled bacteriologists, who worked in conjunction with the local authorities. Their duties were fourfold—to diagnose typhoid, to ascertain the source of infection in each case and to examine for infected persons, to supervise and regulate the general hygiene of the district, and to make bacteriologic examinations of stools and urine, in order to determine when convalescents cease eliminating typhoid bacilli. By their work they have made great strides in the prevention of typhoid, more especially as regards the typhoid carrier. As there is no other source for malarial infection than mankind, so it is with typhoid, which practically means that if we can prevent, cure or render innocuous the typhoid carrier, we can get rid of typhoid, but not until this has been accomplished.

Vaccine Treatment of Typhoid Fever

Dr. J. G. Callison, in an able paper in the Medical Record, June 24, 1911, on the above subject, gives the following conclusions:

1. The production of antibodies or protective substances in response to the inoculation of a vaccine follows definite fixed laws, regardless of whether the vaccine is given for prophylactic or curative purposes, and the results in treatment must be interpreted in the light of what is known of these laws.

2. Inoculations of vaccine in typhoid fever prevent lapses and lessen complications, and in some cases probably also shorten the original attack.

3. Stock vaccines should be given in preference to autogenous vaccines in typhoid fever. The older the culture the better.

4. When given in therapeutic doses such stock vaccines are without injurious effect, and do not interfere with other treatment.

5. The routine treatment should be continued until the fever process is controlled by the vaccines.

6. The dosage used by many of those who have treated typhoid with vaccines in the past has been too small to secure the best possible results.

7. Every case of typhoid fever should receive vaccine treatment as soon as a diagnosis is made, and this should be continued until the temperature becomes normal or it is demonstrated that the case will not respond to this form of therapy.

Vaccination by Way of the Intestines.

Drs. Courmont and Rochaix, in *Presse Medicale*, Paris, May 3, 1911, report as the result of years of experiments that it is possible to vaccinate against typhoid by high injection into the intestines of a complete eight-day culture of typhoid bacilli killed by heating to 53 C. Goats, guinea-pigs and rabbits thus vaccinated survived intravenous inoculation of two, three or four times the fatal dose of typhoid bacilli rapidly fatal for the controls. The immunity thus conferred lasts for several months and possibly longer. The serum of the animals acquired antitoxic, bacteriolytic, bactericidal and agglutinating properties as also the serum of human beings vaccinated in the same way. As the human serum acquires these properties by the tenth day this is accepted as proof of successful vaccination, although it is impossible in man to apply the final touchstone of intravenous inoculation with virulent cultures. The vaccination by way of the intestines was done in injections of 100 c.c. each, through a long cannula, adding 10 or 15 drops of laudanum to the fluid, and giving a total of three injections at five-day intervals. The injection was retained for twenty-four hours. The agglutinating power did not become very pronounced, not over 1 to 30; the bacteriolytic power, 1 to 20; but the bactericidal power rose to 1 to 200, 500 or 1,000. It is possible that by this direct application of the vaccine to the intestines the mucosa becomes more resistant to the passage of typhoid bacilli than if the injection had been made by the subcutaneous route. The facts observed suggest the possibility that the toxins are not absorbed from the intestines and that it is the dead bodies of the bacilli which are taken up into the tissues and start the defensive processes. Attempts to obtain the same results by ingestion of the vaccine gave uncertain results, sometimes positive but far more often negative. The vaccine was made from typhoid bacilli from eight sources so as to ensure polyvalent action.

The Prevention of Insanity.

An interesting and instructive address was delivered December 4th by Dr. Henry M. Cotton, medical director of the State Hospital for the Insane, at a meeting of the Brotherhood of the Central Baptist Church, Trenton.

Dr. Cotton stated that it was just as essential for the community at large to become acquainted with the rapid advance that has been made in the prevention of mental diseases, in recent years as to become acquainted with the problems relating to the prevention of physical diseases. He said that systematic work is being carried on throughout the country, and that in a few years there will be a large decrease in the proportion of insanity cases.

Furthermore, Dr. Cotton stated that 40 per

cent. of the insanity cases are preventable, that 27 per cent. of the male cases were due to alcoholic excesses, and 15 per cent. of the insanity cases are due to the softening of the brain, caused by breach of the moral laws. Continuing, he said that in many cases the trouble or cause could be traced to faulty methods of education, caused by the student being overburdened with studies at a tender age, and the result not developing until future years. In closing Dr. Cotton stated that voluntary commitment was an important factor, and that by so doing the community is gradually losing its prejudice against the hospitals.

Calls Medical Inspection a Farce.

Wilson Taylor, president of Hoboken Board of Education, declared recently that the system of medical inspection in the schools was an absolute farce. He said he did not blame the medical inspectors; the law, he said, was at fault.

"Yes, medical inspection in schools not only in Hoboken, but throughout the State, is a farce," declared Mr. Taylor. "I am not blaming the doctors. They are attending to the duties of their office as prescribed by law. The law does not allow them to prescribe for the children. All they do is to go into the schools, and the teacher shows them a boy or a girl whom he or she thinks is sick. The doctor takes a look at the child, writes something on a card, giving the pupil permission to be absent for two or three days. The card in the generality of cases states what affection the pupil is suffering from, but no advice or treatment is given. The child is supposed to take the card to his teacher on his or her return to school, to show that there has been a cure, so that the teacher will know whether there is any danger to the other pupils. This is not always done. We cannot insist that this should be done, because the law does not call for it.

"What we want is to have one doctor who can devote all his time to the school. Under the present conditions the doctors have to examine the 10,000 in our schools at least once a year. Our medical inspectors receive a salary of \$1,000, and I figure it out that they are allowed thirty-three cents for each inspection. It is impossible for a medical man to give adequate attention to the school children at this figure, and for that reason I suggest that we should have one man, pay him a good salary and make him responsible for the hygienic conditions in the schools. It is my intention to bring the matter of the medical inspection in schools to the attention of the State department."

To Prevent Inborn Criminality.

Convinced that heredity is responsible for a great number of the criminals and defectives now in custodial care in this State, the members of the advisory board of the Department of Charities and Corrections recently pledged their support to the research work now being done under the supervision of Dr. George B. Wight, commissioner of charities and corrections.

This work has been done principally at the Home for the Feeble Minded at Vineland and at the Village for Epileptics at Skillman. The results have been such as to lead the heads of the correctional and penal institutions of the

State, who compose the advisory board, to the belief that it should be carried on more extensively.

As an instance of the results of heredity, Dr. Wight spoke of one case which came to his attention. In two generations of a family there are at the present time ten in custodial care. The commissioner was led into making these investigations by the great similarity in names of those confined in institutions and also of location. The question has become of such importance that it is the opinion of the heads of the institutions that unless steps are taken immediately New Jersey will have a serious question on its hands in a few years.

It is the intention to submit a report to the next session of the Legislature and larger appropriations will be asked for to carry on the work. At the last session money was appropriated to carry on the research work in several institutions.

The lawmakers of next year are also to be asked by the advisory board to amend the law by which confirmed inebriates are now committed to an insane asylum through proceedings in the Court of Chancery. Dr. Wight showed the members of the board that the cost at the present time was upward of \$200, beyond the reach of poor families. An amendment is to be asked which will reduce this cost and simplify the law.

Defectives More Prolific Than Normals.

Persons mentally defective increase very much more rapidly than normal persons. This conclusion was announced December 14th, by Dr. Henry H. Goddard, of the New Jersey State School for the Feeble-minded, at a meeting of heads of charitable and correctional institutions held at the Prison Association rooms, 135 East Fifteenth street.

Dr. Goddard and a corps of field workers tested the mental capacity and investigated the antecedents of 1,547 children in the past year. Of these 554 were found of normal capacity. Tests of defective and delinquent girls in Massachusetts showed four normal out of fifty-six, and of 100 children tested in the Newark Juvenile Court only one was found mentally fit.

Dr. Goddard traced the ancestry of a twenty-two-year-old girl in his institution at Vineland, through 1,147 individuals, back to the Revolutionary War. A young man of good family, he said, ran away, enlisted in the Continental Army and mated with a feeble-minded girl in New Jersey, of whom Dr. Goddard's patient is a lineal descendant. Later the young man married a Quakeress and founded a family which has since become distinguished in trade and the learned professions.

From the one child of the first union, Dr. Goddard's figures showed 480 descendants, of whom only forty-six were completely normal. Only 400 descendants sprang from eight children of the second marriage. None was degenerate among them.

"I have got to perform a very distasteful operation this morning," remarked the eminent surgeon.

"What is that?"

"One of my rich patients wants me to take a little something off his bill."—Kansas City Journal.

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ERYSIPELAS IN THE NEWLY BORN.*

BY GEORGE T. WELCH, M. D.,
PASSAIC, N. J.

Perhaps there is no other inflammatory disease that has been more severely punished with acrid drugs and excoriating ointments than erysipelas. The treatment changed with prevailing medical theories, and, beginning with Hippocrates, who advocated continuous applications of cold water, we find, later, vivisection ordered, then emetics, cathartics, chologogues, acids, alcohol, ammonium, nitrate of silver, cantharides, collodium, creosote, iron, mercury, iodoform, linseed oil, mucilages, turpentine, lead, quinine, soda and zinc.

And yet there were some heterodox physicians who scandalously said the disease was self-limited, and that it got well in spite of these meddlesome attentions! I think we may take medical men in good faith as a rule, and we have reason to believe that they have meant well, even when they have tilted at windmills and have been unhorsed, like Don Quixote. So complex are the causes of any virulent disease that no one mind can trace the invasion through all the multifarious avenues of approach.

Many had the suspicion that erysipelas was caused by a germ, but it was not until 1881 that Ogston insisted that the microorganisms known as the streptococci were responsible for the disease. His observations have been repeatedly confirmed and his conclusions have been adopted, and consequently it followed that if there was no germicide that would destroy the streptococci, except such antibodies as Nature can

produce, it was folly to prescribe a host of useless drugs, and, therefore, the therapeutics of the disease has dwindled to a few agents belonging to the tonic and antiseptic class. Attempts have been made by the commercialists to cover every field of the bacteriological serums, and some of my medical friends have tried antistreptococci serum, thus prepared, in cases of erysipelas, and have reported favorable results. But, as the index of every case varies, it is rare good luck to find that a serum, broadly recommended by the manufacturers for "puerperal fever, scarlet fever, septic complications in tuberculosis and other diseases," should also inhibit the particular streptococci of any given case of erysipelas. That harmful, and even fatal, results have occurred from indiscriminate use of serums is well known.

Practically we are awaiting some antitoxin that the bacteriologists should produce, and until they do Nature usurps our art, and is the one healer to be relied on. The streptococci themselves have proved an antitoxin, though hazardous, in cases of inoperable tumors, and we may, therefore, hope that some other forms of bacteria may at length be found that will destroy the streptococci of erysipelas.

Immunizing injections of filtrates of virulent cultures from the latter, have been used successfully on animals, but so far no reliable serum has been found as a curative of the disease in the human subject.

This brings me back to my first proposition, that spontaneous cures of erysipelas do occur and that, while the disease is sometimes destructive of life, recoveries have taken place even in extreme and threatening malignant cases. This I shall proceed to illustrate by a recent example under my care at St. Mary's Hospital in this city. On February 8th I attended Mrs. W. M. W.,

*Presented at the 145th annual meeting of the Medical Society of New Jersey at Spring Lake, June 15, 1911.

aged 26, in her first childbirth, at the above institution. The labor was tedious and instruments were finally used, when a plump, rosy, female child was ushered into the world. A perineal laceration that had occurred was at once operated upon and the mother made an orderly and uneventful recovery.

Upon the nurse giving the necessary toilet to the infant, there was found a whitish discharge from the vulva. This I examined and found it to be of a bland character, and an antiseptic wash was prescribed.

On the nineteenth day from the delivery I called on the mother, and asked the nurse, incidentally, the condition of the child. She replied that it was getting along splendidly. But early in the evening I was telephoned to, by the house physician, who said that the nurse had discovered an inflamed, indurated condition about the vulva, shortly after I had left the hospital, and that it had progressed rapidly, having spread over a surface of about four inches in diameter in a few hours. I went up to see the little patient at once, and found there was a temperature of 102 degrees, with a well-marked erysipelas prevailing and a return of the vulvular discharge. It was out of the question to dose such a little mite, and as I had no faith in any of the so-called curative agents, I determined upon external applications, with such liquid foods and stimulants, by mouth and rectum, as we could use. The child was kept from the breast, and another nurse was employed for the mother, and all communication was discontinued between the two.

A half of a 1 per cent. solution of protargol was used to douche the vulva, and a 10 per cent. ointment of ichthyol was freely applied to the inflamed surface. The temperature ranged between 103 and 104 degrees until March 1st, when it fell to 100.4 degrees; but on the third it had risen to 104.4 degrees. On the fourth it fell to 98.2 degrees, but rose again to 103, and it was not until March 11th that it became normal and remained so. In the meantime, the disease had proceeded over the whole of the body, and all of the limbs, including every toe and finger, the ears, the nose and the lips. But now affairs changed, and, as Hudibras said,

"Like a lobster boiled, the morn
From black to red began to turn."

and the little patient made a complete and wholesome recovery.

If I could have had a dependable serum as an antitoxin, I should have gladly used

it, but, wanting that, if I had used twenty drugs internally and the infant had lived through the dosing, I could have got no better result than I had without them.

Erysipelas in the newly born has always been looked upon as a hopeless disease, and no physician of large experience but has had occasional cases, only to see a fatal result in spite of all that care and therapeutics could do. Writers of text books who have gleaned from all available sources, have invariably stated that it is conceded by all observers that almost any infant under three weeks old, dies when affected by this disease. In the case detailed, I have reason to believe that death would have resulted but for the persistent rectal feeding with peptonized foods, after the stomach had become exhausted, though, doubtless, the local applications greatly assisted. Life was thus prolonged, until Nature had propagated enough antibodies to destroy the streptococci of the disease.

URGENT CONDITIONS IN ABDOMINAL SURGERY.*

By JAMES W. KENNELLY, M. D.,
PHILADELPHIA, PA.

In reviewing my experiences with the different members of this society, I find about the only time we have met in consultation was on some urgent condition. Thus my choice of this subject.

It is not those patients who can be shipped a thousand miles for an operation which give us our high mortality, but it is those acute conditions which are the cause of midnight consultations and are often followed by fatal termination.

I am satisfied that the mortality of all acute infectious lesions and those conditions where hemorrhage may be an important factor, is entirely too high and out of all proportion to the positive surgical remedy which is at our command. So I take the position that nearly all the fatal terminations of acute perforative or infectious lesions of the abdominal cavity, are a human error and the burden is upon us.

I believe if we carefully review the clinical history and physical signs in any particular instant, we were in possession of sufficient diagnostic data to have earlier made the diagnosis and saved a human life. In other words, when we walk backward,

*Read before the Tri-County Medical Society, annual meeting at Bridgeton, N. J., October 24, 1911.

we realize it was familiar ground and the landmarks should have been recognized. Therefore, it becomes most vital that we frequently rehearse our knowledge of these important lesions.

I never made a diagnostic error in my life which did not at some future date shine as a lamentable example of my ignorance, and the more gross became my error when I reviewed the clinical history of the condition and found sufficient data to have made a diagnosis with precision.

There is another important point I wish to bring up, and that is this: we are not permitted to exercise our surgical privilege at a fitting time, with the result that surgery must take the abuse of delay from difference of opinion.

Gentlemen, I cannot tell you how much and how often I am impressed with the fact that the surgical mortality of acute conditions of the abdominal cavity is out of all proportion to what our real surgical advancement should make it. It seems we cannot unite on the earliest hour, followed by complete surgery. So has it always been and, doubtless, so will it always be.

I can on this occasion but briefly review a few of the urgent conditions which so often confront us.

If there is a single condition in abdominal surgery upon which we have really united, it is the urgency of strangulated hernia—and thank God for this peaceful solution of a fatal condition—the remedy of which is familiar to us all and I shall avoid any technical discussion of the same.

There is one variety of hernia which I want to take out of the class of quiescent lesions and put in the class of urgent conditions, and that is the big umbilical hernia which is daily met with and is often passed by as a harmless condition. There is a particular element of danger in this condition which demands early surgery. If you wait until there is some strangulation before asking for relief, the mortality is excessively high. As a rule the condition occurs in a fleshy individual past middle age, who is a poor subject for major surgery. The viscera has become strongly adherent to the parietes and have insinuated, or have become honeycombed between the layers of tissue in the abdominal wall, making the operation for relief prolonged and difficult, with a high mortality.

The variety of hernia is accompanied by little or no pain until the remedial hour is past. As a rule the symptoms are overlooked or recognized as unimportant until

fecal vomiting takes place and then you are too late for the major surgery which confronts you.

Again, it is most important that these conditions be repaired before they became the huge size we so often see.

If the viscera have been external to the abdominal cavity for a number of years and you return same within the abdominal walls, the shock incident to this procedure is profound. The returned viscera seem to act as a foreign body and their return is often followed by a rapidly fatal termination.

It seems there is a certain equilibrium of intra-abdominal tension which must not be infringed upon. I have often seen the converse of this occur in surgery. In other words, the removal of an abdominal tumor will often profoundly shock the patient. This is especially seen in the removal of a fibroid tumor which has been incarcerated in the pelvis, requiring great strength to lift the tumor from its bony walls. I am not prepared to say just what the physiological change is which takes place, but it must be due to the relief or excess of pressure upon the large vessels or abdominal plexes of nerves. I rehearse this variety of hernia because it exists in great numbers, constantly before the general profession, and is not viewed as a condition demanding surgical intervention, until acute strangulation takes place and makes a plea for uniform closure, before there is any urgency. Practically the same argument may be made for all post-operative hernias which often follow drainage treatment and should be closed before any degree of strangulation.

There is probably no death more tragical than that from extra-uterine pregnancy, and it is too often a lamentable fact that this acute, murderous condition is placed among the lesions of interval or expectant surgery. I am so positive in my views in regard to this condition, that I feel the greatest boon that could come to the professional world would be for legislation to have destroyed all literature which treats of the condition in an expectant manner.

The general profession is in a position to demand more protection for their patient from the specialist than they are getting. I know of no argument that the operator can offer for operative delay in extra uterine pregnancy, which is founded upon any good surgical reasoning. It is incumbent upon the general profession to demand of the specialist some tangible proof that the examined patient has not a bleeding vessel, or

one which may not bleed at the next moment. We will have accomplished much when we are able to teach the specialist that shock due to a bleeding vessel can be most effectually relieved by tying that vessel and also that a patient shocked from an acute infectious condition can be just as effectually relieved by removal of that lesion or its proper drainage. Why have we a right to wait in any condition which has a potential element of death?

No surgeon likes a death, but he who places his mortality before the patient's life must give us strong reasons, indeed, for such a position. I am not familiar with any argument which could make me place extra uterine pregnancy among the quiescent lesions. The tardy specialist bases his argument for interval operative interference in ectopic gestation upon the shocked condition of the patient following an acute rupture. If the shock is due to hemorrhage, the indication is to immediately tie that vessel; if due to some peculiar nervous phenomenon incident to rupture of the tube or ectopic sac, again is there a demand to remove that tube or the ruptured ectopic sac.

Again, if the shock is due to the blood or clot acting as a foreign body, so should we remove that body. Shock is never a contra-indication to surgery, when surgery can amend or relieve the cause of shock. I have seen a great many patients go on the operating table pulseless and come off with an encouraging pulse.

I claim the operation is a decided stimulant to these pulseless patients. The ether and the filling of the abdominal cavity with hot saline solution, following the removal of the lesion, is my solution for the improved condition.

You cannot say that the amount of hemorrhage which has already taken place, is the cause of the severe shock. I have opened a number of patients who were pulseless and found very little blood in abdominal cavity, and the reverse of this is so. You may find the abdomen distended with blood and the patient be in a remarkably good condition. So, the operator who makes the argument that the patient has already lost so much blood that the operation is contra-indicated, is basing his assumption upon a disproved theory. When the profession begins to look upon shock as a condition and not as a mere symptom, they will unite upon an operative remedy.

In my association with the late Dr. Joseph Price, plus my own work, I have had the experience of two hundred extra uterine

pregnancies, with two deaths. We have always operated at first hour and thus my ground for the stand I take.

If we have made up our minds to operate in every instance at first hour, there remains but one point for discussion, and that is the recognition of the condition. From a diagnostic standpoint, there is no surgical subject whose clinical history is of more value than that of extra uterine pregnancy. The patient is a childbearing woman, who has probably never conceived, or gives a history of prolonged sterility, a good length of time has existed between last child and the expected ectopic. This period of sterility being caused by some, probably tubal, trouble, which is supposed to have much to do with the etiology of the condition (Tait).

There is often some mental disturbance or aberration, the patient is nervous and the members of the family notice here irritability. She has missed one or more periods, or her period has been delayed ten days or two weeks, or there has been a scanty discharge. In a large per cent. of cases there is a bloody discharge which may show traces or fragments of decidua. The patient has paroxysms of acute agonizing pain and says she never had such a pain, even though she may have gone through the pangs of labor. These pains are characteristic and diagnostic. The lower part of the abdomen nearly always shows some central distension with tenderness. On vaginal examination, if the condition is some advanced, you will have a well-marked, one-sided mass.

This mass often extends well in front of the uterus, which gives it some prominence as a sign in a differential diagnosis between a pus tube and an ectopic mass. The uterus is somewhat enlarged, soft and particularly sensitive, much more so than the lateral mass, and it is my most reliable sign. The patient has some of the general symptoms of a normal pregnancy. I do not, however, rely much upon them. If a rupture has taken place, followed by active hemorrhage, the blanched appearance of the patient is diagnostic. I speak last of the blanched condition of the patient as a symptom, because I feel that in seventy per cent. of the cases, the condition should be recognized before this calamity has taken place.

There is no condition which confronts us more frequently, and at times with greater urgency, than an offending appendix, and there is positively no question in surgery on which the profession is so much divided as to time and manner of operative treatment.

It is not necessary for me to discuss or review the typical symptoms of the ordinary forms of appendicitis, but I shall review those aberrant or usual form of this common lesion.

The anatomical location of the inflamed appendix has much to do with its symptomatology and it is from this standpoint I take the matter up. If the appendix lies in its usual position between the cæcum and right abdominal wall, you have the early classical signs and symptoms, namely, marked rigidity, pain and tenderness in the right iliac region. The patient often makes his own diagnosis. When the appendix is located in the retrocæcal position, or is projecting over the ileocecal line into the pelvis, the symptoms are not local and often poorly defined. The appendix in the retrocæcal position is the most dangerous variety of appendicitis, for many reasons. We see the patient late, as there has been very little pain or tenderness and, I believe, in a number of cases, perforation has taken place before the family physician is called.

This condition may prove fatal before there is any peritonitis, the patient dying from a retroperitoneal infection or true lymphangitis. If we are to save these patients, we must operate before perforation takes place, as nature has no chance to protect the perforated retrocæcal appendix which occurs into cellular tissue, rich in absorbents and without the protective influence of the inflammatory lymph, which would occur if the perforation took place on a peritoneal surface.

Every diagnostic means should be exercised to early recognize this form of appendicitis. In brief, we might say the condition may be recognized by the indifferent symptoms of appendicitis, with a gradual increasing pulse. The gradual and constant acceleration of the pulse is the most reliable symptom. You will often be disappointed in your results, if you operate on a good number of these patients. The appendix does not seem to be much disorganized and there is often no evidence of peritoneal contamination, but the patient has already received his lethal dose of toxins and dies from true lymphangitis, with a flat abdomen and soluble bowel. A termination you do not see from a fatal peritonitis.

This form of appendicitis has more than the usual interest to me, as I find that about ninety per cent. of my operative deaths in the different varieties of appendicitis have

come from this location of the appendix. The high mortality does not only come from a late recognition of the condition, on account of the incipient symptoms, but it is less accessible to your surgery. You are unable to drain the retroperitoneal space and it is truly a septicemia ere we see the patient.

The other anatomical position of the appendix I wish to discuss is the pelvic variety of the disease, where the organ extends over the ileocecal line and is in the true pelvis. The patient usually has more pain than in the retrocæcal variety, but the pain and tenderness are general and it is hard to find any marked difference between the two sides. The rigidity is not local and is not well marked. Rectal examination in the male or vaginal examination in the female will be a great assistance in making the diagnosis. Tenderness, pain and rigidity become more marked as the condition advances into a peritonitis and the parietal peritoneum becomes involved, which is a sensitive membrane.

Do not look for much temperature in any of the forms of appendicitis. One degree is sufficient; if temperature is 102 or 103, there has been some leakage and the condition has become a peritonitis or a lymphangitis.

For reasons, I have not gone into any detailed discussion of the symptomatology or diagnosis of these different anatomical positions of the inflamed appendix. My reference to them was to call attention to this fact, that there are certain varieties of appendicitis which are particularly fatal, and they are those forms which are accompanied by a vague symptomatology which adds materially to the mortality. This should always put us on our guard and is the strongest plea I know for first-hour operation, in every recognition of a diseased appendix. The only way to get the best of a thief or an assassin is to get him before he gets you.

Let us take all of these lesions out of the class of sleeping sickness or hookworm disease, and put them in the class of urgent surgery.

The healing of a mastoid wound is often hastened by fewer dressings and allowing Nature to do her part in the reparative process.

Many a distressing frontal headache may be relieved by reducing the hypertrophy of a middle turbinate, preferably by streaking with trichloroacetic acid.

CANCER OF THE BREAST.*

BY WALTER P. GLENDON, M. D.,
CEDARVILLE, N. J.

Gentlemen and Members of the Tri-County Medical Society:

Another year has passed into history and the time has now arrived for the retiring president to deliver his valedictory address and transfer the honors to another. At this termination of my incumbency as president of this honorable and representative body of medical men, I desire to thank the members for the interest that they have taken in these meetings, during the past year, and also for the support they have given me in the discharge of my official duties. I realize the futility of attempting to present anything new or startling in the development of the subject that I have selected for the title of this paper, but I, in common with others here assembled, have had practical experience in the management of these cases, and the observations and deductions made therefrom may be profitably submitted here for discussion and the interchange of views and criticisms may elicit some information of value to each and every one of us. We have all had occasion to notice the increased frequency of cancer in its various forms, and particularly cancer of the breast, and who is there among us who has not had a case of the kind perhaps among kindred or friends, who has not been compelled to stand helpless and witness the slow but inevitable approach of death in its most painful and loathsome form, and to be compelled to remain helpless and unable to extend a helping hand under such circumstances, because of the limitations of our knowledge, which has almost made us feel dissatisfied with our calling. Of the causation of cancer we know very little; it is largely speculation, and even the pathology of the disease is a matter of the most diversified opinion. When it comes to a consideration of the symptoms of the condition we have something more tangible to work on and if we accept the statement in its broadest sense, made by some writers, that any lump in the upper and outer quadrant of the breast of a woman at or near the menopause is malignant, the diagnosis becomes a fairly easy proposition. Personally I am not prepared to accept that statement wholly as a fact, for I am aware that

some lumps occurring under these conditions are harmless and give no trouble if left alone. I have frequently observed a condition in single women of nervous temperament that certainly has some resemblance to cancer and has often proved very confusing to me, and caused me to hesitate in determining the question positively. Such cases are probably types of chronic mastitis, but the breast certainly has the hard nodular feel of cancer and frequently the induration extends up under the borders of the pectoral muscles and involves the chain of lymphatics, giving the hard, knotty feel of true cancer. The mass seems adherent to the overlying integument and the skin often presents the dimpled appearance so characteristic of carcinoma. The distinguishing feature of this condition, however, is tenderness on pressure, whereas the true cancer of the breast is strangely insensitive and painless to manipulation before the stage of ulceration. Dimpling of the skin and retraction of the nipple are typical symptoms of carcinoma of the breast, but their presence shows an advanced stage of the disease. Oedema of the hand and arm of the affected side are, of course, among the terminal symptoms, but in one or two cases that I recall they were the symptoms that led the patient to seek advice; but, needless to say, they need spiritual instead of medical ministrations, to be helpful at this stage of the disease. Pain is usually of late development and is probably caused by impingement on the nerves by the cancerous nodules. I have noticed that pain in the arm involving the area supplied by the brachial plexus of nerves is a frequent forerunner of a recurrence after operation and it is often present before there is any sign of enlargement of the axillary glands. The characteristic cachectic appearance of the disease is often absent until the final stages and patients often preserve the looks of health until near the end of their illness. In my own work I have found it of rare occurrence to see a case of cancer of the breast that was not so far advanced that its nature is unmistakable, and yet in these days of enlightenment, when the laity take so much interest in all matters pertaining to health, it is a matter of surprise how often we get patients far advanced in malignant disease of the breast, who have consciously or ignorantly concealed the existence of their affliction from their families and physician until it is too late to offer them any chance for relief. Because a lump in the breast is unattended by pain

*President's address delivered at the annual meeting of the Tri-County Medical Society of South Jersey, at Bridgeton, October 24, 1911.

it is often considered of no significance by the patient and I have only recently had a striking illustration of this fact, and the experience taught me the important lesson of the necessity of making careful physical examinations for the detection of the cause of any obscure symptoms referable to the chest. A lady well past the prime of life consulted me for certain symptoms that she said resulted from an attack of the grippe. Her symptoms, as she enumerated them, were weakness, loss of appetite, shortness of breath and a short, dry, hacking cough, together with sharp cutting pains through the chest. She looked pale and had the appearance of one who had recently gone through a spell of sickness, and, of course, such a train of symptoms would very well harmonize with a previous attack of the grippe, the more so as they came on at a time when the latter disease was prevalent. I felt reasonably sure, however, before undertaking my physical examination, that I would find the cause of her trouble due to a lesion of the heart or lungs, probably in the former at her age. I went over her chest very carefully and, very much to my surprise, failed to find anything in the condition of either heart or lungs to account for her symptoms. The respiratory movements were limited and there were a few dry rales over the larger bronchial tubes, especially on the left, but apparently not enough evidence of disease to explain her condition. As she naturally wanted to know what the trouble was, I told her it was caused by her heart and instructed her to return in a day or two for a further examination. In the meantime I made a urinalysis and gave the case a good deal of thought and study, but I was completely mystified and could find no satisfactory solution of the problem. At her next visit I covered the same ground and with about the same result, and while sparring for time I asked her more particularly about the character of the pain, and she replied "that is caused by rheumatism, for I am full of it. I have had it so much that my breast is hardened and drawn out of shape." After hearing that remark, gentlemen, the doubt cleared like dew before the rising sun and I felt then that I was able to make a diagnosis. It was only after considerable persuasion on my part that she consented to an examination of the breast, when I found a large schirrus carcinoma of the gland involving the pectoral muscles and glands of the axilla. Her whole train of symptoms were due to the involvement of the mediastinal glands, and after this I re-

vised my original diagnosis and told her she had a cancer of the breast, which was the cause of all her trouble. She was, however, convinced and consulted another physician, and it was a source of some satisfaction for me to know that he was as much mystified with her condition as I was, and he ascribed it to her heart, until his attention was called the last thing to the condition of her breast. The patient afterward stated that she had noticed the lump in her breast for five years before she showed it to any one, as she did not think it would ever give any trouble, but alas! her awakening was a sad one and when she did reveal the secret it was too late for science to offer her any encouragement, for she was then past the operable stage. This case made a deep impression on me and I can state this as my conviction: when confronted with a train of symptoms such as those just enumerated, viz., pain in the chest and cough, together with shortness of breath, without evidence of pulmonary or cardiac lesion sufficient to account for them, examine the mammary gland and you will be surprised at the frequency with which you will meet with cancer of the breast far enough advanced to cause involvement of the mediastinal glands, without the patient being aware that she has anything serious the matter with her breast. The mediastinal glands often become extensively involved before the local condition of the breast shows much evidence of disease and, therefore, before an operation is advised or undertaken we should make a careful investigation of the chest, for evidence of metastasis of these glands, for from my own observations I am convinced that these structures become infected very early in some cases. When it comes to a consideration of the treatment of cancer of the breast I have never shared the optimism felt by some authorities, but on the whole I think the radical operation followed by a prolonged course of X-ray treatment offers the best prospect for a cure. It is just here that we encounter another serious obstacle in getting these patients too late. We all know the importance of early operations, if we grant that these lesions are local in the beginning, and if we do not accept that as a fact I believe all operations are absolutely useless. I do not see how we can regard the breast as we do the appendix and remove it on suspicion, and yet it seems to me that when the patient's attention is called to the lump, the disease is so far advanced that the lymphatics have already dis-

seminated the infected cell masses beyond the reach of surgery. Therefore, unless we accept the dictum that a large percentage of lumps occurring in the breast at or near middle age are malignant, or will become so, and regard every case malignant and prove it innocent after operation if need be, surgery does not offer much in the way of a cure. I often think that quite a large percentage of cases that go to make up successful statistics are cases of mistaken diagnosis, but perhaps this view is too pessimistic. Any operation to be successful should involve a complete removal of the breast, together with the axillary glands, as far as possible, and the pectoral muscles as well, for the additional risk is very slight and is more than compensated for by the increased chances for removing all the disease; for after all it is largely a matter of chance, as none can tell where the disease ends, and, other things being equal, the more extensively the growth is removed the greater will be the chances for getting beyond the limits of lymphatic involvement. What are we to expect after operation for cancer of the breast? I believe disappointment in by far the larger number of cases, as we see them in our everyday work. I have seen undoubted cases of cancer of the breast run a very long, slow, lingering course without operation, and, on the other hand, I have seen them terminate life after a few months, and I have seen recurrences at periods varying from a few months to twelve years and longer. In the maze of such conflicting results what are we to expect? Certainly to me the fact is evident that the treatment of cancer of the breast is at best very unsatisfactory in the present stage of knowledge, and the result of any form of treatment is exceedingly uncertain and doubtful. I am aware that these views are at variance with the published utterances of some authorities, but, after all, it is our own results that we are vitally interested in and our own statistics are the ones that we are compelled to believe, irrespective of what we think of the opinions of others. I think operation will prolong life, and when recurrence does take place it is usually in some internal organ so that, while the form of death is painful, the victim is usually spared the horror of being literally eaten up by a loathsome sore. In my experience local recurrence has been very rare after a thorough operation. I have had some experience with the X-ray in inoperable cases, and while it will relieve pain and seems to have some retarding influence on the course

of the growth, I cannot say that I know of a single instance where it has had any curative influence on or very decidedly lessened the progress of the disease. In the cases not operated on we should use every precaution to delay the breaking down of the growth as long as possible, for when the mass does begin to disintegrate and break down our patient is, indeed, in a most pitiable condition. The odor emanating from a sloughing cancerous mass is overpowering in its pungency, and there is nothing that I know of that will completely extinguish it. I have used, with some degree of satisfaction, a preparation composed of equal parts of powdered arsenic and accacia, which is a deodorant, and such a preparation will destroy the fungous portions of the growth and keep the sore in a healthier condition. It often seems amazing to me how much destruction of tissue may ensue without the occurrence of any serious loss of blood, but as the ulceration invades the deeper portions there is active bleeding from time to time, though generally before the larger vessels are encroached upon the vital powers of the patient are exhausted by the serious drain upon the system, and it is wonderful how they will linger day after day, eaten up by inches, suffering the most excruciating agonies, when not under the influence of some opiate, and eagerly await the approach of death to end their sufferings. In all cases of cancer it will be necessary to resort to some anodyne to relieve pain at some time during the course of the disease, and it is wise to delay the resort to morphine as long as possible, for these patients soon acquire a tolerance to the drug and require massive doses to produce any effect. There is one precaution to observe during the continued use of morphia, and that is to look after the condition of the bowels, for the drug arrests the secretions and often causes impaction of feces in the rectum, oftentimes necessitating their removal by mechanical means. The pains caused by these hard masses of fecal matter might easily be mistaken for metastases and the actual cause overlooked unless this possibility be borne in mind. I generally begin the use of anodynes in the form of tinct. opii deod. and after a tolerance is established I resort to the use of the hypodermic injection. It may be that the cause and cure of cancer will be discovered in the future, but at present the outlook is dark and gloomy, science has made no notable advance along these lines recently and until we have learned some-

thing better, to offer them, the best advice we can offer to the unfortunate victims of cancer of the breast is an early and complete removal of the growth followed by a prolonged course of treatment with the X-ray in the hope of delaying the recurrence as long as possible.

OUR DUTY TO THE SCHOOL CHILDREN.*

BY ALEXANDER M. HERON, M. D.,
LAKWOOD, N. J.

It was my intention to read a paper on Spina Bifida, since I had a case that appealed to me as being very interesting, but since attending the meeting of the Pediatric Society, I have come to the conclusion that a more appropriate topic would be one pertaining to that burning question of the day—the child problem—and as this is my third year as medical inspector of the public schools of Lakewood, it is, to my mind, sufficient excuse for changing the subject.

It is not my aim to touch largely upon the work in other places by way of comparison, but it would probably interest you to know that in the United States the first regular system of medical inspection in public schools seems to have been in Boston in 1894. Although New York had the question under consideration at that time, it was not until 1897 that that city appointed between one and two hundred medical inspectors for its public schools. Chicago followed Boston in 1895; Philadelphia took up the work in 1898, the State of Connecticut in 1899, etc. Although individual communities in the State of New Jersey had been interested for years and efforts had been made from time to time to incorporate medical inspection of public schools in the State laws, it was not until 1909 that laws were finally passed making it mandatory upon boards of education to employ regular physicians as such medical inspectors.

The first consideration in the work of the medical inspector is the demand which it makes upon his time. We have here two schools in the town direct, and five in outlying districts. Each of these seven schools must, under the law, be visited at stated intervals. Besides this, numerous calls to see individual pupils whose cases the teachers hold in doubt, must be promptly responded

to. But the bulk of the work comes at the beginning of each year, when each pupil must be individually examined, and a record, to be kept by the School Board, made of his or her condition. There are in Lakewood Township over 1,000 pupils; each must be examined as to condition of heart, lungs, eyesight including astigmatism, hearing, teeth, nose and throat, color sense, skin, etc. You will readily see that the examination, the making of the record and the writing of the notification cards to be given to pupils who are defective consume considerable time. I find that I can examine from fifteen to twenty pupils each morning. If, therefore, I were able to give four mornings a week, the quickest time in which I could complete these yearly examinations would be twelve and a half weeks. I give these figures as of interest to the society at large, because I have notified the Board of Education that this is my last year as medical inspector—deeming three consecutive years a sufficient period for one man to give to the work—and some one of our members will be chosen to carry it on. Whoever he may be, I am sure he will agree with me, when he shall have had sufficient experience, that pecuniarily the position is almost a complete sacrifice of time and labor. Medical inspectors of schools, as those of experience know, are at this time and in this country most inadequately paid, and this being the case we must, of necessity, divide the work up and each do our part in it, because in making this inspection mandatory upon Boards of Education, a long step has been taken in the direction of the conservation of health in general. If we can have physical defects in children pointed out and righted, manhood and womanhood must eventually reach a higher plane of physical perfection.

In years to come, however, when the benefit of the work is better understood by the laity, I believe that better pay will also be forthcoming for the inspector, as in England and Germany to-day, where the work has been longer in progress, the remuneration is in accord with the labor involved.

Though it be true, as I have said, that pecuniarily the position is a sacrifice, there is still much of interest, and, therefore, much of reward, in it for the physician. Taking it all in all, it is very interesting to watch the child grow, as it were. During the first year of my work here I met with considerable opposition. Some of the parents were under the impression that the

*Read before the Ocean County Medical Society, at its annual meeting, November 1, 1911.

notification cards were demands—criticisms upon them—but on explanation being made to them that the cards were simply to notify them of defects and advise their attention, most of them readily concurred with the work, though to many cards, of course, no attention was paid, and it is to be deeply regretted, for the sake of the children, that we have no means of following up such cases outside of school. The only way not to have the inspection wasted for the child is, if a defect is found, to urge the remedy upon the parents, and upon their inability to supply it, to furnish to each child such physical assistance as he may lack.

I have noticed marked improvement all around, more particularly with teeth and eyes. The greatest difficulty I find with the sight is that one eye may be perfectly normal and the other defective. This thought recalls a case: I gave a notification card for defective sight to a high school pupil. His father came to me and told me I had made a mistake, that his son's eyes were all right; he never complained, could see as well as anybody, etc. I advised him, however, to see an oculist, not an optician, which he did, with the result that the pupil is now wearing glasses.

I had considerable difficulty last year with pediculosis in the East Lakewood school. Inspectors are not permitted to give any advice, and I find that parents will not consult a physician for such a condition. I recall a case in the sixth grade in which I repeatedly gave notification cards. Not getting any results, I gave an exclusion card, which brought the parents to school the next morning. This was a case in which I longed for a nurse to assist me. It seems to me that medical inspection of schools will not be complete until we have a nurse to follow up cases, such as conjunctivitis, blepharitis, skin diseases, and, in fact, all defects, a nurse to advise and urge parents to right what to their minds may appear too trivial faults to notice, or those which carelessness or procrastination permits to go unremedied.

I find that some physicians are averse to removing tonsils and adenoids. It seems to me where local applications will not benefit the pupil, some other means should be taken for his relief. To illustrate: A patient, aged twenty-five, called at my office for relief from mouth breathing at night. She had had tonsils and adenoids removed two years before, but the habit of mouth breathing had become so established that she could not overcome it, even after trying

various devices, etc. She said her family physician had been opposed to the removal of tonsils and adenoids; that she was, therefore, so afflicted until she consulted another physician, who advised their removal and gave her marked relief as far as breathing in the daytime was concerned, but left her with the long-practiced habit which, when asleep, she found it impossible to control. Another case came up before me to-day. A pupil in the high school, with adenoids sufficient to prevent any nasal breathing whatever, said that her uncle, who was a physician in the city, did not believe in operations and said she would probably outgrow the defect.

Finally, I would strongly urge upon all physicians the importance of co-operating with the Board of Health in reporting their suspicious cases at the earliest possible moment, so that we can exclude from school, if possible, those who have been exposed to contagious diseases, and fumigate and disinfect the rooms involved, thereby preventing contagion from gaining a foothold and so serving the best interests of the community at large.

INTRA-VENOUS INJECTION OF "606."

FRANK A. ROBERTS, M. D.,
NEWARK, N. J.

The new remedy of Professor Ehrlich for syphilis is one of the most talked-of preparations to-day in the medical world.

Dioxdiamidoarsenobenzol—606—or Salvarsan, is the name of this wonderful discovery. It is a specific remedy against a group of diseases caused by the protozoan spirilla, and is, therefore, rightly called a spirillicide.

As is well known, syphilis is caused by the spirocheta pallida, a motil spiral organism, never losing its spiral shape whether in motion, at rest, alive or dead. For examination of fluid specimens the dark field illumination should always be used, as the dark field brings out the characteristic shape and motion and helps to distinguish it from similar organisms. Specimen to be obtained from the lesion after thoroughly cleansing same. Antiseptic dressings eliminate mixed infection without affecting the spirochetæ. The spirochetæ lie among the epithelia rather than upon them. So much for the cause of syphilis.

It is not my purpose to go deeply into the discussion of this leg of the tripod of surgery. When we consider what a loathsome disease the lues is, how long it formerly took to eliminate the conspicuous symptoms even by a thorough course of treatment with mercurials, and iodides, is it any wonder that medical men are eagerly watching the marvelous effects of this 606th combination of Ehrlich, from which it derives its name? For quick results, particularly of those disfiguring lesions of the secondary stage and damaging results of the third, nothing takes its place. And when we consider that it contains no mercury, the recognized specific for this disease, it is all the more marvelous. As the diphtheritic patch curls up from its edges and becomes detached *en masse* under antitoxin, so do the syphilitic lesions disappear under the—we might say—"antitoxin of syphilis," 606.

Many cases are benefited by its use that were thought almost helpless even after a long course of mercury and iodides. It is true that some medical authorities give, during the interval of injections, mercury in some form or other. Fortunately for the patient, 606 is given only by medical men, and is not under the control of the patient or unscrupulous mercenary druggists, as is the case of mercury pills, often sold to patients by the hundreds.

There are three methods of giving this new remedy, viz.: subcutaneous in the scapular region; intra-muscular in the gluteal region; and intra-venous in the veins of the arm, preferably the median or cephalic basilic. Of the three, the intra-venous appeals to me as the best for several reasons: It is less painful, gives quicker results, rapid destruction of the spirochetæ, less detention from business, etc. The next in preference by most men is the intra-muscular. But the intra-venous will eventually be the one of choice.

It is best to be prepared for all emergencies. At times considerable difficulty is experienced in getting into a vein; again, the needle becomes plugged with blood, which means another insertion into the same vein on the same or opposite side, the site of election being the bend of the elbow. Select any vein that is perceptible, although the most superficial veins are not always the best, choice being between the cephalic, basilic, median cephalic or median basilic, bearing in mind, if the median basilic is selected, the proximity of the brachial artery which becomes somewhat superficial at the bend of the elbow near its bifurcation

into the radial and ulnar arteries; also bearing in mind its anomalies. Use only needles made of steel, and, as they are long and have no guard, care must be exercised on entering the vein.

In all cases the arm is strapped at its upper third, preferably by rubber catheter, not tied in a knot, but twisted and caught by a pair of hemostats which can be released quickly. The arm is then carefully sterilized as for a surgical operation, solution of 606 prepared and given by the method of the individual operator. By way of parenthesis, I beg to state that an injection of Salvarsan was given in one of the veins of the leg (the patient being a woman, so desired, in preference to the arm). Considerable swelling and induration followed, and it is not to be wondered at, considering that the veins of the lower extremities are poorly guarded by valves.

Report of case from the genito-urinary department of the Newark German Hospital:

Patient—Male, age 30, single. Applied for treatment September 2, 1911.

Sore on corona-glandis; general adenopathy; mucous patches; pains; rash, etc. Diagnosis of syphilis made; started him on mercury; patient disappeared for two months. Had gone to New York and received an intra-muscular injection of 606. His history was confirmed, as on examination a large indurated mass with cellulitis and abscess formation was found in the right gluteal region. Patient suffered considerably and was detained from business. Abscess opened freely, was curetted in all directions and dressed antiseptically. Intra-venous injection was advised. Admitted to hospital November 9, 1911. Physical examination negative. Method of Chettwood was used in preparing and giving the salt. Apparatus consisting of a graduated cylinder with stop-cock and rubber hose attachment. The Salvarsan is dissolved in 100 c.c. of cold normal saline solution, strained to avoid pieces of glass filings from tube. Warm saline solution added to 250 c.c.; result is a highly acid fluid, rendered alkaline on addition of sodium hydroxide solution; resultant clear amber alkaline medium. Warm saline solution about 25 c.c. is run in graduated cylinder, so the first solution to enter the vein is normal saline. The solution of 300 c.c. is ready for injection. If any of the 606 solution gets into the peri-venous cellular connective tissue, it will render the vein unfit for use, followed by induration.

Release strap on upper third of arm after the blood flows, and with blood flowing, as well as the solution (the first being normal saline) connection is made, having carefully excluded all air bubbles. Time consumed varies from seven to fifteen minutes, including about 10 c.c. of normal salt solution at end of same, before disconnecting the apparatus. Patient received 606 at 9:30 P. M. Reaction set in one hour later, consisting of chills, vomiting, headache, temperature 101.4-5, pulse 84 (well pronounced tachycardia in many cases), pain in epigastrium. Next morning felt fine, ate breakfast. Discharged few days later. Will make a Wassermann one month later. No mercury to be given.

One injection is not curative, as was first supposed. It is fair to assume that repeated injections will bring negative reaction as to the presence of the spirocheta.

INFANTILE PARALYSIS.*

BY FRANK F. BOWYER, M. D.,
JERSEY CITY, N. J.

Of all forms of paralysis in childhood, infantile paralysis is the most frequent; and yet, familiar though this disease may be, it is constantly raising difficult practical questions for the clinician, and for the pathologist has, until recently, remained an unsolved riddle. But due to recent experiments and the observation of large numbers of cases, we have been helped to a more accurate conception, and it must be a source of satisfaction to every American, that the credit for these advances is mainly due to workers in American laboratories.

Poliomyelitis is a widespread disease, occurring on every continent, but chiefly in the more temperate regions, particularly those of Europe and America.

Both sexes are equally liable to the disease, and the age incidents is of some interest. It may occur in adults, but usually begins before the end of the third year, and is more frequent during the second year of life than at any other period. According to Holt, about 20 per cent. occur during the first year, 38 per cent. during second, 22 per cent. during third, and only 5 per cent. after the fifth year.

The disease may occur at any time, but the majority of cases reported have been

from June to October, July, August and September showing the greatest number.

In a series of studies recently conducted by Dr. S. G. Dixon, Commissioner of Health of Pennsylvania, it was found that over sand and gravel soil the disease was less prevalent and more prevalent in districts not so favorable for drainage. Of three hundred cases reported, but 24 gave a history of exposure. Other acute illnesses, such as measles, scarlet fever, whooping cough, etc., within two months prior to the development of infantile paralysis, seemed to show but little influence. Over-exertion, great exposure to heat, cold and dampness was noted in comparatively few cases.

Thirty patients are reported to have met with some minor accident a short time previous to the onset, but it seems to me the only part that trauma can play in favoring the occurrence of the infection is by lowering the vital resistance. During the outbreak, the most frequently reported diseases were tonsillitis and gastro-intestinal disturbances.

Poliomyelitis is due to a microscopic organism, which, after being stained with carbol-thionin, appears as a faintly stained blue rod, with regular cell walls. These rods may be curved at an angle of 60 to 75 degrees, at one or both ends. At times some of the ends are bulbous. They are found with great regularity free in the blood serum, and also within the body of the red cells in infected cases, but could not be demonstrated in the cord or brain of patients or monkeys suffering from the disease. It is doubtful if the organism has been cultivated outside of the body.

The virus is filterable, withstands drying over caustic potash, is not impaired by freezing, but is injured by heat, and is destroyed by a one per cent. solution of hydrogen peroxide and by menthol. Laboratory findings from spinal fluid secured during the active stage, and from pathological material from fatal cases, show a high degree of leucocytosis up to the ninth day of illness. Flexner and Lewis found the fluid during the first twenty-four hours to contain numerous small polynuclear cells, a few lymphocytes and red corpuscles; forty-eight hours later, the white cells increased in number, polynuclear cells predominating; seventy-two hours later a large number of mononuclear cells appeared, and the fluid was strikingly opalescent.

Inoculation experiments in all warm-blooded animals, except monkeys, have been

*Read at the meeting of the Hudson County Medical Society, Jersey City, November 9, 1911.

unsuccessful. Infections have been produced by injections into the cerebrum, peritoneum, veins, spinal-cord, large nerves and through mucous membranes of the nose in monkeys, and it is probable the virus gains entrance to the body through the nasopharynx.

A notable contribution to the clearing up of this question was recently made by workers at the Rockefeller Institute. They succeeded in producing the disease in monkeys by the intra-cerebral injection of an emulsion, made from the bodies of common house flies, which had been fed on portions of the spinal cord obtained from a poliomyelitic monkey.

Lesions.—Poliomyelitis is an acute inflammation of the gray matter of the spinal cord, referred to as anterior poliomyelitis, as formerly this lesion was supposed to involve only the anterior horns. More recent observations by Buzzard, Wickman, Flexner and others have shown that the inflammation is not limited to the gray matter of the cord, but may also be present in the gray matter of the medulla, the pons and even the cerebrum, hence the term acute poliomyelo-encephalitis has been suggested as more appropriate. If the term acute poliomyelitis is retained for this disease, its wider involvement should be remembered.

In acute cases, resulting in death shortly after the onset, there is an active hyperæmia of the meninges, brain and spinal cord. Marked changes occur in the gray matter, characterized by proliferation of lymphocytes, surrounding and infiltrating the coats of the blood vessels. This infiltration is so extensive as to produce by pressure a partial or total destruction of the ganglion cells of the anterior horn. The cells of the posterior horns are injured to a much less extent, because of the lesser vascularity of the posterior regions of the cord.

The cord injuries correspond in position to the palsies of the muscles affected. The cell exudation is limited almost entirely to the most vascular parts of the nervous system, the rich capillary network of the gray matter of the cord and brain.

Small hemorrhages may be found around the capillaries in the more severe cases, and thrombosis, tissue necrosis and softening were found by Buzzard, in patients who survived for some days.

The efferent fibres of affected cranial and spinal nerves show a secondary degeneration. Degeneration of the heart, liver and kidneys are sometimes seen, showing a gen-

eral toxæmia. There may also be an inflammation of the mesenteric lymph nodes and intestinal mucosa, which may mean a possible alimentary infection.

In long-standing cases of poliomyelitis, the anterior horns and lateral regions of the cord are much shrunken, there is a degeneration of the ganglion cells, which may disappear altogether, and be replaced by leucocytes.

There is also an infiltration of the white matter of the cord and meninges with small and large round cells which is hemorrhagic in character, the anterior nerve roots are degenerated.

SYMPTOMATOLOGY AND DIAGNOSIS OF INFANTILE PARALYSIS.*

BY CHARLES H. FINKE, M. D.,
JERSEY CITY, N. J.

The course of this disease may be conveniently divided into four stages: (1) An initial stage, during which the paralysis occurs, usually accompanied by fever, and lasting a few hours to a week; (2) a stationary period which lasts from a week to a month; (3) a period of regression, during which the paralysis disappears in certain of the affected muscles, leaving others still paralyzed; this stage usually occupies from one to six months; (4) a chronic stage, during which atrophy occurs and deformities and contractures are developed. Some improvement may take place during this stage.

The initial stage has quite a large variety of symptoms. One child is taken ill, with a severe or slight fever, lasting a few hours or a few days; another has gastro-intestinal disturbances; another we find with convulsions; yet another with pains in the spine and limbs, hyperæsthesia and anæsthesia. Some we notice with contractures, especially in the muscles which are paralyzed later; these paralyzes may set in from a day to a week afterward. There seems to be no relation between the severity of the initial attack and the extent of the paralysis which follows it, some of the most severe and extensive paralyzes being accompanied by hardly any febrile disturbance.

The tendon reflexes are diminished, but the sphincters are intact. Electrical examinations from the first give the following

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results: Increased reaction to the galvanic current and the reaction of degeneration, in the muscles which are to remain paralyzed; rapid disappearance of galvanic excitability in these same muscles. The persistence of Faradic contractility after a fortnight is a good sign.

The second period, or stationary period, where the paralysis lasts, varying from one to eight weeks. At this time the affected muscles are limp and powerless, so that the arm or limbs hang down quite useless.

In more severe cases all the muscles of the body appear to be involved, the child cannot sit up, its head falls to one side through paresis of the muscles of the neck, its cry is weak or almost lost, from weakness of the diaphragm and intercostal muscles, its respiration is shallow and rapid, and its limbs relaxed and motionless. The paralysis may be confined to one limb or a group of muscles in a limb; thus an arm may hang useless by the side, one or both legs may be powerless, they may be flexed, extended or rotated without any resistance from the muscles.

The third period, or stage of regression or improvement, now commences; the improvement continues for several months, many muscles being completely restored, while others become more and more flabby and atrophic. In rare instances all the paralytic muscles may recover. The child's health at this time is usually good, it is bright and cheerful, and there is apparently nothing amiss with it except its paralysis. The muscles which are gaining in power, respond more readily to the Faradic current than at first, while the atrophic muscles fail entirely to react.

The fourth period, a chronic stage during which atrophy occurs and deformities and contractures are developed. After some months, improvement ceases, or at least any improvement which takes place six months after the onset is usually very slight. The atrophy mostly goes on and certain contractures, especially affecting the leg below the knee, leading to deformities, are apt to take place.

At this period it is possible to make a forecast of the amount of paralysis which is likely to be permanent.

In the lower limb, the muscles below the knee usually suffer more complete paralysis than those of the thigh or buttock. The peronei usually suffer the most, the result being that the heel is drawn up and the foot turned inward (talipes equino varus) by the unbalanced action of the gastrocnemius;

as time goes on the contracted condition of the calf muscle aided by the shortening of the leg becomes permanent and the foot can no longer be dorso-flexed. In this way talipes valgus may be produced by the paralysis of the tibialis anticus. Both legs below the knee may be paralyzed, both extensors and flexors, causing the patient to crawl on his hands and knees.

Of the thigh muscles, the rectus, vasti and adductors are more often parietic than the hamstrings, and thus flexion of the knee may result and become permanent. The gluteal muscles and rotators of the hip are often so weak that the child in walking gives way at the hip.

In the upper extremity the muscles of the shoulder suffer most frequently, the deltoid being most prone to the attack, usually the supra and infra spinati, biceps, triceps and supinator are associated together; in such cases the shoulder droops from the weight of the arm, and the head of the humerus may slip readily out of its socket. The serratus magnus, pectoral muscles and the intercostals may also be affected.

In the forearm both extensors and flexors, together or singly, may be affected less often than those of the hand. Contractures are less often present in the arms than in the legs. The muscles of the spine, sacro-lumbalis, and those of the neck and diaphragm, are rarely permanently paralyzed. Lordosis is present if the sacro-lumbalis is weakened. Lateral curvature may be present.

Arrest of development of the limbs which are paralyzed also take place; the bones appear to grow more slowly on the paralyzed side. Other bones, such as the ribs and pelvis may be affected. The joints often become more movable from relaxation and stretching of the ligaments, as well as from the loss of support afforded by the normal muscles; the articular ends may become deformed. The circulation through the skin of the paralyzed limbs becomes slow, the surface has a blue or purplish appearance and feels cold to the touch. Chilblains and ulcers are apt to form on the paralyzed limbs, and are very slow in healing.

Diagnosis.—The diagnosis during the acute attack is always difficult; before the occurrence of the paralysis, it is impossible, except by lumbar puncture. If this is performed early the cerebro-spinal fluid is found to be opalescent or slightly turbid, owing to the presence of mononuclear cells. It may coagulate spontaneously. Noguchi's

globulin test, according to Holt, gives a positive reaction. After the paralysis appears, the cerebro-spinal fluid shows very little change if any from the normal.

Several diseases may simulate infantile paralysis. Among those most commonly met with are rheumatism, rickets and scurvy, but as we find no true paralysis in any of these, one can very easily differentiate. Again from multiple neuritis, by the pain, loss of sensation and gradual onset. In infantile cerebral hemiplegia with paralysis and atrophy of both limbs on the same side, we have contractures, while in infantile paralysis, the muscles are flaccid. In the early stages of cerebro-spinal meningitis and tuberculous meningitis, when the examination of the fluid will soon settle the question.

Infantile pseudo-paralysis of syphilitic origin, like spinal paralysis, may affect one limb or several limbs, but the syphilitic pseudo-paralysis is due to the separation of the diaphysis from the epiphysis. It is recognized by sharp pains on movement, and by swelling of the joints, accompanied or not by crepitus. Obstetrical paralysis, due to the application of forceps, are localized to the deltoid, infraspinatus, biceps, brachialis anticus, spinator longus and coraco-brachialis; also by the history.

Hysteria with atrophy is very rare in very young children. The diagnosis can be made by remembering that the tendon reflexes are normal and the electrical reactions are preserved in hysteria.

THE TREATMENT OF INFANTILE PARALYSIS.*

BY HENRY J. BOCARDUS, M. D.,
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The intelligent, scientific and successful treatment of any disease must be dependent upon a right and comprehensive understanding of the specific causes that operate to produce a special diseased condition.

In infantile paralysis, the pathetic and often quite tragic disease of childhood that we are considering to-night, while much careful and expert investigation and study have been devoted to it during the past decade we are still in the dark concerning many important points.

Our knowledge as to where the infecting agent comes from, the mode of its propaga-

tion, and its exact port of entry into the human system, as well as our understanding of just how it accomplishes its nefarious results in the human economy, are very vague and unsatisfactory.

We are now being taught that poliomyelitis is dependent upon the introduction into the system of an ultra-microscopical living organism, or a filterable virus that is capable of an independent existence outside of the body. Dr. Neustaedter has recently demonstrated very beautifully, by much patient and persevering work on monkeys, that this inocuable virus does really exist in the dust gathered from a room where a patient with the disease had been quartered in the early stages.

When we have learned more of the real nature of this infecting agent and of its *modus operandi* in the human system, when we can understand just why a few children are affected and the great many are apparently immune, when in short the complete causation of infantile paralysis has been mastered, then only can we hope to have a perfectly satisfactory line of treatment worked out. At present, as in the past, our therapeutics are empirical, vague and unreliable.

We have little that is new to offer. We have no sure prophylactic to prevent the invasion of this disease. We have no specific to cure or even to check the progress of the malady when once it has invaded the system. We have no certain remedy to depend upon to remove the dire results of this disease. We can do but little, indeed, to ameliorate its sure consequences and restore power in the palsied limbs.

Our treatment must still be along the lines of carrying out certain general principles that the experience of the past dictates as important in the management of our patient.

First of all, if as most of us now are being forced to believe is really the fact, that infantile paralysis is contagious as well as infectious, our plain duty in this direction is quite self-evident. We must promptly institute a rigid quarantine in all cases of the disease.

Permit me to digress a little in speaking of this aspect of the subject. Orthopedists who have had opportunity of observing a large number of cases of infantile paralysis, especially in connection with the larger hospital clinics, have heretofore been reluctant to affirm the contagiousness of this disease.

In practice under ordinary conditions of

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environment, experience seems to teach that the infective agent, whatever it may be, is not very readily transmitted from patient to the healthy child. Or if it is freely communicable the specific organism seldom succeeds in finding its way to a fertile soil favorable for its complete development.

Certainly, occurring as frequently as it does in such a variety of homes and in such widely separated localities, one would very naturally expect that two or more cases would occur in the same family frequently. And all the more would we look for this concurrence as little or no attempt is ordinarily made in the line of prophylaxis.

For many years it has been my habit in recording the histories of this class of cases to inquire very specifically of the parents as to the co-existence at the time of invasion and occurrence of other cases of a similar character in the family.

In a dispensary practice extending over more than two decades, examining every year several hundred children crippled with the results of poliomyelitis, I had until very recently failed to find evidence of two or more cases co-existing in the same family at the same time.

In searching the hospital records for statistics of this disease a few years ago, instances of two, three and even four cases in one family were found, but in each instance there had been a year or more interval between the individual cases. If our present theory of its causation is correct, that it is due to a living organism with a point of entry through the respiratory and alimentary tracts, we would certainly look for a more frequent contagion of other members of an afflicted family.

However, negative evidence relating to this particular point, while quite assuring, is not convincing. We do not know how many abortive cases have been unrecognized and unrecorded, we believe there have been a large number of atypical cases in every epidemic.

Then, too, positive instances of evident direct contagion are being recorded from time to time. One such well-marked case recently occurred in my own practice. It may have been a coincidence, but would hardly seem so and is well worth recording.

On September 5th, two children of one family were brought to my office for examination, having been referred by Dr. T. D. Keegan, for infantile paralysis.

The elder child, a boy aet. two and a half years, had been attacked four weeks previously with moderate fever followed in

a day or two with loss of power in the right lower extremity. The child could walk, but dragged the right foot and electrical reactions showed greatest loss of response in the anterior tibials and intrinsic muscles of the foot.

The second child, an infant girl of nine months, was afflicted just two weeks after the first child. In this instance the invasion was marked with febrile disturbance and some bowel disorder. Nearly a week after the invasion the left arm was noticed to be weak and at the time of examination the shoulder paralysis was complete, with no electrical reactions in the deltoid. The little patient could move the fingers feebly but could not raise the arm at all.

Dr. Loewenstein, chief of the neurological department of the Orthopedic Hospital, kindly made the electrical examinations and verified the diagnosis in each case. The doctor also called attention to the fact that the second child contracting the disease developed a more severe type than that of the original case.

The interesting point of the history of these two cases is the fact that no attempt was made to keep the children separate, but, on the contrary, they were closely associated, even using the same nursing bottle, passing it interchangeably from one mouth to the other.

The evident lesson from experiences like this seems to be the necessity of enforcing strict quarantine rules in all instances. This may be simple enough after the diagnosis is made manifest by the presence of the paralysis. But as a matter of fact the dread disease is rarely recognized in ordinary practice until days after the real invasion, during which time the contagion is presumably active. Early diagnosis before the paralytic stage is in most instances a shrewd guess on the part of the practitioner.

Perhaps it would be a safe rule for pediatricists to follow, especially during a prevailing epidemic, to advise the isolation of every child coming down with an acute febrile affection until a positive diagnosis can be made. At any rate, until our knowledge of the disease becomes more complete and perfect, when once a positive diagnosis of acute poliomyelitis in its incipient stage is made, our first and imperative duty should be to isolate the patient, disinfect all the discharges, and have all the bed linen, clothing, dishes, cups, etc., from the sick-room properly cared for.

If there is any manifest catarrhal condi-

tion of the naso-pharyngeal mucosa a nasal douche of hydrogen dioxide, or other suitable antiseptic solution, should be used frequently.

The nurse or attendant should not be allowed to mingle with other members of the family. The physician himself should take precaution that he may not become a carrier of the disease to his own or some other family. (At the Rockefeller Institute the doctors in attending these cases at each visit attire themselves in suitable gowns and caps and are careful to wash in an antiseptic solution upon leaving the ward, the same as is done in scarlet fever and other severely contagious diseases.)

In the acute febrile stage of infantile paralysis, which usually lasts from one day to a week or more, the treatment must be symptomatic as in any other fever. If excessive, the fever may be relieved by sponging the body with alcohol and tepid water. Or if the temperature remains persistently high, baths may be resorted to and some one of the antipyretics, as antipyrine, phenacetin, aspirin, etc., may be used in suitable doses.

Urotropin is the one drug that at the present time seems to merit some attention in the routine treatment. Just how much good, or what it really does accomplish, has not been definitely determined, but on theoretical principles it may be given in two or three grain doses every two hours throughout the continuance of the fever. Rather large doses are given children—30 to 40 grains a day.

Dr. Flexner has shown, in his experiments on monkeys, that urotropin administered by the mouth can be demonstrated by chemical tests in the cerebro-spinal fluid soon afterward. Urotropin is practically the only drug used at the Rockefeller Institute.

If there is much restlessness and evident pain, it may be necessary to afford relief by the exhibition of the bromides, or codeia, but probably in the majority of cases the best and most satisfactory relief will be afforded by use of the warm bath, begun at a temperature of 100 and continued for ten minutes several times a day. The warm bath, gradually increasing the heat up to the point where the patient is most comfortable, will also afford some relief to the so-called hyperæsthesia which is often very troublesome.

This excessive tenderness of the body in the early stages of the disease seems to be dependent upon abnormal conditions in the

spine, the slightest motion there causing an outcry of pain. The patient is in a constant state of terror lest some movement made by an attendant will cause him suffering. Under such conditions absolute rest is very important and excessive care in handling is often more helpful than medication. In fact, rest is the most important factor in the management of the patient throughout the early progress of the disease.

Every effort should be made to maintain correct normal and easy position of the body and limbs. If the paralyzed muscles are being overstretched, or the parts are assuming a faulty position it may be advisable to apply light splints to the limbs. In hospital practice we have found it helpful in the majority of cases to apply plaster bandages carefully adjusted over light cotton or flannel padding. These moulded splints may be left on until the hyper-sensitiveness has subsided. By this means the limbs are secured in normal postures while beginning deformities are held in abeyance.

One very important point at the very inception of the disease should never be neglected nor overlooked, and that is the thorough cleaning out of the alimentary canal. Elimination by the intestinal tract of the active morbid element seems quite possible. I believe I have seen at least one case where the disease was surely aborted by thorough attention to this one thing at the first intimation of sickness. In this particular patient copious enemata forced high up and repeated several times were resorted to. Although the gravity of the symptoms threatened the child's life for more than a week, she finally recovered with only a permanent paralysis of the muscles composing the thenar eminence of one hand.

These patients are apt to be greatly constipated, obstinately so, perhaps, as has been suggested from interference with the innervation of the spinal centers controlling defecation. Use calomel or castor oil if you wish, but I believe additional advantage will be had by persisting with the copious enemata until the bowels have been thoroughly purged.

Similar causes may operate to produce retention of urine. If this condition be unrelieved by the warm baths, or hot compresses to the abdomen, a catheter may have to be resorted to, but should only be employed under strict antiseptic precautions.

Lumbar puncture is an important procedure in the early stages of the disease for

diagnostic purposes. It is furthermore quite possible that lumbar puncture and the withdrawal of a considerable quantity of fluid from the spinal canal may also have some decided therapeutic value. It is generally conceded that in the incipient stages of the disease there is a very noticeable increase of pressure within the spinal canal.

As has been very recently stated by the committee of the Medical Association of the District of Columbia on the prevalence of the disease in that locality, "that in the early stages there is more or less pleocytosis in the spinal fluid. There are many polymorphonuclear leucocytes which are probably dependent upon the reaction of the meninges to the penetration of the virus into the central nervous system. This increase of polymorphonuclears disappears a few days after the acute onset and is substituted by a lymphocytosis with some plasma cells."

This great increase of cell elements and activity, followed by cedema of the structures and further infiltration within a closed canal, has led some recent investigators to strongly suspect that the paralysis part of poliomyelitis may be entirely mechanical in its origin. It is said that the febrile stage of the first few days is the disease, that there is not a true toxemia of the nerve centres, but that the ganglionic cells of the cord are literally strangled to their death by a collar of leucocytes.

This theory seems quite plausible and there are many troublesome facts in relation to infantile paralysis that seem to have an easy explanation in a hypothesis like this. Under such conditions of pressure in the spinal canal the drawing off of the fluid contents on one or more occasions would seem to promise some hope of relief.

Lumbar puncture, when practised with the ordinary aseptic precautions, is a simple procedure, is not known to do any harm and I am of the opinion, from cases under my personal observation, that where it is done early there is a decided benefit, in that less of the paralysis remains permanently.

It certainly should be resorted to promptly in every suspected case of poliomyelitis.

After the acute symptoms of the disease have subsided, the fever and hyperæsthesia have disappeared and the paralysis, more or less extensive, remains, the question presents itself, What is to be done to restore power and prevent permanent disability?

Electricity, static, faradic and galvanic have long been employed, but in most cases with disappointing results, Carefully ap-

plied by a conscientious practitioner who selects his current and adjusts it to accomplish certain definite muscle and nerve reactions, and perseveres with the process for a long period, months and maybe years, it is conceded some good may ultimately be appreciated by the attendant or his patient.

Allowing parents unfamiliar with anatomy and the fundamental principles of electrical science to attempt electrical treatment at home usually accomplishes little more than to ease the conscience of the parent with a feeling that something is being done for their unfortunate child.

The paralysis of poliomyelitis always improves for a variable period for the first few months after its onset. Almost any treatment carried out at this time will get credit for helping the patient. As electricity has been most frequently used it has no doubt received more credit as a cure for the paralysis than it really merits.

Carefully applied massage and patient, persevering efforts at muscle training offer more hope of real benefit to the patient than electricity or anything else at present known.

Active and passive movements of the affected limbs may be begun as soon as the pain and hyper-sensitiveness have disappeared. Some writers advise that these exercises be given at first while the patient is in the warm bath. They should surely be very gentle at the beginning of this kind of treatment and their strength increased from day to day. Several times a day, for a period of ten or fifteen minutes, suitable exercises for the individual case may be practised, and the treatment is helpful for many months and often years of the child's life.

If at the same time the child is taught and encouraged to voluntarily use his weak muscles to the limit of their power, and he is persistently instructed to accomplish certain definite results in the way of performing specific movements, it is often quite remarkable what improvement can be attained.

If it is found that there is a strong tendency to contraction at one of the joints, as at the ankle producing a talipes equinus, flexion of the knee, or drawing up of the thigh on the body, it may become necessary to apply properly adjusted braces for day and night wear. Braces are also required in a large proportion of cases to enable the patient to walk. From a mechanical standpoint as seen by the orthopædist, each individual case is a study by itself.

Apparatus should only be resorted to in the treatment of infantile paralysis to meet certain definite indications, and should always be constructed especially for the patient, after measurements and patterns made by a competent physician. This important part of the treatment cannot safely be left with any instrument maker. The brace treatment should constantly be under the supervision of the physician, for the conditions changing with the growth and development of the child will produce new mechanical problems.

It is important to remember that it is practically useless to attempt to adjust any brace to a patient who has already acquired some contraction or deformity. The limb must be restored to as near a normal position as possible before a brace can be satisfactorily fitted.

This condition of acquired deformity generally means the necessity of some operative procedure to restore the limb to a normal position. The most frequent deformity, that of equinus, with the heel elevated and the patient walking on the toes, usually requires a lengthening of the tendo achilles. This should always be done by incision and not subcutaneously as formerly. Contraction at the knee or hip generally necessitates division of the hamstring tendons, or a fasciomy of the tissues in the neighborhood of the tensor vagina femoris muscle.

Tendon transplantation and muscle transference have been tried and are still advised by some practitioners. In my own experience they have been abandoned, because while often the immediate results of such operations are brilliant and gratifying, the ultimate condition of the patient, after the lapse of a few years, is more helpless than before the operation. It is usually found that the spliced tendons and muscles have pulled out, there is again overstretching and an even worse recurrence of the deformity.

Arthodesis or the stiffening of flail joints by operative measures is a subject that at present is demanding the attention of many orthopaedic surgeons. After a child has reached the age of twelve years or so, when the bones have sufficiently ossified, much good can be accomplished in selected cases by doing an arthrodesis on the knee or ankle.

Often by stiffening the knee-joint by mortising in the patella on the ends of the femur and tibia, no additional shortening is

produced and a rigid limb is obtained which enables the patient to get rid of the annoyance and expense of a complicated apparatus. Of course this means the inconvenience of a stiff leg for the rest of the individual's life, but this is not always such an objectionable alternative to working people.

Still more satisfactory often is the operation on the bones of the ankle. Arthodesis between the scaphoid and astragalus, or the os-cacis and cuboid, will usually correct the faulty lateral positions of the foot producing varus or valgus deformities. Or again an ankylosis may be produced between the tibia and astragalus overcoming the troublesome drop-toe.

In conclusion, just a few words in regard to prognosis.

Infant paralysis is not an excessively fatal disease. In epidemics many cases are reported to have died, but exact statistics in respect to the mortality are unreliable. The tendency in the large majority of simple cases is toward recovery, as far as life is concerned.

Some writers claim that death occurs in from five to twenty per cent., while more or less extensive paralysis and crippling deformity disables the individual for the balance of his natural life in seventy-five per cent. of the cases attacked. The virulence of the infection varies greatly in every epidemic.

The prognosis as regards the paralyzed muscles especially after the first few weeks is extremely bad. Few, indeed, recover completely, and the great multitude of unfortunate children obliged to wear braces, bears visible testimony to this sad fact.

The most aggravated types of spinal deformity, scoliotic progressive curvatures that one sees in an orthopaedic clinic are due to this disease.

The permanent paralysis may vary within wide limits; all four extremities and muscles of the back and abdomen have been involved in one patient. And then again only one or two muscles of the foot or hand, or perhaps only certain fibres of one muscle may remain to produce some slight disability later in life.

One recent case was seen where the only defect left behind was the inability to control the small muscles of the eye in convergence and looking downward.

Between these wide extremes all possible variety of combinations may be met with.

Clinical Reports.

Case of Carcinoma of the Appendix.

By H. A. L. Ryfkogel, M. D., San Francisco, in the California State Journal of Medicine.

Though many cases of carcinoma of the appendix have been reported, it still seems proper to put additional cases on record.

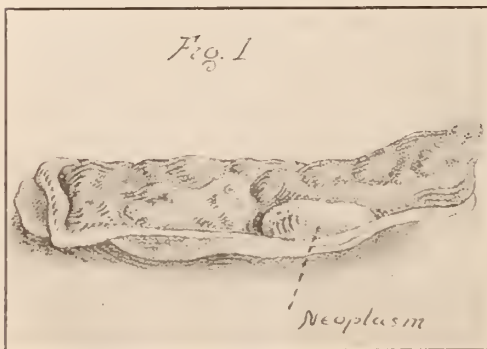
Miss S., referred to me for operation by Dr. J. W. Shiels, on June 24, 1910, age 22, American, unmarried, states that three years ago she enjoyed good health. Since then she has suffered severe pain before and during her menstrual flow, which, though regular, is scant at the beginning but abundant at the end. In March, 1910, an additional pain in the right side appeared during her period, and has since remained in the intervals as well. Frequently sharp pains shoot upward toward the navel from this area of discomfort. She finds she is much more comfortable when her right leg is flexed upon her abdomen. Sitting up is associated with an increase of pain, while the prone position gives relief. She has lost about ten pounds in three months. She has no cough, no fever, no headache, is highly nervous, habitually constipated and has a slight vaginal discharge. Her family history is unimportant. At the beginning of her menstrual difficulties, she suffered from attacks of dyspepsia, which occurred always at the time of menstruation, and were so severe that she was obliged to go to bed.

General examination shows nothing noteworthy. At McBurney's point there is an area acutely sensitive on pressure. There is a definite muscular rigidity over the whole quadrant. Vaginal examination shows uterus and tubes to be very sensitive but is otherwise negative. On July 29th, I removed a somewhat thickened and adherent appendix about three inches long. Cysts with thin walls were found on both ovaries and resected. The result of the examination of the appendix is as follows:

The specimen consisted of an appendix about

6 cm. in length, which had been opened longitudinally before delivery to laboratory. At about the middle third of the organ a neoplasm was found, firm to the touch, pale pink in color, about the size of a white bean and microscopically did not seem to invade the muscular tunics of the organ. The mucosa was slightly congested above and below the new growth. No enteroliths were present.

A section was taken through the tumor at its distal end comprising a portion of the neoplastic mass as well as the uninvolved mucosa and underlying integers of the appendix. Sectioned



in celloidin and stained in hemotox and cosm. this preparation gave the following microscopic findings, as illustrated in the accompanying cut:

The epithelial layer on the free surface of the mucosa is deficient in places, as shown at a. Most of the glands conform to the normal type, but occasionally their epithelium changes from

the cylindrical to the cuboid form, as indicated by b. These cuboid cells follow in a general way the lymph spaces, as shown at e. In the neighborhood of the new growth the areolar tissue has practically disappeared, being supplanted by dense fibrous tissue; this condition is pointed out by d. In the interstices of the new formed fibrous tissue collections of lymphoid cells are found, as at c. Deeper in the preparation well circumscribed areas of polygonal cells are met with, as indicated by f. The neoplastic cells do not invade the musculature of the organ, the latter being shown at g.

In other sections examined the lymph follicles were found well preserved, and the areolar tissue present without any neoplastic involvement.

CONCLUSION: CARCINOMA.

In recent years careful examination of appendices removed at operation, has shown appendiceal cancer to be a common disease.

The largest series has been that of the Mayos, reported by McCarthy and McGrath, who found 22 instances of these neoplasms in 5,000 specimens.

The first case was reported by Merling in 1838, and since then nearly 200 cases have been placed on record. The variety has usually been carcinoma, although a few cases of sarcoma and a few of endothelioma have been reported. The type of carcinoma in the greater majority has been the spheroidal celled, although a few cases of the columnar celled have been observed. The assertion has been made that the latter usually occurs in patients over 50, and is very prone to extend to surrounding structures and form metastases. The spheroidal celled type, on the contrary, occurs in young people and resembles the basal celled cancers of the skin in its very slight tendency to metastasize, and its extraordinary slow growth, the largest found having been about the size of an ovary and varying from that to microscopic size. Usually these found have been about as long as a bean. Extension to the cecum has been seen in very few of these cases.

LeConte has reported glandular metastases in one case. The appendix was extensively involved, and invaginated into the cecum, and the growth involved the cecal wall at its junction with the appendix to a very limited extent. At a second operation performed shortly after the first, the cecal part of the ileum and the ileo cecal glands were removed. Two out of eleven glands showed metastases. The majority of these little tumors show a definite capsule. They are located at the tip in one-half of the cases.

The average age of the patient is 29, and they are much more frequently found in the female than in the male. Their occurrence bears a definite relation to chronic inflammation and obliteration of the appendix, thus in the Mayo

series, although cancer was found only once in each 227 cases of all kinds, it was found once in each 53 partially and totally obliterated appendices. Clinical symptoms have at times been absent, and the growth found accidentally after the appendix had been removed in the course of an operation undertaken for other purposes. More usually, symptoms are present, but differ in no way from those of chronic appendicitis, and no case has been reported in which pre-operative diagnosis of cancer has been made. In three-fourths of the cases a surgical diagnosis could not be made after the abdomen was opened, because the growth had not grown through to the serosa.

The spheroidal celled carcinomata are unique among those of the intestinal tract for their slight tendency to invade the surrounding tissues, and practical absence of metastatic tendency. The prognosis is, therefore, excellent, recurrence having practically never occurred. No satisfactory explanation of this characteristic of appendiceal carcinoma has been offered.

Ribbert has suggested that the process is due to chronic inflammation snaring off epithelial coils which then proliferate in such a way as to resemble carcinoma.

It has been claimed that in some cases the picture is due to an infectious lymphangitis, while others attribute the apparent cessation in growth of these neoplasms to the vestigial character of the appendix, and still others assert that the growths slough early and spontaneous cure occurs.

Cases of Nephroptosis.

From a paper by Dr. C. W. Suckling, physician to Queen's Hospital, Birmingham, England, in the Kentucky Med. Jour., Dec. 15, 1911, based on over 400 nephropexies.

A boy, aged fifteen, was brought to me this year. For five years he suffered at times with severe headache which came on suddenly without any warning and which gradually became worse. He also suffered from attacks of giddiness and vomiting and it was said that he often lost consciousness. He was always being sent home from school complaining of his head and ultimately his schoolmaster advised his parents to take him from school as he thought his brain was giving way. For years he had been under medical men on and off without benefit. I found severe double nephroptosis and recommended nephropexy. Five months after the operation I saw him. He was in splendid health, he had lost all his headaches, he was bright and keen, eager for work. He had gained five pounds in weight and grown an inch since leaving the hospital.

A married woman, aged 37, consulted me in 1900, complaining of daily headaches, of dragging pain in the right side of the abdomen. She kept a beerhouse and she found that drawing the beer brought on this pain and it had increased to such an extent that she could not do her work. I found that the right kidney was

badly dropped and that the left kidney was also loose and dropped to a less extent. In 1903 right nephropexy was performed by the old method—an oblique incision being made and the kidney was fastened, but could be felt well below the costal arch. All pain in the right side was removed and she remained well and worked very hard for several years.

A married woman, thirty-five years of age, consulted me in November, 1901. She had been ailing for eighteen months and she had lost twenty-eight pounds in weight in that time. She complained of epigastric pain and of flatulence and fulness after meals. She also complained of nausea and of vomiting. She could scarcely stand and was completely neurasthenic. She was always better in bed, in fact that was the only place where she was at all comfortable. She had excessive loss at the periods and pain over the left ovary. She had been curetted. The right kidney was down in the right iliac fossa. The left was slightly prolapsed. Double nephropexy was performed and in six months she was perfectly happy and well and had regained all her lost weight.

Dr. Suckling says: I examine all my patients in the erect and some in the recumbent position. The erect position is essential in all cases. I examined for the right kidney with the right hand in the back and the left hand in front, and for the left kidney with the left hand in back and the right hand to the front.

(See also Nephropexy, by Dr. Billington, under Abstracts from Medical Journals.—Editor.)

Complications Following Tonsillectomy.

Reported by Dr. I. A. Ledermann, of Louisville, in the Kentucky Med. Jour., December 15, 1911.

Case.—A girl of eighteen in excellent general health had slight deafness and annoying tinnitus from a beginning chronic catarrhal otitis media. Previous to the tonsillectomy I had removed an adenoid and had done partial turbinectomy of both inferior turbinates. Each was performed separately, under local anaesthesia at my office. No undue reaction and no infection followed these proceedings, healing taking place rapidly. The symptoms continuing, tonsillectomy was advised. During the night following removal of the right tonsil, which was done under local anaesthesia, she suffered intensely from earache. As pain is frequently referred to the ear for a few days after tonsillectomy, I instructed the girl's mother by telephone, to apply heat and assured her that it was a natural consequence and did not indicate involvement of the ear. The pain continuing unusually severe I saw the patient the following morning. She had temperature 101 and a bulging drum membrane of the right ear (the side operated upon). Immediate paracentesis liberated a quantity of pus. The pain was almost instantly relieved and the temperature became normal in 24 hours. The discharge continued for ten days, the drum membrane healing completely within two weeks after the onset of the infection. There was no evidence of infection in the throat, the tonsillar fossa appearing clean, free from unusual irritation and healing in the typical manner. Two weeks subsequently the other tonsil was removed by the same method, no complications following.

Case.—Operated upon by Dr. Ray, cannot be strictly classed as a complication following

tonsillectomy. But in children the operation is not complete without thorough removal at the same time of whatever adenoid tissue may be found present in the nasopharynx. Hence it is proper to speak of it here.

The patient, a girl of six, was operated in the usual manner. Four hours later as Dr. Ray could not be found the nurse called me in haste. The child had been swallowing blood constantly and while there was no apparent bleeding she had vomited several basins of blood. By the time I arrived at the infirmary she showed evidence of having lost considerable blood. Pallor, pulse fast and weak, and expression of anxiety were the evidences of exsanguination. The child was rather refractory and I could do no more than determine the source of bleeding to be the nasopharynx. Attempts at controlling it were futile. While the child was not in an immediately dangerous condition it was grave enough to call for prompt action. Dr. Pratt was summoned to assist me. Under ether, with the Gotstein curette I thoroughly scraped the vault of the pharynx to be sure no shreds were left and immediately applied a post-nasal tampon. This effectually controlled the bleeding. After eighteen hours Dr. Ray removed the plug and no further trouble followed. This amount of hemorrhage from the removal of adenoids is very rare and incidentally it is the first time in my career that I have placed a post-nasal tampon in the nasopharynx of a child.

Dermoid Cysts.

Dr. Moses Behrend, of Philadelphia, presented two dermoid cysts, at the meeting of the Pathological Society of Philadelphia, December 14, 1911. The first was "An Enormous Dermoid Cyst without Symptoms and Weighing Thirty Pounds." The patient was a widow, 48 years old, who presented manifestations of neurasthenia, together with enlargement of the abdomen. She declined for a time to submit to physical examination, but finally, when this was permitted, a tumor was found occupying the abdomen from the pubes to the ensiform cartilage. On operation the growth was found to be a dermoid cyst with characteristic contents. The second was "A Dermoid Cyst Twisted on its Pedicle Successfully Removed from a Nullipara Sixty-eight Years Old." The patient had suffered for a number of years from attacks of pain in the right iliac region, lasting for varying periods of time and looked upon as due to appendicitis. The final attack was of such severity that operation was resorted to, despite the patient's years. A dermoid cyst was found in the right iliac fossa with signs of localized peritonitis. The appendix was distorted as though it had been involved in the inflammatory process.

An Obstetric Accident.

Reported by Dr. H. S. Lotz Winston, N. C., at the annual meeting of the American Association of Obstetricians and Gynecologists, and published in the American Journal of Obstetrics.

The response was a hurried call from a physician twelve miles distant, saying, "Come at once," that he had "used forceps and it seemed as if something had given way." Reaching the home within an hour, upon examination of a

multipara I found a tongue-shaped protrusion from the vagina. This was the posterior vaginal wall and from well up into the posterior vault. Introducing the hand, I found the vagina filled with intestines and found that the hand could be passed up through Douglas' pouch and into the pelvic cavity, thus holding the fundus of the uterus in its grasp. By gentle manipulation the intestines were restored and the tongue turned back into the vagina, which was then filled with a generous cotton pack, and the patient wrapped in a quilt, taken across the laps of my assistant and myself, in the rear seat of a car, and unless I drove to the hospital.

After preparation, ether anesthesia, and the removal of my pack, I found it very difficult to again restore the intestines as I kept them above the fundus, but finally succeeded, and then held them there with a soft gauze wick; this brought down through the centre of the rent to be subsequently used for drainage as well. Then beginning on each side at the outer vaginal wall, with No. 2 catgut a running suture was made just to the wick on either side, thus leading in to the inner margin of posterior wall which had been protruding. The wick was removed by an ample one, filling the vagina, and the patient returned to the room in which was elevated. For two days the girls were not disturbed, and then by gentle traction the vaginal one was loosened and partly removed, and then each day a portion was withdrawn and cut off until the entire packing was out. Just a small one was then introduced into the slit, which was soon shut down entirely from above, and then a hot douche of normal saline solution was given daily.

The convalescence was really eventful; the pulse and temperature being about normal throughout the time and the lochia was perfectly normal one, accompanied by fairly good involution of the uterus. The patient was in the hospital for three weeks, and just before her leaving, an examination revealed a closed vaginal vault with a running seam distinctly to be felt just behind the cervix, and the parts in about a normal condition.

In later thoughts of the case, the fact impressing me most strongly is that so very little was done with such gratifying results.

Sydenham's Chorea.

Reported by Dr. C. W. Burr, of Philadelphia, in a paper in the *A. M. A. Journal*, Dec. 30, 1911.

This case is an example of a rather rare condition, namely Sydenham's chorea occurring at the age of 60. It is also interesting because the patient was a negro, and chorea, as is well known, is very infrequent among negroes. How much white blood she had I could not find out, but I doubt if she was a pure African, because in Philadelphia to-day, such negroes are almost never seen. A day or two before admission to the hospital she suddenly began to jerk all over. On admission she showed quite severe general choreiform movements. The head was thrown from side to side and rolled about, the mouth opened and shut, the arms and legs were never quiet. The frontal muscle was in almost constant movement. The eyelids alternately opened and closed, and the eyes rolled from side to side. Speech was much affected and attempts to talk increased all the movements. The knee-jerks were normal. There were no tremors, ataxia,

nor palsy, but the choreic movements prevented her from walking. Control of the bladder and rectum was good. It was difficult to determine the patient's mental state, on account of her speech trouble, but she was very emotional, confused and excited. Her attention could be held only for a moment. She would obey, or try to obey, a simple command, such as "put out your tongue," "shut your eyes," but if told to wait two or three minutes after the command before obeying it, she would forget about it. Sometimes she would start to answer a question responsively, but soon wavered. She was incoherent in speech and thought. A few days later she developed lobar pneumonia and died in about two weeks after the onset of fever.

Both the chorea and the mental symptoms preceded any symptom or physical sign of pneumonia. Autopsy showed lobar pneumonia and chronic Bright's disease. There was no meningitis and the brain and cord were normal on macroscopic examination.

Abstracts from Medical Journals.

Are Tonsils a Menace or a Protection?

Dr. Henry L. Swain, of New Haven, at the annual meeting of the American Laryngological Association, at Philadelphia, May, 1911, discussed the question as answered, first, in the practice of throat surgeons all over the country. As they almost universally were adopting the operation of tonsillectomy whenever they attacked the tonsils, the inference was that the latter were surely of account and always a menace. Answering the question from the anatomical and physiological standpoint, the evidence adduced was such that it could be readily proved that the tonsil was to all intents and purposes a lymphnode and was of just as much importance, no more, no less, as any other node. He called attention to the fact that the tonsils (faucial) had lymphatic trunks leading into them, which drained from the nose and palate, so they had a very definite office in caring for this lymph, a very different viewpoint from the usual one of being a mere retentive area for matter soaking into them from the mouth. Being thus, when in health, an active agent of protection to the system, the tonsil must, like the whole lymphatic system, be of relatively greater importance to the very young child than to the adult. These two facts were strengthened by the additional observation that as the healthy normal individual always had such tissue, which began to junctionate early in life in the adenoid tissue in the nasopharynx, in the faucial tonsils in childhood, and in the lingual tonsil in later adult life, it would seem absolutely proved that the body required some such physiological action of some such tissue for its proper development or in its economy, i. e., a definite function for lymphoid tissue. Taking this as true, it would be absolutely illogical to remove any of it except for just cause, and this led Dr. Swain to deplore tonsillectomy, complete removal of the tonsils, as an indiscriminate routine procedure in young children, especially when this was accompanied by complete adenoidectomy. The adenoidectomy was to be commended—too thorough an operation was rarely possible—but in early childhood a portion of the

healthy faucial tonsil tissue could be well allowed to remain. The system might have need of it. When diseased any of the good operations for tonsillectomy could be used, but he felt that the teaching should be that, even in adults, there were other methods of bringing about a satisfactory and safe condition of the tonsils. These latter he almost universally employed by preference and such patients had, at least, the benefit of whatever protection the saved tissue could be to them.

Dr. George B. Wood, of Philadelphia, objected to the views held by the essayist, and stated that by repeated experiment he had been able to prove that the lymph flow in the tonsil was an efferent current. If a tubercle bacillus is placed in the crypt of the tonsil it will produce tuberculosis of the tonsil; at almost the same time tuberculosis will start in the lymphnode draining that tonsil. He did not believe it to be possible to tell macroscopically a diseased tonsil. He regarded the function of the tonsil to be primarily concerned with the production and elimination of lymphocytes. He advocated in all diseased conditions the complete removal from this procedure than from tonsillectomy, of the tonsil, having obtained far better results.

Dr. Mackenzie, of Baltimore, emphatically voiced his disapproval of the indiscriminate removal of tonsils so largely practised at the present time, and considered it the duty of every laryngologist to make the conditions warranting tonsillectomy plain to the general practitioner.—*Medical Record.*

Prevention of Shock.

Dr. J. H. Carstens, of Detroit, contributed a paper on this subject at the annual meeting of the Obstetricians and Gynecologists, in which he drew the following conclusions: (1) By simplicity and tact in management before operation much shock could be prevented. (2) The surgeon should have everything ready in the operating room, and the anesthetic should be started immediately. (3) All the necessary ligatures and instruments should be at hand, so that there need be no delay during the operation. (4) one should analyze the case thoroughly beforehand so that he might know exactly what he was going to do, and how he was going to do it, and what complications might arise. (5) Two quarts of salt solution in the form of an enema should be given, or given hypodermically as soon as the operation was finished. (6) The patient should be kept free from pain for twenty-four hours after the operation.

Treatment of Miscarriage.

Drs. E. B. Young and J. T. Williams, in the Boston Medical and Surgical Journal, June 22, 1911, review the results of the treatment of two thousand cases of miscarriage at the Boston City Hospital. They conclude that spontaneous emptying of the uterus takes place in but about 13.2 per cent. of all miscarriages. The likelihood of a miscarriage to complete itself increases with the duration of pregnancy. When it becomes necessary to use artificial means to complete the miscarriage, the finger followed by the curette in later miscarriages and the curette alone in the earlier months of pregnancy have given uniformly satisfactory results. Expe-

rience has shown that where the cervix is extremely rigid it is better to introduce the curette and break up the fetus and placenta and remove them piecemeal than to attempt to dilate the cervix sufficiently to introduce the finger. Packing the vagina and lower segment of the uterus is an unsatisfactory and often unsuccessful method of emptying the uterus. No success whatever was obtained in treating incomplete miscarriages in this way. Packing is, however, of great value in two classes of cases: first, in exsanguinated patients, to stop the hemorrhage and give the woman a chance to recover somewhat from the loss of blood before emptying the uterus; and, second, when the cervix is very rigid, a tight cervical pack for twenty-four hours will soften it so that dilatation may be attempted with safety. The results of artificial methods are as good as, but not better than, where nature has succeeded in emptying the uterus. Artificial methods are necessary in a majority of cases, however, simply because nature has failed. In infected cases the essential thing is to get rid of the infectious material by emptying the uterus; the particular method employed making little difference. The later in pregnancy miscarriage occurs the smaller the liability to become infected, but the greater the likelihood of developing grave septic complications if infection does take place. The mortality is practically the same at all periods of pregnancy. Induced abortions have a greater mortality than accidental. The mortality of patients admitted to the hospital after criminal abortions was 10 per cent.

Results of Treatment of 2,000 Cases of Miscarriage.

Drs. E. B. Young and J. T. Williams report the results of these 2,000 cases treated at the Boston City Hospital, in the Boston Medical and Surgical Journal. The following are their conclusions:

1. Spontaneous emptying of the uterus takes place in but about 13.2 per cent. of all miscarriages.

2. The likelihood of a miscarriage to complete itself increases with the duration of pregnancy.

3. When it becomes necessary to use artificial means to complete the miscarriage, the finger followed by the curette in later miscarriages, and of the curette alone in the earlier months of pregnancy has given uniformly satisfactory results at the Boston City Hospital.

4. Experience has shown that where the cervix is extremely rigid it is better to introduce the curette and break up the fetus and placenta and remove them piecemeal than to attempt to dilate the cervix sufficiently to introduce the finger.

5. Packing the vagina and lower segment of the uterus is an unsatisfactory and often unsuccessful method of emptying the uterus. No success whatever was obtained in treating incomplete miscarriages in this way.

6. Packing is, however, of great value in two classes of cases.

First, in exsanguinated patients, to stop the hemorrhage and give the woman a chance to recover somewhat from the loss of blood before emptying the uterus.

Second, when the cervix is very rigid, a tight cervical pack for twenty-four hours will soften it

so that dilatation may be attempted with safety.

7. The results of artificial methods are as good as, but not better than where nature has succeeded in emptying the uterus.

8. Artificial methods are necessary in a majority of cases, however, simply because nature has failed.

9. In infected cases the essential thing is to get rid of the infectious material by emptying the uterus; the particular method employed making little difference.

10. The later in pregnancy miscarriage occurs the smaller the liability to become infected, but the greater the likelihood of developing grave septic complications if infection does take place.

11. The mortality is practically the same at all periods of pregnancy.

12. Induced abortions have a greater mortality than accidental. The mortality of patients admitted to the hospital after criminal abortions was 10 per cent.

Uterine Pregnancies Occurring After Extrauterine Pregnancy.

Elis Essen-Moller (L'Obstet., March, 1911) says that an extrauterine pregnancy may be followed by a normal one, or by a tubal pregnancy on the opposite side. The author submits a resume of the cases of extrauterine pregnancy which have occurred at Lund during his service. They were fifty-six in number. Of these he followed up thirty-nine cases. Eighteen became pregnant again. There were twenty-four pregnancies among them; two had abortions, one after two living children, the other after one living child; there were two new tubal pregnancies. Out of twenty-eight pregnancies the tube had functionated normally in twenty-seven cases. If seventeen women had normal deliveries out of eighteen, we are justified in leaving the other tube in place in such cases. Even if the opposite tube is surrounded by adhesions it need not always be removed. A new pregnancy seems to be more likely to occur in cases in which abdominal drainage has not been employed. In non-operated cases pregnancy and labor have brought about complications, sometimes even death. In the cases operated on, abortions have been rare and pregnancies have occurred without complications. In the treatment of these cases it is not sufficient to save the life of the patient for the time being, but we should also endeavor to place the genital organs in a position to carry out their functions normally if possible.

Appendicitis During Pregnancy and Labor.

Dr. A. H. Bill, in the Cleveland Med. Jour., October, 1911, says that the treatment of this complication during the first three months should be the same as in the non-pregnant state, but if immediate operation is not performed and the patient is carried through the attack without removal of the appendix this should be done soon afterward, since the danger of recurrence later in pregnancy at a more dangerous period is great. After the third month the treatment should be immediate removal of the appendix as soon as the diagnosis is made since the high mortality of this complication is due in delay. This applies especially to the later months when, due to the greater congestion and increased intra-abdominal pressure, the inflam-

matory changes are apt to be very marked, with early perfection. The indication for operation should apply to the mild cases as well as the severe ones and no plan of delaying to determine the severity of the attack is justifiable. If an attack of appendicitis comes on during labor the uterus should be emptied without much delay and then the appendix removed. If the attack comes on before labor even if at full term, the uterus should not be emptied until after the appendix has been removed or the abscess drained if pus has developed. If general peritonitis is already present the uterus should first be emptied by the vaginal route by a rapid method and then the abdominal operation performed.

The same necessity for rapid interference holds good when symptoms of appendicitis appear during the puerperium. In a large percentage of cases the exacerbation is due to the breaking of adhesions or rupture of a pus sac by the sudden decrease in size of the uterus.

Puerperal Infections.

Dr. John Osborn Polak, of Brooklyn, N. Y., in an able paper read before the Philadelphia Obstetrical Society and published in the Amer. Jour. of Obstetrics, September, 1911, gives in conclusion some axioms and observations which have guided him in the management of several hundred patients suffering from puerperal infections as follows:

First, that curettage, douches and examinations during the acute stage of puerperal infection, break down the natural barriers and open avenues for the further dissemination of sepsis to the myometrium, parametrium and adjacent tissues, and that the danger from curettage increases as the period of pregnancy advances.

Second, that the endometrium should never be curetted in acute streptococic infection, neither should the placental site ever be curetted.

Third, that instrumental evacuation of the uterus should be limited to pregnancy of eight weeks or under; and that digital exploration and digital curettage is the most rational method of learning the contents of the uterus.

Fourth, that after the uterus is once thoroughly emptied, the pelvis should be left absolutely alone, except for postural drainage, and we should make every effort to support the patient and increase her natural blood resistance.

Fifth, that if the blood stream is sterile, and the blood shows a leukocytic resistance to the infection by a relative white cell increase, the prognosis is favorable, it matters not what form of cocci are found within the uterine cavity.

Sixth, never disturb a local exudative focus postpartum, as long as the patient shows signs of improvement, unless there is definite evidence of a localized collection of pus, this should be opened by extra peritoneal incision.

Seventh, that exudate pelvic peritonitis may be considered as a sequel of untreated or badly treated endometritis.

Eight, that thrombophlebitis is a conservative process on the part of nature, and that manipulation or examination tends to break off infected emboli and disseminate the infection to the remote parts of the body.

Ninth, that nature is competent in the majority of cases to localize and circumscribe the infection.

Tenth, that enormous pelvic and abdominal exudate may disappear without operation, and that in time enlarged ovaries, tubes, etc., assume their proper size and function, and that as long as the patient's general condition improves, no surgery is advisable.

Eleventh, that all operations are attended with less risk after the acute stage of the infection has subsided, and that an exact diagnosis is more easily made at this time, and finally, that vaccines have a definite field, and are valuable adjuncts to the therapeutics of puerperal infection.

Penetrating Wounds of the Abdomen.

Dr. J. R. B. Branch, Macon, at the meeting of the Medical Association of Georgia, at Atlanta, said:

I have collected fifty cases from the Macon Hospital records, showing a mortality of 52 per cent. These patients were operated on by six different surgeons and we have reached the following conclusions: 1. In all penetrating wounds of the abdomen seen within twelve hours from the time of the injury, operation should be done as promptly as is consistent with good technic and skilful work. 2. The incision should be made large enough to insure a good survey of the abdominal viscera without unduly exposing them. 3. Extensive evisceration is unnecessary and unjustifiable, greatly increasing the mortality. 4. Unless the peritoneum is extensively soiled, intestinal content should be wiped away with salt gauze sponges; irrigation does more harm than good. 5. If the closure of the perforation, or destruction of the blood-supply threaten seriously the usefulness of a portion of the bowel, resection should be done. 6. If the peritoneal cavity is soiled extensively drainage is safer; otherwise the incision may be closed. 7. Post-operative treatment is very important. Fowler's position should be maintained.

Nephroptosis—Indications for Treatment.

From a paper by Dr. W. Billington, of Queen's Hospital, Birmingham, England, in the Kentucky Med. Jour., December.

As the outcome of my own experience of nephroptosis I would define the indications for treatment as follows:

1. Pain.—The various pains associated with movable kidney can only be relieved by treating the cause. The pain is due to (1) recent displacement of the kidney, (2) torsion of the renal pedicle, and (3) traction upon the nerves of the renal plexus. The amount of pain and its distribution is very variable and this makes it necessary to exercise great care in diagnosis. The pains may be expressed to the shoulder blade, to the thigh, to the region of the gall-bladder, to the groin, and to the urethral orifice. There is a tendency, too, for the pain to become generalized and to extend into the abdomen, and sometimes all over the body. The degree of the pain varies from a slight ache in the loin or back to the agonizing attacks known as Diel's crises.

2. Disorders of the Sexual Organs.—Functional disturbances of the pelvic organs are frequently caused by renal mobility and their existence, in the absence of any sufficient local cause, is an indication to treat an associated loose kidney. Troublesome vesical irritability

in women is often due to a movable kidney and is cured by its fixation.

3. Disorders of Digestion.—Chronic functional disturbance of the digestive system may be caused by movable kidney. Such cases often resist all kinds of general and medicinal treatment and can only be relieved by removing the drag of the kidney. If there is associated gastroptosis and enteroptosis, abdominal support is indicated.

4. Disorders of the Nervous System.—Headaches, cerebro-spinal neurasthenia, tachycardia, chronic tiredness and general asthenia are frequently associated with nephroptosis. When this association exists, ordinary treatment will fail to give permanent benefit until the kidneys are supported or fixed.

5. Mental Disorders.—Depression, delusions and insanity have many times been cured by nephropexy. In view of the severity of the symptoms no long delay should take place before recommending fixation of the kidneys.

Treatment of movable kidney must be by mechanical measures, e. g., by external support or by operation. The ordinary surgical rules, which apply to the treatment of hernia, apply equally to movable kidney and determine the suitability of each patient for operation or palliative treatment by belts, etc. * * *

I have now operated upon 345 patients and have performed nephropexy 524 times and from my own experience I can assure you that movable kidneys can be fixed in position with the simplicity, the safety and the certainty which characterizes the operation for radical cure of hernia. There are no surgical reasons whatever why renal mobility should not be cured by operation. * * * I will refer to a few points arising out of my own experience.

1. Is It Effective? Yes; for so far as I am aware in no single instance has a kidney so fixed become loose again. Most of the cases have been examined at various intervals after operation by Dr. Suckling or myself and many of them by others. In every paper that I have published I have made this statement and no public or private refutation of it has been made. On a total number of 524 operations this is eloquent testimony to its efficiency.

2. Is It Dangerous? No. In my series of 345 patients there have been three deaths, a mortality of less than 1 per cent. Two of these were due to cardiac thrombosis on the tenth and fifteenth day, respectively, in each case convalescence having proceeded satisfactorily until the sudden onset of the fatal attack. The third death occurred in a man who was exhausted by an attack of acute mania. He became collapsed and died on the third day for no apparent reason. These deaths were due to causes which may follow any surgical operation and cannot be regarded as risks peculiar to nephropexy.

The amount of shock is usually very slight even though both kidneys are operated upon at the same time. Double nephropexy was performed in 179 of my cases and was remarkably well borne. I have never seen any symptoms of uræmia and in no case has there been suppression of urine. This, I attribute, in part to the partial decapsulation of the kidney which safeguards the kidney from congestion. As a rule there is practically no blood loss and it is rarely necessary to clamp a single vessel. This

makes it possible to operate upon quite feeble and debilitated patients without risk.

3. Are There Troublesome Sequelæ? No. In the earlier operations, sinuses of the loin, persistent pain in the loin and back, and weakness of the scar not infrequently result. Sinuses resulted from sepsis and the presence within the wound of a buried suture usually silk. They can be absolutely avoided by strict attention to asepsis and the avoidance of non-absorbable buried sutures. I invariably use catgut or kangaroo tendon and have never had a sinus which did not close within a few weeks of the operation. On very few occasions only has the wound failed to heal by primary union. In my earlier cases, I did not drain and occasionally a collection of serum formed in the loin and worked its way to the surface about the tenth day. Since, however, I have adopted the plan of introducing a strip of gauze as a drain for forty-eight hours, this never happens.

Persistent pain in the loin is due to inclusion of a nerve, usually the last dorsal, in a ligature or suture. With reasonable care the nerve can be avoided. In some patients, especially those with a tendency to gout or rheumatism, neuralgic pains in and around the scars are complained of for some months after operation, but I have never had a case in whom they persisted for more than six months.

Weakness of the scar is avoided by separating the fibres of the muscles of the loin rather than cutting them, and by securing healing by primary union. Only once has any trouble followed operation in my series. A small hernia developed in the scar six weeks after operation. It was due to a violent strain and was easily remedied by a subsequent operation.

Carbohydrates in Diabetes.

Dr. L. Blum, in *Semaine Medicale*, Paris, July 5, reviews the history of the dietetic treatment of diabetes, especially the oatmeal cure, and gives the tabulated details of the special diet and metabolism in sixteen cases of diabetes. His experience and research throw light on the mechanism of the oatmeal cure. They suggest that the excessive proportion of sugar in the blood is an essential factor in the clinical picture of diabetes. When the patient fasts, this sugar is drawn out of the blood and tissues, and restriction to a diet of green vegetables is almost equivalent to fasting. This explains the advantages from restriction to green vegetables for a day or two before commencing the oatmeal cure. It also explains the fluctuation in the tolerance. The condition of the kidneys is another important factor; the kidney cells may become less permeable for the sugar in the blood than normal kidney cells—Neubauer has found excessive proportion of sugar in the blood in some nephritics without any glycosuria; glycosuria may disappear in the course of nephritis. Blum presents evidence to prove that the success of the oatmeal cure is dependent on the intensity of the disease, proving most effectual in the milder cases. Lampe has reported that von Noorden found that sixty-five were not benefited among the 310 patients given the systematic oatmeal cure, while the condition was aggravated in thirty-five, but Blum, by following the above principles, obtained excellent results in thirty-five cases. In the mild forms the old dietetic methods are equally effectual but even

with these the oatmeal cure is more rapid, more easily managed and is accepted better by the patients; it seems to be immaterial whether oatmeal or wheat flour is used. For this class, that is, those who have 20 or 30 gm. of sugar after ingestion of 100 gm. of bread, he gives 200 or 250 gm. of oatmeal with as much butter and, sometimes, three or four eggs or 50 or 75 gm. of some vegetable albumin. After three days he interposes a day of green vegetables only, and the last traces of glycosuria disappear. When the glycosuria is a little more severe he commences with 125 to 150 gm. of the oatmeal but permits the same quantity of butter as above. Such a diet gives plenty of calories. With the severer form of diabetes with acidosis, the oatmeal cure has superior advantages, but not more than 100 gm. should be allowed for a day or two then only 75 gm. for a few days and then a vegetable day. In the mild form it is unnecessary to precede the oatmeal cure with the starvation vegetable day and in the severe form it may be dangerous, while there is every advantage in interposing a vegetable day after two or three days of the oatmeal cure.

Inherited Syphilis.

Dr. C. Leroux has an able paper in the *Bulletin de l'Academie de Medicine*, Paris.

Dr. Leroux has been studying conditions in 136 syphilitic families; there were 413 pregnancies, with only 207 children born alive. He has charge of a dispensary and he urges careful search for signs of inherited syphilis in every infant seen at a dispensary. From the infant it is easy to trace out the syphilis in the parents, which would otherwise escape detection. It should be sought for as tuberculosis is now hunted out, and the parents should be educated in their duty to their offspring, especially the four things which they should avoid, as Fournier has proclaimed, namely, begetting children at all, failing to watch over the health of their offspring from birth, failing to institute treatment for the inherited syphilis, and failure to keep up this treatment in the same way and for as long a period as for acquired syphilis. Pinard corroborated Leroux' statement in regard to the necessity for keeping continuous moral and therapeutic control over the family, but he emphasized still more the preponderant part played by the father in the transmission of syphilis to the children. When derived from the mother, the inherited syphilis is more harmful and more tenacious, but in his experience the infection is derived from the father in the majority of the cases, and the mother may escape. He adds that no person having contracted syphilis, whatever the interval since or the courses of treatment, is ever absolutely certain of being cured, from the standpoint of offspring, and physicians should impress on their syphilitic male patients that to have healthy children they must take a special, additional systematic course of treatment, *la cure de l'heredite*.

There are certain cases of paresis of the bladder, that are caused by edema of the bladder-wall. This edema may be produced by gross mechanical interference with the circulation by the impaction of tumors, whether they are a pregnant uterus or any other uterine tumor or an ovarian tumor.—G. Kolischer in the *Chicago Medical Recorder*.

The Bearing of Pneumonia, Considered as a Terminal Infection, Upon Treatment.

By H. A. Hare, M. D.,

Professor of Therapeutics in the Jefferson Medical College and Physician to the Jefferson College Hospital.

(From the Therapeutic Gazette, Nov. 15, 1911.)

In the Therapeutic Gazette for June, 1910, I reported my experience as to the importance of studying the relative ratio of pulse-rate and blood-pressure in the course of croupous pneumonia, and expressed the belief that such observations were of the greatest value in the application of correct treatment. Since then increasing experience with this plan has served to convince me still more that it is practically an essential factor not only in treatment but in prognosis as well. It will be recalled that the favorable ratio in croupous pneumonia is one in which the pulse-rate per minute is less than the number of millimeters of mercury as shown by the sphygmomanometer. In other words, if the pulse-rate be 90 and the blood-pressure 120 the patient is doing very well. If the pulse-rate be 100 and the blood-pressure 110 he is not doing as well as before. If the pulse-rate be 110 and the pressure 110 something must be done to bring back the normal difference already referred to, and if the pulse-rate be 120 and the pressure 110 he is in grave danger and will probably die unless very active treatment causes him to rally before this abnormal ratio has lasted for any length of time. The fall or pressure may be considered to be the result of the toxemia which directly affects the vasomotor centres or the walls of the vessels themselves, or it may be due to a direct effect on the heart muscle, whereby this organ is unable to pump strongly enough to maintain pressure. It is of some importance to determine, if possible, whether this fall of pressure is due to one cause or the other, for if it be vasomotor or vascular direct cardiac stimulation is not needful, although it is true that most vascular stimulants are also stimulants to the heart. If the heart be at fault attention must be chiefly directed to that organ. If the vessels be at fault the difference between diastolic and systolic pressure will be marked, the heart if strong sending out a forcible wave of blood in an endeavor to fill the blood paths. On the other hand, if the pressure be low from a failing heart there will be little difference between diastolic and systolic pressure for obvious reasons.

It is needless to add that in the use of this means of study we must obtain aid by examining the heart by auscultation and consider the state of the vessels as to chronic disease. Furthermore, as in all problems in medicine, we must take into consideration a large number of other factors in reaching a prognosis, diagnosis, and a form of treatment. This would seem self-evident, yet my experience leads me to believe that too often we endeavor to reach conclusions as to a given case by studying only one factor or set of factors. Although I am firmly convinced that the ratio of pulse-rate to pressure just described is a comparatively new sign of great value, I am also equally firmly

convinced that it is a fatal error to neglect all those physical signs and states on which we have relied heretofore, and any errors in prognosis or any failure in treatment do not prove that the new sign is useless, but that the human mind is not infallible so far as the physician is concerned, and the patient is not infallible so far as the progress of his disease is concerned. A ship which is riding out a gale of wind in perfect safety may suddenly spring a-leak and be in great jeopardy if a plank gets started. So, too, a case of croupous pneumonia presenting at one hour all the signs which are favorable may, by the development of a heart clot, become hopelessly ill and beyond all measures for relief. Several years ago a case of this kind was under my care in which at autopsy a continuous clot extended from the left ventricle into the aorta and even into the carotids, looking more like a solid cast of the bronchial tubes than a heart clot. Such an accident or development in the course of pneumonia cannot be considered as in any way invalidating the value of the test of which I have spoken, nor do I know of any way by which such a calamity can be foretold or remedied.

Again, it must not be forgotten that croupous pneumonia is in a large number of cases a true terminal infection, a means by which Nature brings the end to a diseased person, after disease has sapped his powers of resistance, just as the organisms of putrefaction or beetles destroy his remains if left exposed after death. If that man lived in a wild state his physical feebleness would result in death because of his inability to get food or protect himself from wild beasts. In the civilized state others feed him, and protect him from wild beasts of great size, but they cannot protect him completely from a wild beast called the "pneumococcus," against which in his younger days he was well protected by phagocytes and all the other protective processes of the body. But as we all know age, or years of life except they be four-score, is not so important a factor in prognosis and treatment in pneumonia as is senile change at any age. How often do we see a man of eighty with soft vessels, fairly good urine, and a good heart, and how often we see a man at forty-five or fifty with bad vessels, bad urine, and every evidence of cardiac impairment and vascular fibrosis. Alcohol, syphilis, or a series of severe maladies or injuries may have prematurely aged him, and so at fifty all his powers of resistance may be far less than in another man at eighty, their actual ages in years having nothing to do with their actual state as to tissue and cells. In other words, all the antecedents of the patient as to inheritance, disease and habits are to be considered in reaching a prognosis and determining treatment. Or, to put it differently, given a patient who is fairly young as to years and fairly clean as to his previous history, let him be stricken by pneumonia by reason of the attack of a host of pneumococci, let him show for a time a normal ratio as to pulse and blood-pressure, and let him develop a dangerous approximation of the rate and pressure, and he has a "factor of safety," to use a mechanical term. It is possible for us to call into play reserve energy and reserve vital resistance and to promote recovery. On the other hand, if the rate and pressure ratio is normal, yet age,

in disease such a syphilis, Bright's disease, or diabetes is present, this factor of safety is missing, and, to use Whittier's lines, he is

A singer of a farewell rhyme
Upon whose outmost verge of time
The shades of night are falling down.

Time does not permit me to go into details as to treatment. There is no treatment of pneumonia, but there is treatment of the patient who has pneumonia, and, as just pointed out, this will vary in every case. Nor should any physician plume himself on great skill if his patient gets well, or go into the slough of despond if his patient dies, if, on the one hand, a rank pneumococcal infection recovers, or, on the other, an insidious infection causes death. It is only when recovery takes place in the face of a small factor of safety that great credit is due the physician. In all cases, as I have said elsewhere, the physician should be a watchman all the time and a therapist in the sense of a drug giver only when active need arises. Let the patient get well, help him as he climbs the tree of life if he hesitates and seems as if to fall, but don't boost him up the tree so fast that he can't get hold of anything, exhaust him by overboosting, and have him fall back into the grave just as he is near the top of his climb.

In some cases of pneumonia, so far as the activity of the physician is concerned, it would be well if Beddoe's description of Skoda held true. Beddoe says that Skoda "had the reputation of dispensing drugs, but that was really not the case; the fact was that he used them only when the indications for their employment were distinct, but not as a matter of routine. Thus standing at the bedside of a fine, vigorous young peasant he would say, 'Gentlemen, this patient from acute left pneumonia suffers. Some in such a case would mercury exhibit; tartarized antimony would employ; but seeing that this man well constituted is, and well nursed and cared for will be, it is to be expected that he without any of these drugs perfectly well and that in short time will become. Wherefore (to his assistant) Herr von Speckhausen, recipe,' etc. And he would proceed to order a solution of diluted raspberry syrup."

On the other hand, like Skoda, each of us should recognize the conditions under which active medication is essential, and fearlessly employ the drugs which are necessary to meet the needs of the patient.

Intercostal Pain as Sign of Gall-Stones.

Dr. M. E. Binet, in Archives des Maladies de l'App. Digestif, says that he found a tender point in the interspaces in forty-seven, that is, in 63 per cent, of seventy-three patients with cholelithiasis. He found Abraham's sign (pain on pressure of a point midway between the umbilicus and the cartilage of the ninth rib) only in thirty-two. The intercostal neuralgia with gall-stones occurs in the ninth, tenth and eleventh right interspaces, but the most striking sign is a sharp pain felt on pressure of the anterior end of the eleventh rib. These pains and tenderness seem to be characteristic only of cholelithiasis, and they are frequently the first signs of a tendency to gall-stones and may prove the forerunners of an acute attack. The pain is generally elicited only by pressure.

Reports of County and Local Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The regular annual meeting of the Atlantic County Medical Society was held at the Hotel Holmhurst at noon on Friday, January the 12th. In the absence of the president and vice-president, Dr. W. Blair Stewart was chosen chairman of the meeting. About twenty-five members were present and the reports of the various committees showed the society to be in a very flourishing condition.

Dr. Martin was accepted as a member on recommendation of the Bucks County Medical Society. Dr. Manfred H. Kudlich, Dr. Henry C. Munro, Dr. Samuel Stern, Dr. Byron C. Davis and Dr. George P. Pennington, all of Atlantic City, were elected to active membership. As a result of the increased membership we are now entitled to three annual delegates to the State Society.

Dr. H. T. Harvey, Dr. E. H. Harvey and Dr. Samuel Barbash were elected delegates to the State Society for this year.

The Committee on Public Health and Legislation reported success in having the new Municipal Hospital opened, and Health Officer Guion can now receive cases of contagious diseases at any time.

The Library Committee reported that there were now over six hundred volumes in the Medical Library, and that over seventy books had been added during the past year. Each issue of all the important medical journals is now received and on file at the library.

The election of officers resulted in the unanimous choice of the following: President, Dr. David Berner; vice-president, Dr. George Scott; secretary and treasurer, Dr. Edward Guion; censor, Dr. Edward Reynolds; reporter, Dr. Walt P. Conaway.

At the conclusion of the meeting the members were invited to partake of a banquet which was served in the grill room of the hotel.

BURLINGTON COUNTY.

Marcus W. Newcombe, M. D., Reporter.

The eighty-second annual meeting of the Burlington County Medical Society was held at the Madison Hotel, Mount Holly, on Wednesday, January 10th, 1912, at 1:00 P. M., with the president, Dr. J. B. Wintersteen, in the chair.

The president appointed Drs. R. H. Parsons, T. H. Flynn and J. Clifford Haines members of the nominating committee, and Drs. E. D. Prickett and M. W. Newcombe members of the auditing committee, after which both committees retired to other rooms.

The dues for 1912 were fixed at \$7. It was voted to have the April meeting at the State Hospital for the Insane at Trenton, in accordance with the invitation of Dr. Cotton, to be his guests. A report from Dr. Weisenberg, of Philadelphia, saying he would be very glad to show his moving pictures of the different gaits and conditions met with in several nervous diseases, before the society, at any time or place to suit the society's convenience, for the cost of getting the machine to the place and running it.

We had as our guests Drs. Daniel Strock, B. W. McFarland and W. H. Iszard. Dr. Remer, of Medford, was elected a member of the society.

The following were nominated by the committee as officers for the year 1912:

President—Dr. W. P. Melcher.
 Vice-President—Dr. A. L. Gordon.
 Secretary and Treasurer—Dr. G. T. Tracy.
 Reporter—Dr. M. W. Newcombe.
 Censor—Dr. E. Hollingshead.
 Chairman of Section on Surgery—Dr. E. D. Prickett.

Chairman of Section on Medicine—Dr. Joseph Stokes.

Chairman of Section on Obstetrics and Gynecology—Dr. E. R. Mulford.

Delegates to Camden County Society—Drs. H. E. Whitehead and J. B. Wintersteen.

Delegate to Salem County Society—Dr. E. R. Mulford.

Delegates to Gloucester County Society—Drs. F. G. Stroud and J. E. Dubell.

Delegate to Bucks County Society—Dr. J. D. Janney.

The subject of the president's annual address was "Medical Economics," after which we enjoyed the banquet.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

The December meeting of the Camden County Medical Society was held at noon on Tuesday, December 12, 1911.

Dr. George B. Knight, of Camden; Dr. Walter R. Elliott, of West Collingswood, and Dr. Earl S. Hallinger, of Haddon Heights, were balloted for and all were elected active members.

Dr. Ernest G. Hummel presented a paper on "The cause of Edema in Children." It was interesting and much discussed. Dr. Hummel did not elaborate on the edemas caused by kidney, heart and angioneurotic conditions, similar in children to like conditions in the adult, but paid particular attention to the so-called "idiopathic" edemas of childhood. He claimed that, in many cases at least, faulty diet was the cause, and cited a case in point in which salt was the offending element and in which the disorder promptly cleared up on correction of the diet in this respect.

After the meeting the usual collation was served and enjoyed by all.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Pathological and Anatomical Society held its regular monthly meeting Thursday evening, January 11th, at 665 Broad street, Newark. As usual, the occasion was replete with interest and the program, compiled by the committee, instructive and well presented, as follows:

Demonstration of a case of Teratoma Testis. Dr. Hagerty.

Report of a case of acquired syphilis in a young child, Dr. Elliott.

Report of a case of malignant tumor of the Antrum of Highmore, with a resume of tumors in this locality. Drs. Fitzpatrick and Sutton.

Demonstration of uterine tumors, Dr. Stras-ser.

Demonstration of an eviscerated fetus, Dr. Edgar Ill.

Demonstration of pathologic specimens from the City Hospital, Dr. Martland.

The Board of Governors wishes to call the earnest attention of all the members to the complete provision made in the laboratory (at the address given) for laboratory work and urge them to make convenient use of the apparatus, reagents, microscope, etc. Every member should have his own key to the room. Material for dissection awaits applicants. A course in gastric analysis with Dr. F. C. Horsford is about to begin. A few more applicants may enter.

The Public Health Education Committee of the county society is carrying on its work of lectures for the public health. November 28, Dr. E. A. Ayers gave an excellent stereopticon lecture on Mosquitoes; December 12, Dr. George C. Dickman lecture on Quacks and Their Methods; January 9, Roscoe A. Doolittle, Ph. D., secretary of the Board of Referees of the Bureau of Chemistry, Washington, gave us a very enlightening address on "The Food and Drugs Act and Its Enforcement," illustrating with stereopticon; January 30, Dr. Livingston Farrand, secretary of the National Association for Prevention of Tuberculosis, will speak on "Modern Methods of Fighting Tuberculosis," and this also will be illustrated with stereopticon and helped by exposition of local activities in Newark and Essex County against the "Great White Plague." February 13, Dr. Thomas Darlington, former president of the New York Board of Health, will deliver the first of three lectures on Industrial Diseases, a series of subjects having especial importance to a Newark audience and of value to our practitioners of medicine because the speakers are such excellent authorities and armed with facts, the fruit of great painstaking investigations, which it will pay the physicians themselves to learn. The other speakers are Mr. Frederick L. Hoffman, statistician of Prudential Insurance Company, February 27, and Dr. Alice Hamilton, Chicago, March 5, on Lead Poisoning and Other Occupational Diseases. Besides attending themselves, physicians are urged to call the attention of their patients to these lectures.

The Academy of Medicine of Northern New Jersey has followed the schedule of section meetings, the stated meeting in January being under the auspices of Pediatrics. A special meeting was held December 26, for the purpose of passing a resolution "urging Governor Dix, of New York, to retain in office as Medical Director of the Port of New York, Dr. A. H. Doty, in recognition of his efficiency and integrity."

The William Pierson Medical Library Association, Orange, has begun a series of lectures, as in former seasons, open to all the profession, with a paper by Dr. J. Bentley Squier, New York, on "Relief of Prostatic Obstruction."

Newark has been favored with a medical convention. The Eastern Section of the American Laryngological, Rhinological and Otological Society held its meeting there January 20, in the rooms of the Academy of Medicine. Dr. Theodore W. Corwin is vice-president of the association and chairman of the Eastern Section. He presided at the sessions and will furnish an account of the transactions for the Journal.

GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The annual meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, on Thursday, January 18, 1912. The president, Dr. J. H. Underwood, occupied the chair. The attendance was unusually large for a mid-winter meeting, eighteen members and eight visitors being present.

The following officers were elected:

President, Dr. Vernon E. De Grofft, Swedesboro; vice-president, Dr. Ralph K. Hollingshead, Westville; secretary and treasurer, Dr. George E. Reading, Woodbury; reporter, Dr. H. A. Wilson, Woodbury; censors, Drs. Joseph Hunter, L. M. Halsey, Harry A. Stout; delegate to the Medical Society of New Jersey, Dr. Charles S. Heritage.

Delegates were also elected to the Camden, Salem, Cumberland, Burlington and Atlantic County societies.

Influenza and variella were reported as prevailing in some sections of the county.

The Board of Censors was directed to prepare suitable resolutions on the death of Dr. J. Gaunt Edwards, of Williamstown.

A communication was read from Dr. E. T. Oliphant, of Bridgeport, requesting that, on account of ill health, his name be dropped from the roll. On motion, the resignation was accepted and Dr. Oliphant was elected an honorary member of the society, and the secretary was directed to extend to him the sympathy of the members and their regret at his withdrawal from active membership.

On motion, the president was directed to appoint a committee to co-operate with the State chairman of the Public Health Education Committee of the A. M. A.

Drs. Wilson, Hollingshead and Fidler were appointed on the committee.

On motion of Dr. Halsey, Dr. H. A. Stout was directed to act as auxiliary member of the National Legislation Committee of the A. M. A.

Dr. William Martin, of Atlantic City, presented a paper on "Hypertension," which was very instructive and called forth considerable discussion.

Dr. L. J. Hammond, of Philadelphia, read a very practical paper on "Surgical Diseases of the Upper Abdomen."

On motion, a vote of thanks was extended to Drs. Martin and Hammond and copies of the papers were requested for publication in the Journal.

Dr. Daniel Stroock, president of the Medical Society of New Jersey, was present and in his usual happy vein, greeted the society in his official capacity.

Dr. Emery Marvel, of Atlantic City, called attention to the approaching meeting of the New Jersey Society of Pediatrics, and urged as full an attendance as possible.

Rev. Dr. Nickelson, of Williamstown, expressed his gratification at participating in the meeting of the society and put every one in good humor by a neat jab at the professions both of theology and medicine.

After adjournment the society entertained at dinner Drs. Stroock and Richardson, of Camden; Hammond, Gray and Franklin, of Philadelphia; Martin and Marvel, Atlantic City, and Rev. Dr. Nickelson, Williamstown.

MERCER COUNTY.

Frank G. Scammell, M. D., Reporter.

A special meeting of the Mercer County Medical Society was held Tuesday, January 2, in the Municipal building, to act on the death of Dr. Richard R. Rogers, Jr., surgeon to St. Francis' Hospital and former county physician.

President West appointed Drs. T. H. Mackenzie, E. Barwis and F. G. Scammell a committee to draw up resolutions and have them suitably engrossed, to be sent to the widow as an evidence of the high esteem in which he was held by the society.

The society, as a body, attended the funeral and paid the last tribute of respect to one of such a noble life.

Eulogies were delivered by Dr. Mackenzie, who knew him as a child, as assistant to him as surgeon, and later as a fellow surgeon on the staff of St. Francis' Hospital.

Dr. Barwis—As a former teacher of the late Dr. Rogers while he was a pupil in the Trenton Academy.

Dr. W. A. Clark spoke of Dr. Rogers as a physician of more than ordinary ability, a good friend to call upon in time of need for assistance, which so often happens to all physicians; a genial, kind and loving nature which all men respect.

Dr. H. B. Costill—As a classmate in the University of Pennsylvania, good student, popular in his class, showing absolute fairness to all fellow practitioners; his extreme generosity to the poor during the panic of 1893 and 1894, and that his death was not only a loss to his family but to the city and his fellow practitioners.

REGULAR MEETING—JANUARY 9.

Through the courtesy of Dr. Henry A. Cotton, medical director, and Samuel Atchley, warden, the Mercer County Component Medical Society met at the New Jersey State Hospital and listened to a very interesting address by Dr. Theodore Weisenberg, of Philadelphia. With the assistance of two films of moving pictures, a number of nervous diseases met with in general practice were depicted.

By this method Dr. Weisenberg has been able, with the assistance of Mr. Lubin, to demonstrate from life Huntington's Chorea, Multiple Neuritis, Locomotor Ataxia, Tic of the Tongue (rare), Hypertrophic Dystrophy, Posterior Lateral Sclerosis, Right Side Hæmoplegia, Generalized Tic, Atetosis, Paralysis Agitans, Multiple Sclerosis, inability to laugh on right side of face due to Lesion of Thalamus body and Optic Tabes.

The lecture and films gave one the impression of a large clinic, as no other kind of demonstration could, unless the living subjects were present.

The subject with the inability to laugh on the right side of the face was a very interesting study and the lesion of the thalamus body was confirmed after death by autopsy.

This one instance has proven the extraordinary scope that may be enlarged upon by a procedure and one which will be of such a decided advantage, for we all know how often we hear cases cited which we think are something we have seen, but this brings us with the living case to make our own determinations.

Drs. Cotton and Mackenzie discussed some

of the cases from their institutional and general practice knowledge.

We as physicians realize the enormous duty before us and labor every day with the hope that some time in the very near future our labors will be crowned with such treatments as will be efficacious in combating these conditions.

Those in attendance—Dr. West, president; Dr. North, secretary; Dr. Scammell, reporter, and Drs. Craythorne, Williams, Rosencrans, Felty, M. L. Evans, Watson, Yajujian, Taylor, Cort, Truitt, Cotton, Hammond, Turner, Sandy, Toby, Reddan, Barwis, Lalor, Funkhouser, Shephard, Collier, Zandt, Parker, Adams, Moore, Watts, Oliphant, Peace, McCormick, Diehl, Sommer, Bellis, McGuire, Costill, Mackenzie, Hall, and Mr. Hand, druggist to State Hospital.

A vote of thanks, by the society, was tendered Dr. Weisenberg, and attendant who operated the films, for their kindness; also to Warden Atchley for the light lunch so enjoyable afterward.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

A general meeting of the Passaic County Medical Society was held on Tuesday evening, January 9th, 1912, in the Smith Academy, Pennington avenue, Passaic, N. J.

Dr. William Flitcroft requested Dr. G. T. tendance was present. The minutes of the last meeting, held November 24th, 1911, were accepted as read.

The Board of Censors reported favorably on the application of Dr. L. S. Michela, of Paterson, who was then elected a member of the society. The applications of Dr. Charles W. Harreys, of Ridgewood, N. J., to be transferred from the Bergen County Medical Society was received. Dr. Harreys was thereupon elected a member of the society.

Dr. Shook, of the United States navy, was to have read a paper on anti-typhoid vaccines, but was unable to be present on account of illness.

Dr. William Flitcroft requested Dr. G. T. Welch, of Passaic, to take the chair.

Dr. Flitcroft read a paper on "Contract Practice." He read, in part, as follows:

"When the subject of contract practice was discussed last year, I must confess that I was somewhat indifferent to the matter. Since that time events have so shaped themselves, that I have been obliged to consider the subject, and the more thought I have given to the question, the more the conviction has grown upon me, that it is an evil that should be eradicated. Just as a malignant growth thrives on the life's blood of its victim until both die unless removed, and the earlier it is done, the better the patient's chances of recovery. Just in the same degree does the lodge contract physician grow and flourish apparently until the professional death of his brother physician, and then, mark my words—for they will prove true—he, too, will also die professionally, for a system of underbidding and cut-throat work will rebound and leave the civil worker lower than ever before known. Dignity gone, income so reduced that the temptation to do wrong will grow stronger day by day, until Doc will be a by-word with the laity.

"I believe that we have reached a crisis in

the history of the society. 'A house divided against itself cannot stand,' but I firmly believe that you will rise to the occasion, laying aside selfish interests, and that the house will not fall, but will continue to endure in the future as it has in the past, being composed of all that is best in the medical profession of this county.

"When a lodge physician is approached in regard to this subject, he points to public positions as county physician, school inspectors, etc., but we must draw the line somewhere and I beg to quote from an article on contract practice taken from the Journal of the Camden County Society, as follows: 'It must be becoming evident to the most careless observer of current events that a sentiment is crystallizing in the medical profession of the country that is antagonistic to the scheme to continue to use physicians to advance the material interests of secret society orders, and incidentally to enable the members to secure medical attention for themselves and families at a cost that is practically nothing.'

"To aid in the solution of this problem we venture to suggest that contract practice may be defined as consisting of an obligation assumed by a physician or surgeon to minister and prescribe to an individual or a body of individuals for a certain fixed period for a definite prearranged fee.

"It is recognized that such contracts may be legitimate in the sense that they are ethical and do not inflict an injury or hardship upon the members of the medical profession. Such legitimate contracts are those made by employers whose interest in the employee or insurance contracts may render it desirable that the employee, injured in his or her regular occupation, should be treated under the supervision of a physician or surgeon regularly engaged by the employer for that purpose. In this form of contract the individual alone is involved—not his family—and it is generally recognized that the physician or surgeon receives adequate compensation for his services.

"On the other hand, contracts may be unethical; at least in the sense that they do an injury to the profession of medicine at large. Such contracts are those made with lodges, wherein, for a yearly fixed sum, the physician obligates himself to visit or prescribe for the member and his family whenever requested so to do. In this form of contract the fee is inadequate to compensate the physician for prolonged attention to such member and his family, and constitutes a cut-rate method that is unbecoming for members of the profession to engage in.

"Other forms of contract practice are the examinations made for insurance companies, in medico-legal cases, in cases of claims for personal injuries, etc., all in a class by themselves; and in no manner affecting the general welfare of physicians not engaged in this line of work.

"Just as there has been a large increase in the avenues of contract work open to the physician, in recent years, due to the changed conditions of life and employment, so we can expect that the future will continue to present new problems for the profession to solve, and the definition of contract practice will from time to time have to be revised. A controversy that

has prevailed for several months between an ex-President of the United States and the present Governor of a State has direct bearing upon this matter; and already a bill has been introduced into the Legislature of one of the States providing uniform money indemnity for working men and working women injured through industrial accidents. Such laws will, in turn, demand increased care upon the part of the prospective employer, who must, in self protection, seek to eliminate any applicant whose deformity or infirmity would be a predisposing cause of accident. This can only be done with the aid of the medical examiner.

"Recently one great business combination, the Public Service Corporation of New Jersey, has voluntarily inaugurated a system of disability and life insurance for its employees, and notwithstanding this is done at no expense to the beneficiaries, yet ordinary business prudence requires that the safeguard of medical examination shall be thrown about the movement.

"The school districts of the State are not yet done selecting physicians to examine pupils, as provided by a recent legislative enactment, and such appointments are made under contract.

"Much of the contract work done by physicians along the lines indicated above constitutes a legitimate employment of their professional skill, without prejudice or injury to their colleagues, and the remuneration therefor can be properly left to the physicians and the employers to adjust.

"But, when men of means join lodges and specifically state that their reason for so doing is to save a hundred dollars a year in doctor's fees then the physician accepting such contract work is doing an injury to his professional brethren certainly, and possibly also doing an injury to himself. This is the line of contract work that could well engage the attention of the societies, and when they go beyond this, they really obscure the important issue they strive to abolish."

The subject of contract practice was then brought before the society for general discussion.

Dr. F. Vigna asked the privilege of the floor and said the Italian physicians had taken action and passed the following resolution:

"At a meeting of the Italian physicians of the city of Paterson, the following resolutions were adopted:

"Whereas, In consideration of the fact that the sick benefit societies of this city are furthering a great detriment to the medical profession in general; and,

"Whereas, The contracts made between the Italian sick benefit societies and their attending physicians, at a per capita rate of one dollar, tend to lower the income capacity of every physician entering into such contracts; and,

"Whereas, The attendance upon a membership of about 4,000, with a steady increase of 1,000 per annum, demands an enormous amount of professional work without a commensurate remuneration; and,

"Whereas, A renunciation of all such contracts would redound to the general improvement of our professional and material benefits; be it, therefore,

"Resolved, That we, the Italian physicians of the city of Paterson, hereby agree to discontinue the contract practice of medicine, providing the

American physicians will agree not to enter into contracts with the Italian societies from which we are withdrawing; and be it further

"Resolved, That a committee consisting of Drs. F. Vigna, N. Colacurci, A. Sabatino, L. Michela, be authorized to obtain the signatures of all the physicians of the city of Paterson, in order to enter into an agreement which will make these resolutions binding in the future, or until such time when they shall be revoked by mutual consent.

"(Signed) F. Vigna, N. Colacurci, A. Sabatino, L. Michela."

Dr. Vigna said he had obtained 55 signatures in two days.

The subject of "Contract Practice" produced a great deal of discussion, but the consensus of opinion was that such practice should be abolished.

Dr. Fliteroff's resolution, at the end of his article (see above) was passed and then reconsidered and defeated. Finally the following resolution, offered by Dr. Dingman, was passed:

"Resolved, That any physician may properly contract with any public authority, corporation or business firm, lodge or benevolent society, or individual, for professional services, provided it is agreed that he shall receive a fixed compensation for a definite amount of work done or of time occupied, which compensation shall not be less than the minimum fee of one dollar per visit or treatment.

"Resolved, That any physician in the Passaic County Medical Society who shall, after February 1st, 1912, enter into any new professional contract or who, after January 1st, 1913, shall work under any contract, same as above, shall be deemed guilty of unprofessional conduct, and shall be expelled from the Passaic County Medical Society;

"Provided that nothing herein shall be considered to apply to an agreement of gratuitous service to any public hospital or other public charitable or benevolent institution or from giving free service to the worthy poor, who are unable to pay;

Provided also that this does not apply to city, county, town physician or health officer or from serving under political appointment."

A motion was then made that a copy of the above resolution be sent to every member, at least ten days before the next general meeting, so that it might be offered as an amendment to the by-laws of the Passaic County Medical Society. The motion was passed.

The society then passed a motion commending the Italian physicians of Paterson for their action in regard to Italian sick benefit societies.

The application of Israel Feigenoff, M. D., to be a member of the society was referred to the Board of Censors.

A letter from the Metropolitan Life Insurance Company was read, offering the services of their visiting nurse to aid physicians who may be treating any of the Metropolitan Life Insurance policyholders.

Dr. E. J. Marsh moved that a regular meeting of the society should be held the second Tuesday of every month; the section meetings to be held as arranged. This motion was passed.

A motion to adjourn was carried.

UNION COUNTY.

George Knauer, M. D., Reporter.

The Union County Medical Society held its regular meeting, January 10th, at the Elks' Club House, Elizabeth, at 8:30 P. M. In the absence of the president, Dr. Stephen T. Quinn was elected temporary chairman.

Dr. J. Bayard Clark, of New York City, read a paper entitled, "When Cystitis Is Not Cystitis." The paper was well received and was discussed by several of the members of the society.

The Committee on Legislation reported on the subject of contract work. Further consideration of the matter will be taken at the next regular meeting.

Dr. Arthur Stern presented a male child, showing a malformation of the external genitals, which, on inspection, simulated those of a female child.

Dr. E. W. Hedge reported (1) a case of perforation of the liver by a bullet, with recovery after operation; (2) case of fracture of the fourth cervical vertebra with slight displacement; patient was living at the time the case was reported; (3) case which was thought to be one of fracture of the orbital plate, from a fall on the left temple, with loss of sight in the left eye. There was a gradual recovery of vision. These cases were considered to be almost invariably fatal.

Dr. T. F. Livengood reported a case following a fall which simulated some grave central nervous lesion, but which proved to be merely an hysterical attack.

Suitable resolutions on the death of Dr. W. C. Boone, of Plainfield, were passed and sent to his family.

Drs. Caldwell and Keeney, of Summit, were nominated for membership.

Dr. Charles B. Holmes, of Rahway, was elected a member of the society.

A report of the Milk Commission was read by Dr. A. Stern.

Tri-County Medical Society of South Jersey.

George Evans Reading, M. D., Secretary.

The annual meeting of the Tri-County Medical Society of South Jersey was held at the City Hall, Bridgeton, on Tuesday, October 24, 1911.

The president, Dr. Walter P. Glendon, of Cedarville, delivered his valedictory address, taking for his subject "Carcinoma of the Breast."

Dr. James W. Kennedy, of Philadelphia, read a paper entitled, "Urgent Conditions in Abdominal Surgery."

(Dr. Glendon's address will be found on page 454 and Dr. Kennedy's on page 450.)

The following officers were elected: President, Dr. Charles S. Heritage, of Glassboro; first vice-president, Dr. W. H. Carpenter, of Salem; second vice-president, Dr. Joseph Tomlinson, of Bridgeton; secretary and treasurer, Dr. George E. Reading, of Woodbury.

Executive Committee—Dr. Samuel F. Ashcroft, of Mullica Hill; Dr. John H. Moore, of Bridgeton; Dr. R. M. A. Davis, of Salem.

The society will hold its next meeting in Woodbury on January 23d, 1912.

Camden City Medical Society.

The annual meeting of this society was held in the Dispensary Building, Camden, January 2, 1912, with a large attendance.

The annual address of the retiring president, Dr. J. Watson Martindale, was on "Some Changes in the Practice of Medicine Within the Past Twenty Years." (This address will appear in the next issue of our Journal.—Editor.)

After disposing of the usual routine business the following officers were elected for the ensuing year:

President, Dr. Levi B. Hirst; vice-president, Dr. Grant E. Kirk; secretary, Dr. W. I. Kelchner; historian, Dr. Albert B. Davis; librarian, Dr. Katherine Sherk; legislative committee, Drs. M. M. Osmund, D. B. Benjamin, Alexander McAllister; treasurer, Dr. Emma Richardson; standing committee, Drs. W. H. Iszard, Alexander McAllister, W. W. Kain; board of managers for Camden Dispensary, Drs. H. Genet Taylor, W. A. Davis, Daniel Stroock, E. H. Sherk, Joseph W. Nicholson, W. H. Iszard, Paul McCray, A. H. Lippincott; auditing committee, Drs. W. W. Kain, Horace Rose.

The William Pierson Medical Library Association.

The committee on Lectures and Entertainments announces the following addresses to be delivered before The William Pierson Medical Library Association during the season of 1912:

Tuesday, January 23d, Dr. J. Bentley Squier, of New York City, "Relief of Prostatic Obstruction," with lantern slide demonstration.

Tuesday, February 20th, Dr. Frank S. Meara and Dr. Albert C. Crehore, of New York City, "Demonstration of the Micrograph and Some of Its Clinical Results," with lantern slide demonstration.

Tuesday, March 19th, Dr. Lewis Gregory Cole, of New York City, "Radiographic Gastro-Intestinal Diagnosis," with lantern slide demonstration.

Wednesday, April 3d, Dr. G. Howard Fox, of New York City, "Differential Diagnosis in Skin Disease," with lantern slide demonstration.

Tuesday, April 16th, Dr. Rufus I. Cole, of the Rockefeller Institute Hospital of New York City, "Certain Phases of the Investigation of Pneumonia," with lantern slide demonstration.

Ridgewood Medical Society.

The physicians of Ridgewood (Bergen County) and vicinity have organized the Ridgewood Medical Society and elected the following officers: President, Dr. William L. Vroom; vice-president, Dr. Cornelius A. Demund; secretary, Dr. William C. Craig; treasurer, Dr. George M. Ockford, all of Ridgewood.

Westfield Medical Society.

At a recent meeting this society elected the following officers: President, Dr. L. I. Newman; vice-president, Dr. William Decker; secretary and treasurer, Dr. Joseph B. Harrison.

All local medical societies are requested to send to the editor reports of their meetings.

National and International Societies.

American Laryngological, Rhinological and Otorological Society—Eastern Section.

This society met January 20, 1912, at the rooms of the Academy of Medicine of Northern New Jersey, in the Wiss building, with fifty specialists from the New England and the Middle Atlantic States in attendance. Dr. Theodore W. Corwin, vice-president of the national organization and chairman of the Eastern section of the society, presided. The purpose of the society is to afford a clearing-house for information on the latest discoveries and the most up-to-date methods of treatment of diseases that have to do with the ear, nose and throat.

Report of unusual cases falling within the recent experience of those who reported them occupied most of the program. At the afternoon session Dr. Wells P. Eagleton read a paper on "Cerebral Decompression, Its Influence on Hearing," and gave several case reports. A case report was also given by Dr. Norton L. Wilson, of Elizabeth, on "Chancre of Tonsil."

National Association for the Study and Education of Exceptional Children.

At a conference held under the auspices of this association, December 1st, in the School of Pedagogy, New York University, drastic methods were suggested, including sterilization of those unfit for parentage, to prevent the spread of mentally and physically deficient offspring. The establishment of a psychological clinic and hospital in the public schools was also advocated.

The encouraging results obtained from experiments in supplying special training and environment for defective children, as well as plans for making further provision for exceptional school pupils, were also dwelt upon.

Among the papers read was one of Judge N. B. Neelen, of the Juvenile Court of Milwaukee, on "Progressive Methods of Dealing with Juvenile Delinquency." The science of the child is now, he declared, an accepted study. Judge Neelen pointed out that the average child brought before the Juvenile Court is below the normal, and that unhappy home environment has much to do with its condition. The emotional nature of such children needs cultivation far more than their brains, he asserted, as they are usually bitter and resentful.

Fewer defendants would appear in the juvenile courts, according to Judge Neelen, if psychological clinics and hospitals were part of the school system. Mothers, he suggested, were largely at fault in neglecting the moral instruction of their children.

The motives of the association were set forth in a paper read by the president, Dr. A. Emil Schmitt, who spoke of the danger of over-acculturating any one phase as presented by specialists and the need of considering the problem of the exceptional child from various viewpoints.

"This organization," he said, "is an agency for gathering, assimilating and spreading the acquired knowledge of this great subject, and should be a clearing-house for all the agencies which have the interest of the child at heart."

While the exceptional child has been dealt

with, Dr. Marcus Neustaedter, attending neurologist at the New York University and Bellevue Hospital clinic, suggested the causes productive of such cases have been neglected.

Dr. Neustaedter's paper was on "Etiological Factors in Exceptional Children and Their Prevention." These, he said, could be divided in two classes—hereditary and acquired. Hereditary taints are transmitted, he stated, and make for mental deterioration.

As illustrating hereditary taints, he spoke of the Jukes family, of New York, where constant intermarriage with their degenerate kind has produced a record of 300 individuals who have been criminals, paupers and feeble minded.

Dr. Neustaedter included insanity and various nervous disorders among inherited defects, and then turned to the consideration of factors acquired by parents which tend to the deterioration of their offspring, such as tuberculosis and alcoholism.

In this connection he also spoke of the direct use of alcohol by children, claiming that it was one of the contributing causes of seventy per cent. of cases of backwardness.

"The decrease or increase of mental disorders and crime in a community are shown by statistics to be in direct proportion to the rise and fall of the consumption of alcoholic beverages," was one of the statements made by this speaker, who said that associated with alcoholism in the parents were often material deprivation, which reacted on the children.

Among remedies suggested by Dr. Neustaedter were, stricter laws as to consanguinity in marriage, compulsory physical examination before marriage, with laws prohibiting marriage where the examination showed inheritable defects, and sterilization of criminals, feeble-minded persons, habitual drunkards and the incurably insane.

"A careful promotion by every possible means of fit and suitable matings," he asserted, "will within a few generations remove these defects in an otherwise vigorous, desirable and successful stock."

Public Education for the Conservation of Vision.

The American Association for the Conservation of Vision is inaugurating a widespread campaign of public education to call the attention of people to the care and preservation of their eyesight. The association has recently moved to new offices at 105 East Twenty-second street, New York City. A recent election of officers leaves the personnel as follows: President, Dr. F. Park Lewis; vice-president, E. L. Elliott; acting secretary, Douglas C. McMurtrie; acting treasurer, T. Commerford Martin. Dr. Hiram Woods, of Baltimore, is on the board of managers and Dr. G. E. de Schweinitz, of Philadelphia, is director of the Department of Diseases and Defects of the Eye. Among the publications of the associations are its Bulletin and Monograph Series, the first of a popular and the latter of a technical nature. The first issue of the Bulletin is entitled "Conserving Vision," compiled by Douglas C. McMurtrie and edited by G. E. de Schweinitz, M. D., F. Park Lewis, M. D., Louis Bell, Ph. D., and E. Leavenworth Elliott. The first issue of the Monograph Series, edited by Douglas C. McMurtrie, is entitled

"Ophthalmia Neonatorum in Ten Massachusetts Cities," by Henry Copley Greene. The association has now in press additional instructive booklets of a popular nature.

Conference to Fight the Opium Traffic.

A world-wide campaign against the opium traffic opened at The Hague, December 1st, when the International Opium Conference, suggested last September by the United States, convened with delegates from nearly every civilized nation. The awakened China, most affected of all countries, is taking a leading part in the movement. Subjects to be considered by the conference are:

The enactment of uniform laws relative to the control and distribution of opium and all derivative products.

Reciprocal rights of all nations to search vessels suspected of having contraband opium.

Prohibition of culture of the poppy plant in all countries not growing it now.

Prohibition of use of the drug in any form, except under medical supervision.

Notification of all shipments of the drug.

Uniform penalties for violation of international regulations.

Great Britain and the United States, the only two powers now supervising opium traffic, are expected to dominate the conference. The initiative taken by the United States resulted from regulation of the traffic in the Philippines.

The representatives from the United States are Right Rev. Charles H. Brent, Protestant Episcopal bishop of the Philippines, who will preside; Hamilton Wright, of Maine, and Henry J. Finger, of California. Frederick Huidekoper, of Washington, is secretary to the delegation.

International Congress for Gynecology and Obstetrics.

The date for the approaching sixth international congress has been appointed as May 31 to June 2, 1912, to meet at Berlin as previously announced. Professor E. Bumm is to preside, and the secretary-general is Professor E. Martin, Artilleriestr. 18, Berlin N. 24, Germany. The main subject for discussion is to be "The Treatment of Peritoneal Wounds in Relation to Obstetrics and Gynecology." The committee of organization includes Professors Doderlein and A. Martin of Germany, von Ott of Russia, and Mangiagalli of Italy.

International Epilepsy Congress.

The next meeting of the Liga Internationale contra Spilepsie is to be held at Zurich, Switzerland, opening September 7, 1912, just preceding the International Congress of Psychology and Psycho-therapeutics. Forel will probably preside at the meeting. The subjects proposed for discussion are "Alcoholic Epilepsy" and "Salt-Free Diet in Epilepsy." These topics have been proposed by Italian and Swiss members of the league, and American members are requested to suggest some other subject for discussion; they can communicate by direct correspondence with Dr. L. J. J. Muskens, 365 Overtoom, Amsterdam, Netherlands, or through Dr. J. F. Munson, Craig Colony for Epileptics, Sonyea, N. Y.

International Eugenics Congress.

The Eugenics Education Society has arranged for an international congress to be held in London from July 24 to 30, 1912, under the presidency of Major Leonard Darwin. The papers will be grouped in four sections: The Bearing upon Eugenics of (1) Biological Research, (2) Sociological and Historical Research, (3) Legislation and Social Customs; and (4) Consideration of the Practical Application of Eugenic Principles.

Miscellaneous Items.

Sterilization Board Organized.

The sterilization commission provided for by the last Legislature met January 4th and organized by electing State Commissioner of Charities and Corrections George B. Wight as chairman and Dr. Henry B. Costill, of Trenton, as secretary.

The commission decided to notify the various State institutions preparatory to visiting the same. It is expected these institutes will take the initiative in calling the attention of the commission to cases needing or believed to need their attention.

The commissioners, however, will not depend entirely upon these institutions, but will go to the institutions on their own initiative.

Medal for Dr. Doty.

The American Museum of Safety has awarded a gold medal to Dr. Alvah H. Doty, health officer of the port of New York, who has been removed by Governor Dix. The medal was presented "for progress and achievement in the promotion of hygiene and sanitation and the mitigation of occupational diseases." The medal is a simple golden disk inscribed with his name and thereunder, "The Louis Livingston Seaman Prize for Mitigating Occupational Diseases." It was explained that this was only one of the achievements for which the medal was awarded and that the inscription would be altered so as to name rather the other two—the promotion of hygiene and sanitation—in which Dr. Doty was more truly interested.

The Campaign for the Prevention of Insanity.

The Committee on Mental Hygiene of the State Charities Aid Association of New York has just reported on its first year's campaign of education on the prevention of insanity. During this year 360,000 persons have received a pamphlet entitled "Why should anyone go insane?" This gives some of the facts as to the extent, causes and prevention of insanity, and is issued for lay circulation. Another feature of the campaign has been the sending out of 24,835 circular letters to physicians, clergymen, teachers, social workers and heads of various organizations asking their co-operation. It is estimated that by the various methods employed more than 500,000 persons have been reached by this new campaign. Among the new agencies for the treatment of incipient insanity inaugurated this year are the out-patient department of the Long Island State Hospital, Brooklyn, the new Psychopathic Hospital, Syracuse, and

plans for two clinics for mental diseases, one of which is to be established at Kings County Hospital and the other at the new Gouverneur Dispensary, New York City.

Charges Against a Paterson Doctor.

The respectable physicians of this city are making a most commendable effort to bring to justice some less decent doctors who are alleged to have been indulging in malpractice. Some have already been caught in the toils, but the good work is not finished yet, by any means. The net is being closely drawn about some others who have not yet been apprehended, and the prospects are that they will soon be brought to justice, and made to suffer for their wanton violations of the law. The honorable members of the profession owe it to themselves that they keep on until they have purged the ranks of the medical fraternity of this nefarious element.

Hardly had Dr. Morris C. Joelson, of 132 Paterson street, furnished bail for his appearance before the grand jury to answer to a charge of a criminal operation in connection with the recent illness of Mrs. Freda Shiller, than a second complaint was lodged against him, this time by Mrs. Sara Limon. Both charges were made before Justice of the Peace Frank Romano at the instigation of the Passaic County Medical Society. This action was decided upon at a recent meeting of the society, when reports were made that some of the members of the profession have been performing operations of that nature.

In consequence a committee was appointed consisting of Dr. E. H. Rodgers, Dr. E. F. Denner and Dr. R. M. Curts to make investigations and lay the situation before the prosecutor with the request that actions be started, if the situation warranted it. In the case of Mrs. Myer Shiller it is alleged that the operation was performed February 1 of last year. She is now a patient at the Barnert Memorial Hospital. She signed the complaint, which was made before Justice of the Peace Romano, and Dr. Joelson was arraigned and, through his counsel, Lawyer Harry Joelson, furnished bail.

A short time later Mrs. Sara Limon, of 59 North Fifth street, a neighbor to Mrs. Shiller, the latter living at 60 North Fifth street, entered a complaint against Dr. Joelson, alleging an operation was performed on her September 15 last. She was treated in one of the local hospitals, and has now completely recovered.

The news of the complaints caused something of a stir among the members of the medical fraternity last evening, for although it was known that charges were to be made, the actual complaints started them to talking. Statements are made that complaints are to be made against some others who, it is said, have been performing the same kind of operations with which Dr. Joelson is charged. Dr. Joelson is one of the younger of the physicians in the city and has an extensive practise.

The statement was made recently by society officers that it is not the purpose of the organization to persecute any one, their only idea being to put a stop to some of the alleged practises which they believe have been going on for some time.

Judge Scott, in the Court of Quarter Sessions, at Paterson, last month, fined three doctors for

practising medicine without licenses issued by the State Medical Board. The doctors, whose cases were disposed of, were Dr. Augustine De Augustines, Dr. Cornelius De Young and Dr. Antonio Rubino, convicted earlier in the week on indictments secured through the energy of the Passaic County Medical Society.

In disposing of the cases the Court declared that sentence would have been suspended, had the three been haled into court suddenly, and to their surprise, without warning. That they had all been summoned before the prosecutor several months ago and warned that they were breaking the law, in order to give them a chance to quit, but had not taken heed of the warning, made their conduct reprehensible even though they might be competent physicians. The law is made as a safeguard for the public to prevent "quacks" from practising medicine, and gulling the people, besides causing much suffering through their ignorance. The law provides a minimum punishment of \$100 for such an offense, and the court imposed the fine on each, which was paid.

Another Case in Hoboken.

Paul B. Haebler, who claims to be a "Natura-path" and who was arrested by the Hoboken police on a warrant issued by Recorder McGovern charging him with practising medicine without a license, was held to await the action of the Grand Jury, bail being fixed at \$500.

Frank Helmel, whose wife died two weeks ago, after she had undergone treatment at the hands of Haebler, testified that he had represented to him that he would cure his wife. He had given her hot baths and then poured cold water over her and had also given her some sort of medicine which he took from a small satchel which he carried.

Asked by the Court what compensation had been agreed upon Helmel replied:

"When I asked him about it, he said, 'Well, you're a poor man, and I'll charge you ten dollars a week.' He treated my wife for eight weeks and the day before Christmas, when he said that she should go to the country, I put him out of the house."

American Quack Reported from Copenhagen.

Dr. V. Lassen, in an article in *Ugeskrift for Laeger*, Copenhagen, mentions a certain James Kidd, who lives in America and advertises extensively in the Danish papers that he will cure all diseases gratis. Lassen has ascertained that Kidd sends the same advice to all who apply to him, regardless of the symptoms they describe, and, of course, he has to be reimbursed for the medicines he sends. A postman has told Lassen that over \$100,000 is sent out to Kidd every year from Denmark.

The Status of the Midwife.

In the *American Journal of Obstetrics*, Dr. T. D. Darlington, in discussing the subject, concludes that: (1) The midwife as she practices to-day is a menace to the lives and health of a large percentage of the mothers and infants in the City and State of New York, for it must be borne in mind that the evil is state-wide. (2) The existing provisions for training and control are inadequate to meet the situation. (3) Provision

for the thorough training as well as control of midwives is an urgent and imperative need. (3) The law empowering the Department of Health to regulate the practice of midwifery is the logical beginning, but will have to be strengthened by the establishment of schools for training. (5) The medical profession should support and uphold the effort which is being made to better the practice of midwifery, which has been so degraded in the hands of women (knowledge) to be, for the most part, dirty, ignorant and incompetent.

Care of Our Moral Defectives.

Chief Justice Isaac F. Russell, of New York, asks: What is to be done with the embryonic criminals that come in Lurkers into the courts every day? He says:

"There is needed a staff of physicians who will give all their time, or nearly all, to examining moral defectives—the boys and girls who appear to be moral imbeciles, having no moral sense, no understanding of right and wrong. We need a place for the boys and girls where they could be sent and kept for schooling and manual training and general discipline until they could be turned out into the world with an understanding of law, order and virtue."

Index of Child's Physical Development.

Gaulex in Angles, a physician of cosmopolitan infancies, Paris, thinks that a reliable estimate of the child's robustness can be obtained by dividing the weight by the length using the metric system. The average normal weight at birth, 3 kg., divided by the average length, 50 cm., gives the index as 0.06 in birth. At 1 month, 7.5 kg., divided by 54 cm., equals 0.09; at 1 year, 9 kg., divided by 70 cm., equals 0.12; at the age of 5, 15 kg., divided by 100 cm., equals 0.15; at 10 years, 25.5 kg., divided by 130 cm., equals 0.19, and, at 14, 35 kg., divided by 154 cm., equals 0.23. The index thus regularly increases with the child's growth, and he gives the index computed for each year of a child's life by this and other methods; no other formula, he says, seems to give such an instructive insight into the child's actual physical condition. *Journal American Association.*

Should One Expect More Than Mediocrity From the Medical Profession?

At the meeting of the American Academy of Medicine at Los Angeles, Cal., Dr. Francis M. Pottenger, of Monrovia, Cal., read a paper on this subject. He stated that while all professions and branches of business had their leaders and geniuses, it must be remembered that the great majority followed the leaders at a great distance. The author stated that the one thing which American physicians lacked in comparison with their English colleagues was a good preliminary training, not only in the branches underlying the foundation of medicine but in the foundation of medicine itself. No matter how high the entrance requirements, or how stringent the final examinations, many men, doomed to be failures in their chosen profession, would find their way into the ranks of medicine.

Dr. Donly C. Hawley, of Burlington, Vt., said he believed the great majority of men entering the medical profession would render service of about the medium grade.

Drs. Wiley and Rusby Sustained.

The Committee of the House of Representatives has recently filed a unanimous report vindicating Drs. Wiley and Rusby. The following is a brief outline of their findings:

Secretary Wilson has "fundamentally misconstrued" pure food and drugs act and usurped judicial powers.

Remsen board has no power to overrule bureau of chemistry's findings.

Dr. Wiley is by statute made supreme authority to determine questions of adulteration and misbranding of food and drugs under the law.

Administration of pure food law began with "a policy of negotiation and compromise."

Restoration, well-considered reorganization is required to restore efficient service to which the public is entitled.

Meningitis Serum; Diphtheria Antitoxin.

At the annual conference of the society of doctors in New York State held recently, Dr. Simon Flexner announced the results of a long series of experiments. He said: "It has taken a long time to develop and a long time to perfect the cure. We have discovered a serum and a system of application which will carry the disease, meningitis, and very recently that it is a very good immunization by my entire satisfaction. The disease, which has caused so many deaths and which has had a tendency to spread so rapidly, will, with the application of this new form of treatment, be kept under control as the germs as it was before."

Dr. W. S. Magill, director of the State Hygienic Laboratory, ventured some of the medical profession for carelessness in the use of antitoxin or diphtheria. The antitoxin supplied by the laboratory, he asserted, was of the highest standard, but he regretted to say that sometimes the specific directions for use were not always complied with. He had examined many cases which had had fatal termination and found that the antitoxin had not been administered according to directions.

Comparative Chances of Life of the Sexes.

A noted English statistician has calculated that of two children, a boy and a girl, born on the same day, the boy will have only seventeen chances against eleven of living one year, while the girl will have twenty-one chances against eleven. From the age of 5 to 15 there appears to be but little difference, but from 15 to 20 the critical period in the life of the female, the boy will have 263 chances, and the girl 277 chances of living against one of death. This advantage in favor of the female increases, especially from 35 to 75, when the ratio drops slightly till after 80, when the man will have only three chances of life against one of death, while the woman's chances will be much greater. —Stewart in *Medical Record.*

Physicians in Public Service.

Dr. T. J. T. Morrison, in the *British Medical Journal*, October 14, 1911, in a paper on "Medicine as a Profession," reviews the development of a public practice in England and notes that there is a progressive tendency on the part of governments to utilize the service of medical practitioners for national purposes.

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

LEGISLATION—IMPORTANT!

Just as the Journal was completed for the press we received a communication from Dr. L. M. Halsey, chairman of the Committee on Legislation, conveying information which our members should receive for their immediate consideration and prompt action. This, of course, necessitates delay in issuing the Journal and omission of some other prepared matter. At the meeting of the committee held January 29th, it was decided to have introduced into the Legislature and endeavor to secure the passage of two amendments to the present medical practice law: one to elevate the standard of preliminary education, and the other requiring that such education must be taken prior to commencing the practice of medicine. The latter is so drawn that it will be easier for county prosecutors and the Attorney-General to prosecute violators of the act.

The committee urges the legislative committees of the county societies to personally urge their Senators and representatives to vote for these amendments, which will materially strengthen the present law and

bring about reciprocity with New York State, which has been denied because of the faulty provisions of our present law and which these amendments will correct. These amendments have been introduced into the Senate by the Senator from Somerset County to whom letters should be addressed, urging their passage, as soon as possible. We submit that these are changes concerning which there should be no division of opinion among medical men who believe in scientific medicine and in the safeguarding of human life, and we hope that not only the legislative committees will take prompt action, but that every member will use his influence with members of the Legislature for the passage of these amendments.

We believe the committee acted wisely in deciding to take no further action this year in reference to the medical practice laws unless the protection of our citizens should demand our opposition to the enactment of laws calculated to lower the standard of medical practice and to jeopardize human life.

We regret to learn that Dr. Halsey's impaired health has compelled him to retire from the performance of the duties of the chairmanship of the committee and to seek a season of rest from professional work, but the committee acted wisely in choosing Dr. H. B. Costill, of Trenton, as vice-chairman, and giving him power to act, and to him all communications on legislative matters of our society should be addressed.

PUBLIC HEALTH ADMINISTRATION

We have in the past spoken freely of the need of up-to-date, advanced methods of organizing and conducting the work of the State and local Boards of Health, and we believe that that need is becoming more generally realized not only by the public but by sanitarians and the officials who are conducting the work as faithfully and successfully as present methods and utterly inadequate appropriations make possible. We are glad to see that Governor Wilson, in

his message to the Legislature, has made this subject one of the important matters that, in his judgment, is worthy of and should engage the serious consideration of our legislators. We quote his words as follows:

"There is another matter which should no longer be left at loose ends without thorough reorganization. I mean the supervision of the health of the State. I intend no criticism of our excellent Board of Health, but only repeat the testimony of its own members when I say that our present means for safeguarding the health of the State are entirely inadequate. It is not generally realized how vast, complicated and difficult a matter it has become since we began to perceive what it is really the duty of the State to do for the health of its people. Every sort of infection must be guarded against. A costly war must be waged on the mosquito and the housefly, those active breeders of disease. The dissemination of poisonous gases from factories, from locomotive engines and from the vast bodies of smoke which pervade our cities must be prevented. The dairy business must be sharply supervised along with cold storage and the handling of foodstuffs in the markets. Oyster beds must be inspected and guarded against pollution. The adulteration of foods must be prevented. There must be some thorough and efficient system of keeping our lakes and streams from pollution. Sewage must be supervised and properly regulated. Systematic war must be made with such diseases as tuberculosis, and the State must be guarded against the introduction of fatal epidemics from every quarter. Garbage collection and disposal must be systematized and regulated. Thorough inspection must be carried into a score of places where disease is most likely to originate. Have we the machinery for these great tasks? Have we made sure of the service of experts, doctors, engineers, biologists, whose advice will enable us to feel that we have done our duty by the people of the State in all the important matter of the conservation of their lives and health? Is it not our duty to consider very carefully and at once the creation of a thoroughly effective department of health?"

Two years ago we urged the creation of a State Department of Health, with a health commissioner at its head who should be held largely responsible for wise and efficient health administration, and an Advisory Board composed of men versed in sanitary science and who have had experience in its application. Our State Society unanimously approved, after slight amendment, the bill drawn by Judge Lanning, who for several years was one of the most efficient members of our State Board of Health, and requested the Committee on Legislation to endeavor to secure its passage. The committee failed through the non-support of

some influential members of the Legislature.

We hope that the Governor's words will receive the consideration that their importance and wisdom demand and that New Jersey will regain the position she held in this important department of the State's activities under Dr. Ezra M. Hunt and his co-laborers. The past record, the high standing in educational matters and her position, geographically, amid favoring conditions, between the two great cities of New York and Philadelphia, and her comparatively small size, ought to give her to-day prominent if not commanding position among her sister States in the administration of sanitary science.

MEDICINES AND THE UNITED STATES PATENT LAW.

In many ways the granting of even a temporary monopoly on any substance which is used in the treatment of the sick is a detriment to the general welfare of the human race. It is probably true, however, that this commercial age makes it necessary that some pecuniary gain should be secured for those who discover new products for the relief of the sick. While physicians are willing to grant a fair pecuniary reward for any valuable additions to our materia medica to those who need such encouragement, they have but little sympathy for those who attempt to use the law to secure for themselves the pecuniary profit derived from discoveries made by others, or for those who in other ways attempt to derive gain through misuse or abuse of the law. In *The Journal, A. M. A.*, November 25, 1911, appeared a report of the Council on Pharmacy and Chemistry which brings out the inadequacy of our patent law and of patent laws in general, as well as the abuses to which our law is subjected in its enforcement under our present court system. As a preliminary to the correction of the abuses of the law, or, perhaps, to the amendment of the law itself, the report recommends that physicians familiarize themselves with these abuses to which the

law is subject and with the reforms which are needed. This is good sense. Let the profession and the public understand what is good and just in connection with the proprietorship of medicines and it will not be impossible to secure the desired reform or necessary legislation.

NATIONAL LEAGUE FOR MEDICAL FREEDOM.

In December last the editor of the Delaware State Medical Journal sent a letter to the fifteen men constituting the "State Advisory Board" of the Delaware Branch of the National League for Medical Freedom, asking each whether he was a member of the League and his reasons for supporting that organization. Some answered that the use of their names was without authority; one replied, "I am not a member of the National League—never was a member and know absolutely nothing about it;" others replied that they had joined under false representations or conception of the character or designs of the League; one says, "I greatly regret that I ever lent my name to it. I am wholly out of sympathy with its present attack upon the proposal to establish a Department of Health in Washington;" others had requested their names dropped from the "Advisory Board." Two or three replied that they were in sympathy with the League and wrote resenting the questioning letter, and two or three made no reply. The editor of the Delaware Journal, in closing his editorial discussion of the subject, says:

These letters show on the one hand how the minds of reasonable persons may be poisoned by misinformation and on the other how prone people are to jump at conclusions without a thorough investigation. A careful investigation by the supporters of the "League" would have established the following facts:

1. The doctors have nothing to gain personally by the establishment of a separate Bureau of Health. On the contrary, if it should ever become possible through this and similar agencies to prevent the sickness of 3,000,000 persons per annum who now suffer from preventable diseases, the doctors will lose at lowest estimate of \$10 for each case of sickness \$30,000,000 a year.

2. The efforts in this direction on the part of the medical profession are purely pro bono publico.

3. The medical profession does not insist on drugs as the only means of treating disease, but has admitted and does admit the great value of physical and other agents, even to the exclusion of drugs

4. The medical profession does not deny any

one the right to practice therapeutics in accordance with his best judgment, but insists that all those who attempt to treat disease by whatever method or methods should possess a familiarity with the nature of disease and be able to establish a correct diagnosis, as well as institute such rational methods of prevention as would make the spread of contagious diseases impossible.

5. The medical profession recognizes but one school of medicine and that is the school which is based on a rational application of scientific principles to the diagnosis, prevention and treatment of disease. Insofar as the treatment of any given disease or any group of diseases is at present empirical, the profession permits the widest latitude to individual judgment. On this broad principle the profession recognizes the homeopath, osteopath or any other therapeutic empiricist, provided he is versed in those fundamental branches of the practice of medicine which are based on science and which are essential to the proper diagnosis of any disease. These branches are: Anatomy, physiology, histology, pathology, bacteriology, chemistry and hygiene. As there can be only one kind of anatomy, physiology, etc., there should be only one standard of examination in those branches, and that standard should be the highest.

6. The man of straw which the National League for Medical Freedom has set up to frighten the unthinking, namely, the supposed "Medical Trust," does not, in the words of an editorial in Pearson's, possess a respectably convincing covering for the straw. The wild shouts that, in the event a National Bureau of Health will be established, the "regulars" will usurp all power becomes perfectly ridiculous in the face of the recognition everywhere accorded to homeopaths in the administration of city and State health laws. The Commissioner of Health of New York is a homeopath, and homeopaths are to be found on the boards of health of almost every State in the Union. In our own State the secretary of the State Board of Health, who is the only paid officer, is a homeopath (Dr. Frantz). In the Wilmington City Board of Health, Dr. Howell, the present Mayor and a homeopath, was a member for two terms and during the last term acted as the board's president.

7. The Bureau of Health is for the purpose of investigating obscure diseases and discovering methods of prevention and scientific treatment. The bureau cannot interfere with the State police power of licensing physicians, nor can it dictate to the citizens the choice of a physician any more than the Bureau of Agriculture dictates to the farmer the choice of a veterinarian. The National Bureau of Health is for the purpose of placing at least an equal value on the life of the child as is at present being placed on the life of a hog.

If our friends would only take the trouble to find out for themselves before they rush to the assistance of a lot of fakers and food-poisoners we would not be treated to the sorry spectacle of people trying to knife their rescuers. But we do not blame them. We and our wives do not go around and extol our virtues.

We will not add to the excellent summing up of the situation, by the Delaware Journal's editor, of this "Medical Freedom" humbug organization; but in order to un-

deceive the large number of members who have been induced to join it through the misrepresentations of its leaders—large nostrum manufacturers, or vendors or extensive advertisers of nostrums, or quacks and charlatans (see *A. M. A. Jour.*, Dec. 23, 1911, pp. 2091, 2099); and in order to have the public generally realize the true inwardness of this and other forms of opposition to the establishment of a National Bureau of Health, we urge physicians to acquaint themselves with the facts and disseminate them, and to write to their representatives in Congress, urging the passage of the Owen Bill, so that the advocates of a National Bureau shall be strengthened by a popular demand and Congress shall be led to establish it at the earliest possible date.

Our old-time Volume of Transactions each year contained the following notice:

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers; nor for the reports of clinical cases furnished by the reporters of the district societies.—Transactions 1876, page 38.

It hardly seems necessary to remind our readers that that action applies to matter appearing in our Journal, but the editor wishes it understood that, while he welcomes contributions from all members and is inclined to be liberal in giving them insertion, there are *very rarely* sentiments expressed and statements made for which neither the society nor the editor would wish to be held responsible. This is not intended to apply to reports of county society reporters. We recognize their general excellence and thank them for their faithfulness.

SPECIAL NOTICE.

Dr. Norton L. Wilson, of Elizabeth, will be grateful to the physicians of New Jersey if they will send to him the names and addresses of persons who are totally blind, together with the cause of such blindness.

He is endeavoring to collect the statistics of the causes of blindness.

He would also appreciate it very much if the physicians who are specializing in ophthalmology would send him their names. Address Dr. N. L. Wilson, 410 Westminister avenue, Elizabeth, N. J.

We regret exceedingly an error which occurred on page 430 of our January issue, in resetting the beautiful poem of Dr. H. E. Lewis, entitled "A Symphony of Deeds,"

which appeared in *American Medicine*. It occurred at the end of the third verse, making the last word "seeds" instead of "needs." Being reset from printed copy, it should not have occurred.

Dr. Marvel Wins Law Suit.

Dr. Emery Marvel, of Atlantic City, was awarded the verdict by the jury in the \$25,000 damage suit brought against him by Mrs. John Folsom, wife of a prominent Baptist clergyman, also of Atlantic City, who alleged the surgeon left a pair of forceps in her after an operation at his sanatorium in Atlantic City.

The suit lasted five days and was filled with surprising testimony. Prominent surgeons admitted that it was "not customary, but quite usual" for instruments to be left in the patient after an operation. Dr. Marvel's defence was that he never used the kind of forceps found in Mrs. Folsom, and that they were in common use at the Cooper Hospital, Camden, where she underwent two previous operations and where the forceps were removed by Dr. J. S. Baer in a fourth operation.

Woman as School Physician.

Dr. Eliza J. Dadmum is the first woman to be appointed school physician in Boston. She will receive the same salary as is paid to the male school physicians.

The world will soon forget its masters, but will cling with loving remembrance to its servants.—L. T. Sweeney.

Editorials from Medical Journals

Medical Defense.

From the Journal of the Camden County Medical Society.

Probably one of the most important and most desirable actions taken by the Medical Society of New Jersey in recent years is that providing for the defense of members accused of malpractice. This really terrible accusation may be hurled against any member of the profession, and it usually comes in the most unexpected manner and from the most unexpected quarter; and frequently it has no basis of fact for a foundation. In the majority of instances, cupidity is the incentive for the charge; but, no doubt in some cases, a revengeful motive is the impelling cause. It is an ever-present peril to every physician and surgeon, which should never be lost sight of. At the present time there are several physicians in New Jersey against whom the accusation has been made, and during the past month a physician of this State, on a vacation in Europe, was hastily recalled to defend himself against such a charge.

While it is not always possible to avoid a charge of this character, if there is a determination to make it, yet it is possible to secure aid and comfort in refutation or defense; and the defense fund of the Medical Society of New Jersey is for this purpose.

This subject is called to the attention of the members with the object of impressing upon

them the importance of giving careful thought to the manner of paying the annual dues in the future; for it will be observed, by reference to an article in another column, that only those who subscribe to the Journal of the Medical Society of New Jersey, are eligible to the benefits of medical defense in case of suit for alleged malpractice. No member can afford to do without the Journal, and certainly none can afford to deprive themselves of the Journal and the possibility of medical defense also.

Public Ignorance on Medical Subjects.

From *Northeast Medicine*.

The need of educating the public in relation to medical and surgical practices more correct in the handling of the body tissues becomes more nearly universal with the progress of the science and the progress of the public mind. It is a sad state of affairs, regardless of status, education or age.

It would seem that a public press of limited circulation and the newspaper character might be considered an appropriate range of knowledge. Such a public press is not uncommon, but it is a sad state of affairs, in which a man or an institution, in the community, is proceeding in the public relations by means of advertisements and other means without the assistance of a learned adviser. The influence of the public press is a great thing, and it is a sad state of affairs, in which a man or an institution, in the community, is proceeding in the public relations by means of advertisements and other means without the assistance of a learned adviser. The influence of the public press is a great thing, and it is a sad state of affairs, in which a man or an institution, in the community, is proceeding in the public relations by means of advertisements and other means without the assistance of a learned adviser.

Very recently there have been reports claiming the possibility of restoring amputated limbs by reimplanting them with those of persons killed suddenly, in good health. Much has been done through the press in warning the public against the many fake medical cures, but even yet, in the dreaded maladies like cancer and tuberculosis, the fakirs take advantage of the wonderful progress in medicine to claim new discoveries for the certain cure of these conditions and always find human sufferers ready to grasp at anything giving the faintest hope of relief. Physicians should, as far as possible, keep their own patients informed relative to these false claims. J. M. T.

The Removal of Dr. A. H. Doty.

From *American Medicine*, December, 1911.

The investigation of Dr. Doty, which was one of the most farcical affairs that ever took place, and, in spite of its manifest unfairness, probably led to his dismissal by the Governor. The gentleman commissioned by the Governor to conduct this investigation showed his antagonism to Dr. Doty all through the hearing. But inasmuch as he has hitherto been looked upon as a man eminently fair and honorable, it was hoped by the physicians of the State that his report

and recommendations would consider the testimony produced in its broadest aspects, and give proper weight to the evidence and opinions of the prominent and well-informed physicians who bore witness in Dr. Doty's behalf. To the great disappointment of nearly everyone who followed the case and was qualified to judge, Mr. Bulger's report was one of the most prejudiced and unfair documents it has ever been our misfortune to read. How any man with a broad gauge mind could draw such deductions from trivialities and overlook the important details that came out at the hearing in spite of every effort to smother something in Dr. Doty's behalf, is beyond comprehension. Certainly such a report does not help one's ideals or increase one's respect for mankind. In the face of Mr. Bulger's report the Governor will probably dismiss Dr. Doty, a man whom every physician or well-informed layman knows is one of the world's greatest sanitarians; a man who time and again has stood between the people and the hosts of pestilence, and saved us from such fearful calamities that the mind lingers to dwell on them. Political exigencies must be sacrificed in the face of sacrifice our most noble citizens. Dr. Doty may have to go—such a man as the Governor Dix hates to do the things as badly as we will to have him, but he cannot, with him the respect and gratitude of his countrymen called for. While there ought to be some more tangible way of showing our regard Dr. Doty will probably feel that the honor would done in his professional brethren which has been given to him as to few other menials after all, not as empty as it seems.

Syphilitic Eye Affections Without History of Syphilis.

From the *Medical Record*, October 28th.

The recently introduced biological tests are of obscure etiology, just as the original tuberculin reaction shed light on the character of diseases now known to be either tuberculous or paratuberculous. This is true of the Wassermann reaction for syphilis, especially in reference to ocular diseases, certain of which must be regarded as either syphilitic, metasyphilitic, or occurring by preference in syphilitic persons.

At a meeting of the Berlin Ophthalmological Society last July Glantz reported some statistics of the Wassermann reaction in individuals with ocular affections of nonsyphilitic character and without syphilitic history. Of 230 such cases, 39 gave positive findings. In the tabulated material Glantz does not discriminate between positive reactions, so that we are left to infer the nature of the malady from the relative frequency of positive and negative findings. Thus in diffuse parenchymatous keratitis, an affection practically of syphilitic origin, nearly all the cases reacted positively. The cases with negative results may have been under specific treatment. On the other hand in focal sclero-keratitis, presumably nonsyphilitic, there was a positive reaction in a very small number of cases. This was also true of episcleritis and iridocyclitis. In certain affections considered broadly as entities there was a large contingent of both positive and negative finds, the former predominating. Here belong iritis, scleritis, non-tabetic ocular palsies, affections of the choroid with vascular implication, and optic neuritis.

Virtually positive were the tabetic eye affec-

tions, diffuse parenchymatous keratitis, retinitis proliferans, affections of the choroid without vascular implication, and primary retinitis pigmentosa. On the other hand inflammatory affections of the choroid and of the retina in the form of a focus in the macula with persistent scar always gave a negative reaction.

Serious Football Injuries.

From American Medicine, November 11th. Forty such injuries were reported in 1910, so that there are now exactly 40 too many broken necks, broken backs, broken bones, disrupted joints, concussions of the brain, and internal injuries. We can find no statistics of minor injuries, though some of these "trivialities" leave disabled joints for life. What a dreadful record for "sport!" To be sure, boys are always reckless and a certain percentage succeed in killing themselves in every necessary game, even girls have died from skipping the rope. Nevertheless, here is a game which admittedly has no developmental value whatever, for only those who are already well developed can take part. The chief advantage to the weaklings seems to be the opportunity to get out doors and exercise the lungs and voice "rooting." It seems amazing that the game persists in its present form, but unless its advocates make it less deadly we presume that more college trustees will forbid it entirely. A movement in that direction has been started and is liable to spread, unless the public mania to witness brutality is stronger than the better sense of trustees and faculties.

Hospitals, Asylums, Sanatoria

Hudson County Insane Asylum.

Dr. George W. King, superintendent of the Hudson County Insane Asylum, will, it is expected, shortly appeal to the Hudson County Board of Freeholders to erect a new insane asylum. Dr. King claims that the present asylum is too small and that it is a regular fire trap. The institution is large enough, it is claimed, to house 250 patients, whereas it houses 700.

It is claimed that, in case of fire, the Secaucus fire department would not be of much assistance, whereas before the Jersey City Fire Department could get to Snake Hill, the asylum would be burned to the ground. The theory is also advanced that a fire at the asylum would be extraordinarily serious because of the fact that the inmates would become utterly unmanageable from the moment they saw the flames. With the place over-crowded, this would mean a panic.

Mercer Hospital, Trenton, N. J.

At the regular monthly meeting of the board of managers of Mercer Hospital, held January 16th, in the offices of Henry W. Green, the following members of the medical and physical staffs of the institution were elected for one year, beginning February 1, 1912:

Medical director, Dr. George H. Parker; consulting physicians, Dr. Samuel S. Stryker, Dr. William A. Clark; consulting surgeons, Dr. Joseph M. Wells, Dr. Thomas H. Mackenzie;

consulting neurologist, Dr. Henry A. Cotton; attending physicians, Dr. George R. Moore, Dr. Paul L. Cort, Dr. Henry M. Beatty, Dr. Walter A. Taylor; attending surgeons, Dr. Nelson B. Oliphant, Dr. George H. Parker, Dr. David B. Ackley; attending gynecologists, Dr. Joseph B. Shaw, Dr. Edward S. Hawke; attending ophthalmologists, Dr. Charles F. Adams, Dr. Charles J. Craythorn; attending roentgenologist, Dr. Charles H. Holcombe; attending pathologist, Dr. Frederick S. Hammond.

Assistant Staff—Medical, Dr. Frank Harris to Dr. George R. Moore, Dr. Frederick S. Watson to Dr. Paul L. Cort, Dr. William A. Newell to Dr. Henry M. Beatty, Dr. Paul E. Kuhl to Dr. Walter A. Taylor; surgical, Dr. Frank G. Scammell to Dr. Nelson B. Oliphant, Dr. Clarence J. Slack to Dr. George H. Parker; Dr. Royden W. Davison to Dr. David B. Ackley; gynecological, Dr. A. Dunbar Hutchinson to Dr. Joseph B. Shaw, Dr. Robert H. C. Phillips to Dr. Edward S. Hawke; oto-rhino-laryngological, Dr. H. Norton Parker to Dr. Charles F. Adams; ophthalmological, Dr. Dikran M. Yazujian to Dr. Charles F. Adams; pathological, Dr. Charles H. Waters to Dr. Frederick S. Hammond.

Auxiliary Staff—Surgical, Dr. Wilbur Watts, Dr. William A. Newell, Dr. Paul E. Kuhl; ophthalmological, Dr. Charles F. Adams and Dr. Charles J. Craythorn, chiefs; Dr. Dikran M. Yazujian, assistant to Dr. Adams; ear, nose and throat, Dr. Charles F. Adams, chief; Dr. H. Norton Parker and Dr. Dikran M. Yazujian, assistants; nervous and mental, Dr. Henry A. Cotton, chief; Dr. Edgar B. Funkhouser and Dr. William C. Sandy, assistants.

Muhlenberg Hospital, Plainfield.

A campaign has been started in Plainfield to raise a large sum of money for needed improvements and enlargement at Muhlenberg Hospital and to further the cause a dollar banquet will be held at the Y. M. C. A. on February 6th. Princeton's newly elected president, Dr. John Grier Hibben, is to be one of the post-prandial speakers.

St. Francis' Hospital, Trenton.

St. Francis Hospital reported to the Board of Freeholders of Mercer County that during December 52 county patients had been received, that 65 had been discharged and that 41 remained January 1. The number of dispensary patients during the month was 551.

St. Mary's Hospital, Hoboken.

A reception was given in the hospital January 17th, by the standing committee and patronesses for the charity ball to be given January 30th, for the benefit of the hospital. The object of the reception was to bring the public to a realization of the magnitude of the hospital work and what voluntary contributions do toward aiding it.

The hospital presented a beautiful appearance. As usual it was spotless, and its cleanliness testified that nursing the sick is not all the work the Sisters do. The first floor was utilized for the reception and the handsome rooms, filled with guests, were remarkably attractive and gala-day like. The Sisters were untiring in

their efforts to show the hospital and to entertain the guests.

There are now in the hospital between four and five hundred patients, and the medical treatment, nursing, and comforts they receive, made every visitor there feel an increasing desire to do more than ever for the good work. There are few patients who are able to pay, but for all that they are given the same tender care as the richer ones.

St. Peter's Hospital, New Brunswick.

The fourth annual meeting was held January 29. The necessity of a home for nurses was urged. We will give report next month.

Doctors Plan for Hospital.

The physicians' Association of Phillipsburg, Easton and vicinity has appointed a committee of seven to devise ways and means for the establishment of another hospital in this vicinity, and already options have been secured on two properties. The first is at Madison Square, Phillipsburg, while the other is in the vicinity of Front street, Easton. Conditions, however, favor the former, since it is situated in a much better neighborhood, away from the noise of railways and the traffic of teams. The committee is to have its report ready at the next meeting of the association.

Several months ago the Physicians' Association made an appeal to the authorities of the Easton Hospital, asking the privilege of treating and caring for their own patients when they had been admitted to the hospital, providing they paid a fee to the latter institution. Their appeal was not favorably considered.

Glen Gardner Sanatorium.

From the report of Dr. S. B. English, superintendent of the Tuberculosis Sanatorium, the following facts appear:

The major portion of the patients come from those centres in which there has been most agitation upon tuberculosis and where there have been discussions as to remedies and cures. Essex leads the other counties with 129 patients admitted during the year, and most of those come from Newark and the Oranges. Passaic has the second largest representation and Paterson furnishes most of these. Then comes Union County, with Elizabeth and Plainfield furnishing the patients.

The report shows that the managers of the institution have kept in mind the educational features of the work, which constitutes one of the principal reasons for the existence of the sanatorium. In no year since its inception, the report states, has there been more apparent gain in this direction. Because of the great increase in the number of patients it has been found necessary to limit the residence period from ten to six months, except in rare cases. The average length of residence was four and a half months and the average age of the patients was twenty-five years and six months. The report shows that the average gain in weight per patient was 11 pounds, the maximum being 38 pounds for a male and 31 for a female. The number gaining weight was 360 and those losing 32. The average of those who lost was

5 pounds and but one patient neither gained nor lost.

By substituting patients in the earlier stages of the disease in the places of a number of paid employees Superintendent English has been able to reduce the weekly per capita cost of maintenance to \$9.10 for the past year. The year previous it was \$10.04. The deduction of \$6,003 received for board from pay patients made the net weekly per capita cost to the State \$8.33. An unexpended balance of \$14,173 was returned to the State Treasury. The receipts for the year were \$96,072 and the disbursements \$87,526.

For the purpose of obtaining a proper water supply for the institution an artesian well was drilled to a depth of 600 feet, 550 through rock. The State Board of Health analyzed the water and declared it contained bacilli. The managers are now endeavoring to obtain a supply from other sources.

In the year 393 patients received treatment for a period of more than one month. Forty-six of these have apparently been cured, the disease arrested in 148 and 151 have improved. Applicants to the number of 1,118 were examined for admission, of whom 497 were accepted and 314 deferred for further examinations. Of the latter 87 were subsequently accepted and 307 rejected. Of the 496 patients who entered the sanatorium 119 were treated for \$5 per week, while the State maintained the others. During the year 479 patients were discharged, 293 males and 186 females.

Camden City Dispensary.

The annual meeting of the Board of Managers of the Camden City Dispensary was held on January 16th, at the Dispensary Building. The following officers and members of the Board of Managers were duly elected:

President, Howard M. Cooper; vice-president, Volney G. Bennett; secretary, H. Genet Taylor, M. D.; treasurer, Richard H. Reeve.

Board of Managers—Richard H. Reeve, H. Genet Taylor, M. D., William A. Davis, M. D., Howard M. Cooper, Daniel Strock, M. D., Volney G. Bennett, Joseph L. Nicholson, M. D., Joseph W. Cooper, William J. Bradley, H. H. Sherk, M. D., P. M. Mecray, M. D., William H. Iszard, M. D., A. Haines Lippincott, M. D.

The total number of cases treated, including revisits, during the year was 4,351.

Trenton City Tuberculosis Hospital.

The honorary medical staff of this hospital organized January 10, 1912, by electing Dr. George R. Moore president and Dr. A. W. Atkinson secretary. Drs. G. N. J. Sommer, H. B. Costill and W. S. Lalor were chosen as the executive committee. A constitution and by-laws were adopted and a campaign was inaugurated to fight tuberculosis in the city.

The advisory staff's position is honorary and the physicians give their time and service to the city gratuitously. Mayor Donnelly initiated the move for the staff and he has authorized the commission to name twenty-four local physicians to make up its personnel. According to the constitution adopted last month the staff is to supervise in regard to the medical aspect of the hospital. Two members of the staff will be assigned each month to visit the hospital.

Tuberculosis Preventorium.

The managers of this preventorium at Farmingdale, N. J., have received a gift of \$10,000 from John D. Rockefeller, contingent upon \$140,000 being raised from other sources. The fund is to be used toward the new building which will be completed this month. The estate of Albert Brisbane has given 170 acres of farm and woodland and \$114,000 has been collected, the principal gifts being from Nathan Straus, \$50,000, and from a friend of Mrs. J. Borden Harriman, \$50,000.

Marriage.

KOPPEL—COHEN.—In Jersey City, January 10, 1912, Dr. Leopold A. Koppel to Miss Bertha Cohen, both of Jersey City.

Deaths.

BOONE.—In the Johns Hopkins Hospital, Baltimore, Md., December 30, 1911, Dr. William Constantine Boone, of Plainfield, N. J., from uræmic poisoning following an operation.

Dr. Boone was born in Washington, D. C., April 16, 1844, of parents descended from old Maryland families. After receiving a good preparatory education he entered Georgetown College, but while in his junior year, he left college to enlist in the Civil War as a member of the First Maryland Cavalry, in the Confederate Army, under Bradley Johnson. He served from October, 1862, to the end of the war, with the Army of Virginia. He was wounded and captured at the second battle of Winchester and the battle of Morfield, and was confined at Camp Chase, Ohio, as a prisoner of war for six months. After the war Dr. Boone prepared for his profession in the School of Medicine, University of Maryland, under the private tutelage of Professor Richard McSherry, and received the degree of Doctor of Medicine in 1872. After practising in Maryland a few years he removed to Plainfield, N. J., where he was engaged in active practice until immediately preceding his operation. In addition to his private practice he has been city physician of Plainfield and coroner of Union County. He was also a member of the medical staff of Muhlenberg Hospital, Plainfield, from 1880 until 1906, when he resigned and was then appointed consulting physician to the hospital. He also served as medical examiner for the Mutual Life and the Penn Mutual Insurance Companies. He was physician of Watchung Council, No. 552, Knights of Columbus. He was a member of the Plainfield Clinical Society, the Union County Medical Society and the Medical Society of New Jersey.

Dr. Boone married soon after his medical graduation, Mrs. Annie M. Lord, of New York, and is survived by her and six children.

At a special meeting of the Union County Medical Society, held January 2, 1912, the following minute was unanimously adopted, ordered entered on its records and a copy sent to the family:

"The Union County Medical Society has heard with genuine sorrow of the death of Dr.

William C. Boone, one of its oldest and most respected members.

"Born in the South, he inherited a chivalrous nature that made him ever kind to the poor and unfortunate. As a host he was given to generous hospitality. As a friend he was loyal and true. As a physician he was skilled, conscientious and self-sacrificing to a degree. He was a man of broad culture and of wide sympathy, devoted to his work and interested in every good cause. He was loved by all who knew him.

"His patients, his many friends and his medical brethren will miss his genial and kindly presence, and this society desires to put this expression of appreciation upon its minutes and to assure the members of his family that their loss is its loss also.

"E. W. Hedges.

"T. H. Tomlinson.

"F. C. Ard.

"Committee."

The following resolutions were unanimously adopted by the Plainfield Medical Association:

"Whereas, The members of the Plainfield Medical Association have heard with great regret of the death of Dr. William C. Boone, for many years a member of this organization; and

"Whereas, We remember with gratitude our many years of association with him; be it

"Resolved, That we, the members of the Plainfield Medical Association, express our heartfelt sorrow at his death and take this opportunity of recording our thorough appreciation of his skill and of his character; and be it further

"Resolved, That we extend our sincerest sympathy to his family and to his patients; be it still further

"Resolved, That these resolutions be sent to his family and sent to the daily papers of Plainfield, and inscribed on the minutes of this association.

"Plainfield Medical Association.

"Dr. G. T. Longbotham, Secretary."

Resolutions of the medical staff of Muhlenberg Hospital:

"Whereas, We have heard with deepest regret of the death of Dr. William C. Boone, for many years a loyal and faithful member of the Medical Board, Muhlenberg Hospital; and

"Whereas, We look back with thankfulness upon the many years of pleasant associations with him; be it

"Resolved, That we, the members of the medical staff of Muhlenberg Hospital, again express our sorrow at his death, and take this opportunity of placing on record our hearty appreciation of his skill as a physician, of his faithfulness as a friend, and of his upright Christian character; and be it further

"Resolved, That we extend our warmest sympathy to his family, who have lost a devoted husband and father, and to his patients, who have lost a loyal and faithful physician. Be it still further

"Resolved, That copies of the above preamble and resolutions be sent to his family, published in the daily papers of Plainfield, and inscribed on the records of this staff.

(Signed)

"B. Van D. Hedges.

"John H. Carman,

"Alfred F. Van Horn.

"Committee."

Editorial from the Courier-News, Plainfield: "Tributes of esteem and praise for the goodly deeds of his heart and hand, which have followed each other to the public prints expressing a deep sorrow over the death of Dr. W. C. Boone, of this city, are reminders that all too often we forget genuine worth, or fail to recognize it until the time comes to carve our loving sentiment in marble. Dr. Boone needed no praise, for his modest nature withdrew from encomiums, and he did his work for suffering humanity not only from a sense of duty, but from a love for his fellow men which was prompted by the sight of suffering or need. Still, although his life was a modest one, and his great work for humanity's sake was well concealed from the outer world, there are those who know something of his services to mankind, and they spontaneously give forth the praises for one who has gone, and which may be an inspiration for others of whatever calling to hear the call of duty more promptly and answer with greater devotion.

BROWN.—In Jersey City, N. J., January 15, 1911, Dr. Bailie Brown, of that city.

Dr. Brown attended the public schools in Hudson City; graduated subsequently from Princeton College and then began the study of medicine. He graduated in medicine at the National Medical University, Chicago, Ill., in 1897, and in 1900 from the Eclectic Medical College of the city of New York.

RODEX.—In Newark, N. J., December 31, 1911, Dr. Hugh P. Roden, aged 67 years.

Dr. Roden graduated from the Missouri Medical College of St. Louis, in 1870. He was a member of the Essex County Medical Society, the Medical Society of New Jersey and the American Medical Association.

ROGERS.—At Trenton, N. J., January 2, 1912, Dr. Richard Runyon Rogers, Jr., after a long and painful illness.

Dr. Rogers was born in Trenton, June 20, 1862. He attended the old Trenton Academy, and after graduation therefrom he took up the study of medicine; entered the Medical Department of the University of Pennsylvania, Philadelphia, from which he graduated in 1882; he entered the Blockley Insane Asylum, where he was engaged one year, and then became connected with the medical staff of the New Jersey State Hospital for the Insane at Trenton. He remained in that position for two years, when, upon the death of his brother-in-law, Dr. Harry Erock, he began practice in his office in Perry street, where he resided and practised medicine for thirty years. For fifteen years Dr. Rogers held the office of county physician, succeeding the late Dr. F. V. Cantwell. His father, Dr. R. R. Rogers, Sr., had for many years held the same position before Dr. Cantwell. Dr. Rogers was a member of the Mercer County Medical Society and also a member of the Medical Society of New Jersey. He was pension examiner for his district during President Cleveland's administration.

Dr. Rogers was major of the old Seventh Regiment, N. G. N. J., and became surgeon, with rank of major, in the Second Regiment, under General Gilmore. He then became a member of the Second Brigade staff. He was past commander of the Palestine Commandery and a thirty-second degree Mason. He was a

charter member of Crescent Temple, Nobles of the Mystic Shrine, and the third oldest man in the lodge from point of membership, having become a charter member at the time of the organization of the body, withdrawing from Lulu



DR. RICHARD RUNYON ROGERS, JR.

Temple, Philadelphia, where he had been a member for some time. He was also a member of the Royal Arcanum, and medical examiner for this district of the Brotherhood of America. He held this position for fourteen years. He was also a member of the Knights of Pythias and of the side order, the D. O. O. K., and a charter member of Morabad Council No. 1, Order of Caliphs; Capital Circle, No. 11, Brotherhood of America; Capital City Council, No. 392, Royal Arcanum; Capital City Council No. 7, Royal Association.

For thirty years Dr. Rogers had been a member of the Third Presbyterian Church and in his earlier years was a regular attendant at the services. Later his practice prevented his attendance at the services as regularly.

Dr. Rogers was for years a member of the Republican Club and took an active part in the affairs of that organization and in the direction of the Republican politics of the city and county.

Aside from his father, the venerable Dr. R. R. Rogers, Sr.—89 years of age—the late physician is survived by wife, two sons, Harold and Richard, third, and a daughter, Miss Elsie Rogers.

The Daily State Gazette, Trenton, says: "Dr. Rogers was regarded as one of the best physicians of this section and of the country and he enjoyed a lucrative practice. He was also well liked aside from his profession and was most kind and considerate. During the pottery strike in this city some years ago, Dr. Rogers was most faithful in his attendance upon members of the strikers' families who were ill,

and these were many. After the troubles of the potters had been adjusted and the men returned to work, they offered the physician pay for his services, but he turned a deaf ear to their talk, saying that he had no record of any visits to their homes. This was only one of the many similar acts of a philanthropic nature connected with the life of the late physician."

WARMAN.—In Trenton, N. J., January 9, 1912, Mrs. Rebecca F., wife of Dr. David Warman, of Trenton, in the 77th year of her age.

At the monthly meeting of the Trenton Society for Organizing Charity, held January 15th, the following minute was unanimously adopted:

"This society is again called upon to record the death of one of its most important members, Mrs. David Warman, who has been identified with this society from its beginning, and was an earnest and devoted worker through all the years—first as a visitor, for three years its vice-president, and the last eleven years its president. At the meeting in November she sent in her resignation, feeling that her failing health could not allow of her meeting with us. The society felt she could not be spared, and she was unanimously made 'president emeritus.' Not long did she bear the honor, for the Lord has called her to higher service, for which she was eminently prepared. She led a beautiful Christian life; in the home, in the church with which she was connected, its societies and in much benevolent work in our city. She was deeply interested in all the work of this society up, it might be said, to the very day of her death. She will be greatly missed."

Book Reviews.

INFECTIONS OF THE HAND. A GUIDE TO THE Surgical Treatment of Acute and Chronic Suppurative Processes in the Fingers, Hand and Forearm. By Allen B. Kanavel, M. D., Assistant Professor of Surgery, Northwestern University Medical School, Chicago. Octavo, 447 pages, with 133 illustrations. Cloth, \$3.75 net. Lea & Febiger, Philadelphia and New York, 1912.

Who that has been long in the practice of medicine that cannot recall one or more cases of deformed, contracted and more or less useless fingers or hands—the result of an infection at first quite slight, but gradually extending in spite of efforts to control it, until an extensive and permanent disability results. These stand out as "beacon lights" to warn the public against the physician, under whose care they occurred. Dr. Kanavel has made a special study of these infections and presents a satisfactory mode of treatment. His work of over four hundred pages with many original illustrations on the anatomy, pathogenesis, diagnosis and proper treatment will aid many a physician to secure a successful termination for these hitherto intractable troubles. No physician can fail to be benefited by a careful perusal of the book.

CASE HISTORIES IN MEDICINE, ILLUSTRATING the Diagnosis, Prognosis and Treatment of Disease. By Richard C. Cabot, M. D., Asst. Prof. Clinical Medicine, Harvard Medical School. Second Edition. Boston, W. M. Leonard, 1911.

An exceedingly interesting presentation of case histories under the headings of Infectious Diseases, Diseases of the Gastro-Intestinal and Biliary Tract, Diseases of the Urinary Tract, Diseases of the circulation, the Respiratory System, the Nervous System, etc. The introduction of a series of pertinent questions and answers with many of the cases carries one into the hospital ward and is equivalent to a clinical lecture. This, under so capable an instructor as Dr. Cabot, makes the collection of cases of great value to the thinking physician and constitutes a post-graduate course at home.

Personal Notes.

Dr. Henry Allers, Harrison, has been appointed by General Wanser, of the N. J. N. G. as chief surgeon on his staff.

Dr. Frank C. Ard, Plainfield, is a director in the State Trust Company, Plainfield.

Dr. Lewis S. Burd, Ogdensburg, has been appointed clerk of the Sparta Township Board of Education.

Dr. Sylvan G. Bushey, Camden, has been elected a director of the Broadway Trust Company, Camden.

Dr. William R. Boughton, Bloomfield, has been elected a director of the Bloomfield Trust Company.

Dr. Harris Day, Chester, has been appointed medical inspector for the Chester Township schools.

Dr. Henry B. Diverty, Woodbury, has been elected superintendent of the Kemble M. E. Church Sabbath School.

Dr. Arthur H. Dundon, Plainfield, was elected a director of the State Trust Company, of Plainfield.

Dr. Frank S. Gordon, Blairstown, and wife entertained the Willing Workers of the local M. E. Church, at their home, in January.

Dr. B. Van Doren Hedges, Plainfield, is a director in the City National Bank, Plainfield.

Dr. Bela G. Illes, New Brunswick, has recently recovered from a severe illness.

Dr. William H. Lawrence, Jr., Summit, has been re-elected president of the local Board of Health.

Dr. Emery Marvel, Atlantic City, read a paper at the annual meeting of the American Association of Obstetricians and Gynecologists, at Louisville, Ky., September, 1911, on "Significance of Delayed Operation in Treatment of Ectopic Gestation." It is published in the American Journal of Obstetrics, January, 1912.

Dr. George E. McLaughlin, Jersey City, has been appointed bacteriologist of the Water Department of Jersey City, at \$2,500 a year salary.

Dr. John D. McGill, Jersey City, was re-elected a director and also president of the Hudson County National Bank.

Dr. George W. Muttart, Jersey City, was elected a director of the Claremont Bank, Jersey City Heights.

Dr. William G. Schaffler, Lakewood, has been appointed sanitary inspector on General Wanser's staff, National Guard.

Dr. John W. Wade, Millville, has been elected president of the local Board of Health.

Dr. Robert R. Sinclair, Westfield, was recently elected a director of the People's National Bank of Westfield.

Dr. Alfred A. Woodhull, Princeton, has been appointed a member of the United States Grand Jury, which met in Trenton January 16, 1912.

Dr. Peter J. Zeglio, Plainfield, was elected last month a director of the First National Bank of Plainfield.

Dr. Isaac Barber, Phillipsburg, has been suggested as a candidate for Mayor of that city at the next election.

Dr. William H. Kensinger, Camden, had his overcoat and a few dollars in a toy bank stolen from his residence by a burgler who entered his home one night in January.

Dr. Eugene H. Goldberg, Kearny, has been elected a director and vice-president of the First National Bank of Arlington.

Dr. William E. Ogden, Rutherford, and Dr. H. O. Carhart, of Blairstown, have been appointed members of the Public Health Committee of the State Assembly, Dr. Ogden as chairman.

Dr. Reginald S. Bennett, Asbury Park, entered upon his duties as Mayor of that city, January 2d.

Dr. George N. Best, Rosemont, spent a few days last month in Washington, D. C.

Dr. Francis J. Bicker, Camden, has recovered from a severe illness.

Dr. Henry H. Brinkerhoff, Jersey City, has been elected president of the city Board of Health.

Dr. James S. Brown, Montclair, has been appointed town physician.

Dr. Wellington Campbell, Short Hills, has been appointed health physician of Millburn Township.

Dr. Henry O. Carhart, Blairstown, has been reappointed tax collector, Warren County, for the seventh year.

Dr. Edgar Carroll, Dayton, has been reappointed physician of Middlesex County.

Dr. John Cook, Bayonne, has been appointed one of the city's health commissioners.

Dr. George W. Cummins, Belvidere, has been elected city physician.

Dr. Grafton E. Day, Collingswood, has been reappointed borough physician.

Dr. Frank M. Donohue, New Brunswick, has been appointed by Judge Bergen Commissioner of the Sinking Fund of the city.

Dr. David E. English, Summit, has been reappointed city physician.

Dr. Adam E. Fendrick, Weehawken, has been appointed medical inspector by the local Board of Health.

Dr. James T. Hanan, Montclair, has been appointed a member of the local Board of Health and was made its treasurer.

Dr. Herman C. H. Herold, Newark, has been re-elected president of the Newark Board of Health for the seventeenth consecutive year. He has been a member for 28 years.

Dr. Alexander M. Heron, Lakewood, has been appointed township medical inspector.

Dr. Lewis B. Hoagland, Oxford, has been elected county physician of Warren County.

Dr. Morgan D. Hughes, Bloomfield, has been elected a member of the local Board of Education.

Dr. William I. Kelchner, Camden, and wife spent a few days recently in Reading, Pa.

Dr. Theophilus W. Madden, Collingswood, is a member of the City Council.

Dr. Paul M. Mecray, Camden, has been ap-

pointed by Brigadier-General Collins, brigade surgeon.

Dr. Alexander McAlister, Camden, was recently re-elected a trustee of the Camden City Library.

Dr. Frederick W. Owen, Morristown, has been elected a director of the Morristown Library and Lyceum Association.

Dr. Guy Payne, Newark, has been appointed medical director of the Essex County Hospital for the Insane.

Dr. Thomas P. Prout, Summit, has been appointed a member of the local Board of Health.

Dr. William A. Robinson, Ocean Grove, has been elected physician of Neptune Township.

Dr. Charles H. Schlichter, Elizabeth, is a member of the Union County Grand Jury.

Dr. Edwin Steiner, Newark, has been appointed physician at the county jail.

Dr. Herbert B. Vail, Belleville, has been elected president of the City Board of Health.

Dr. Henry B. Whitehorne, Verona, has been appointed physician at the Essex County Penitentiary.

Dr. Joseph C. Winans, Belleville, has been appointed town physician.

Dr. Walt P. Conaway, Atlantic City, and wife are spending the months of January and February in the South.

Dr. Edward Guion, Atlantic City, and wife have returned from a two months' trip to Cuba. The doctor attended the meeting of the American Public Health Association in Havana.

Dr. William E. Jonah, Atlantic City, and wife, have recently returned from a two months' trip to Europe.

Dr. Samuel E. Ewing, Tuckahoe, has recently recovered from a severe attack of congestion of the brain.

Dr. George N. J. Sommer, Trenton, has been appointed a member of the Mercer County Grand Jury by Sheriff Madden, M. D.

Dr. Leopold A. Koppel, Jersey City, and wife are spending their honeymoon in a three months' trip abroad, visiting Berlin, Vienna, London and other foreign cities.

Dr. Marcus W. Newcombe, Burlington, has recently recovered from an attack of pleurisy.

Dr. Edward A. Ayres, Branchville, delivered a lecture on Mosquito Extermination at the Continental Hotel, Newark, January 22.

Dr. Thomas S. Dedrick, Washington, exhibited a Silver Campine cockerel, a novel and rare bird, at the Washington Poultry, Pigeon and Pet Stock Association exhibition in January.

Dr. Joseph B. Harrison, Westfield, was recently elected a director of the Westfield Trust Company.

Dr. Peter Hoffman, Jersey City, was elected a director of the Pavonia Trust Company, also its vice-president.

Dr. Bonn W. Hoagland, Woodbridge, was elected a director and vice-president of the First National Bank of Woodbridge.

Dr. J. Boyd Risk, Summit, was elected a director of the First National Bank of Summit.

Dr. Richard Schlemm, Union, was elected a director of the People's Deposit and Trust Company, Jersey City Heights.

Dr. Bruno Hood, Newton, has been elected a director of the Newton Trust Company.

Drs. Joseph E. Hurff and J. Anson Smith, Blackwood, have been elected physicians to the Camden County Almshouse.

Dr. G. Howard McFadden, Hackensack, has been suffering recently from blood-poisoning, affecting his left hand and arm.

Dr. Clifford Mills, Morristown, has been elected president of the local Board of Education, to fill the unexpired term of the late Dr. Stephen Pierson.

Dr. George B. Philhower, Nutley, has been reappointed town physician.

Dr. Edward B. Rogers, Collingswood, was elected recently a director of the local National Bank.

Dr. Edward Ackerman, Jersey City, was recently thrown from his automobile when it collided with a trolley car. He landed some ten feet distant, but was able to get up and assist in pulling the damaged auto from the trolley tracks.

Dr. Joseph L. Fewsmith, Newark, and wife left last week for Panama.

Dr. James H. Rosenkrans, Hoboken, recently addressed the young people of the First Reformed Church, on "Christianity as It Pertains to Health."

Dr. Peter C. Young, Ringoes, has been appointed township physician for East Amwell.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Arkansas, November	33	13	20
Connecticut, Nov....	38	29	9
Delaware, December,	7	7	0
Dist. Columbia, April	6	3	3
Dist. Columbia, July,	9	6	3
Dist. Columbia, Oct.	11	10	1
Georgia, October....	41	25	16
Kansas, October....	18	9	9
Louisiana, October...	36	20	16
Maine, November...	29	25	4
Massachusetts, Nov...	72	47	25
Michigan, October...	10	10	0
Montana, Oct.....	36	24	12
Nevada, Nov.....	5	4	1
New Mexico, Oct....	16	16	0
Oklahoma, Oct.....	37	26	11
Pennsylvania, Dec...	67	60	7
West Virginia, Nov..	23	14	9

The examining boards of two States—Rhode Island and Wisconsin—have decided that hereafter every applicant for license to practice medicine in those States must have personally attended and taken entire charge of at least six maternity cases. The requirement of six cases is not too many. It would be well if every State would follow the excellent course adopted by those two States.

Advanced Requirements of Preliminary Education.

From the Bulletin of the Illinois State Board of Health.

A medical student desiring to enter into practice in a certain State would do well to see if his chosen college is fully recognized in that State. The several States named below have enacted requirements of preliminary training in excess of those generally called for. In these a high school education is no longer accepted as a qualification for admission to a medical school. Instead—and in addition—there is demanded evidence of one or more

years' attendance in a college or university of arts and sciences. In Utah the advance requirements are specifically provided for by law. In the other States mentioned they have been prescribed by the rules of the State Medical Board.

The States exacting one or more years of college work are as follows:

State.	Years.	In force.	Affecting graduates of
Colorado	2	1911	1914
Connecticut	1	1910	1914
Indiana	1	1910	1913
Indiana	2	1911	1914
Iowa	2	1911	1915
Kansas	1	1910	1914
Minnesota	2	1908	1912
North Dakota....	2	1908	1912
South Dakota....	2	1907	1911
Utah	1	1913	1917

Public Health Items.

Montclair Health Board Employs Nurse.

In an effort to decrease the infant mortality and curb the number of deaths due to tuberculosis in Montclair the Board of Health of that town has employed a trained nurse, who will devote her entire time to those two phases of the health work. The Montclair Town Council has appropriated \$1,500 for the use of the Health Board in this campaign.

Dr. Richard P. Francis, Montclair, who for twenty-five years has been connected with the health department of the town, attended his final meeting as a board member last month. Dr. Francis's term expires this year. He refused to have his name offered to the Mayor for re-appointment. Besides being a member of the Health Board ever since that body was organized in 1894, Dr. Francis was for four years health inspector of the town prior to that date.

Hoboken Plans a Campaign.

For the purpose of discussing a baby-saving campaign next summer, Dr. Joseph Staek, president of the Health Board, met a group of interested persons in Mrs. Caroline B. Alexander's office January 31st. The tax commissioners were requested to again appropriate the necessary funds to enable the board to repeat its work of the past summer, when two nurses employed by the board visited 1,660 babies and instructed nearly 1,000 mothers in the proper care and feeding of the infants.

Health Board After the Dogs.

Colonel Henry H. Brinkerhoff, M. D., president of the Jersey City Board of Health, is after the unlicensed dogs of Jersey City. He has issued an ultimatum to owners of canines and the Hudson County S. P. C. A. will back up his war on the dogs that are allowed to run at large, many of them half-starved, snapping at and biting people. More cases of dog bite have been reported this winter than in any past cold spell and Colonel Brinkerhoff is fearful of what the summer will bring forth if the stray dogs in Jersey City are not rounded up.

Compulsory Vaccination in East Orange.

At a recent meeting of the East Orange Board of Education it was reported that there were many pupils who were never successfully vaccinated.

To correct this condition a motion was offered by Dr. Joseph MacDonald, Jr., chairman of the medical inspection committee, requiring all pupils to be "successfully" vaccinated. The motion was as follows:

"In view of the prevalence of smallpox which is now raging in an adjoining State as well as elsewhere, it is the demand of the board that the rule of compelling vaccination of school children be strictly observed, and in those cases where vaccination was previously attempted but not successful, such cases shall be vaccinated. This vaccination must be to the entire satisfaction of the medical inspectors."

Drinking Cups in Jersey.

The New Jersey Supreme Court approves the order of the Public Utilities Commission requiring the railroad companies to furnish individual drinking cups on trains. * * * To supply water and refuse the means of access to it is serving the public as imperfectly as it would be for a steambot to stop at a wharf and refuse to put out a gang plank or for a train to stop at a station full of expectant passengers and then decline to unlock the car doors. The Public Utilities Commission tells the railroads that they must accommodate their regulations to the advancement of science and provide individual drinking cups for their patrons. This is a reasonable regulation, not overburdensome to the companies, since drinking cups for temporary use can be furnished very cheaply. It will guide the New Jersey car riders safely in the middle of the channel, preserving them at once from the Scylla of the microbial tumbler and the Charybdis of consuming thirst.—Philadelphia Press.

On January 20, 1912, reasons in the appeals filed by the New Jersey and New York Railroad, the Erie and the Susquehanna to the order of the Board of Public Utilities Commissioners requiring railroads to furnish drinking cups on their trains were filed with Supreme Court. The railroads say that the board is without jurisdiction in the matter and that the furnishing of an adequate service does not include the furnishing of drinking cups or glasses. Other reasons are that there is no legal duty on common carriers to furnish drinking cups; that there is no requirement to furnish drinking water; that the order does not show that drinking water is required to be furnished; that the demand of the board is unreasonable and void because it is made without regard to distance traveled by trains or time occupied in making trips. Further contentions advanced against the order are that it makes no distinction between passenger trains engaged in inter-state and intra-state commerce, and that it attempts to regulate such commerce and is, therefore, invalid; that the law upon which the order is based does not include passenger trains within its meaning; that it permits common carriers to violate a statute of the State; that it is invalid because the board attempts to construe the statute, which is not within the power of

the board; that the Fifth and Fourteenth amendments of the United States Constitution are violated because the order deprives the railroads of their property without due process of law in that they are ordered to furnish cups or glasses without cost to passengers.

Death Rate for 1910.

The lowest death rate of all cities having a population of less than 100,000 in the census bureau's death registration area for 1910 was returned by West Orange, N. J., according to a preliminary statement issued recently by Director Durand. The West Orange record is 8.5 per 1,000, and is .2 lower than that of Aberdeen, Wash., the next on the list.

The statement is drawn from advance mortality bulletin No. 112 and contains a list of the death rates for the period of a number of New Jersey towns. Of these Morristown is shown to have had the highest rate, 23.6 per 1,000, and is grouped with seventeen other places of the less-than-100,000 class about the country returning higher mortality figures. Excepting West Orange, all the other Jersey towns returned over 10 per 1,000 for the period.

In a group of towns returning the lowest rates is placed East Orange, with 10.7, and West Hoboken, 10.8.

Essex County municipalities, other than those named, are: Bloomfield, 11 per 1,000; Irvington, 11.8; Montclair, 14.9; Orange, 18.1. Other Jersey towns are given as follows: Long Branch, 22.1; New Brunswick, 21.1; Trenton, 20.3; Hoboken, 18.8; Atlantic City, 17.2; Camden, 17.1; Asbury Park, 16.5; Hackensack and Harrison, 16.3 each; Perth Amboy and Plainfield, 15.7 each; Bridgeton, Elizabeth and Phillipsburg, 15.2 each; Passaic, 14.8; Bayonne, 14.7; Kearny, 14.6; Garfield, 12.4; West New York, 12.2; Millville and Union, 11.9 each.

Other places returning the lowest rates per 1,000 following West Orange and Aberdeen, are: Norwood, O., 9; Berkeley, Cal., 9.2; Bellingham, Wash., 9.4; Evanston, Ill., 10.1; Winthrop Town, Mass., 10.2; Medford, Mass., and Walla Walla, Wash., 10.4 each; Lancaster, O., 10.8, and Torrington Town, Conn., 10.9.

Among the group of eighteen cities in the less-than-100,000-population class recording high rates of mortality in 1910, Charleston, S. C., shows the highest rate per 1,000 population, namely, 29.7; followed by Raleigh, N. C., with 27.9; Lackawanna, N. Y., 27.2; Savannah, Ga., 26.9; Petersburg, Va., 26.5; Montgomery, Ala., 26.4; Middletown Town, Conn., 25.6; Cranston, R. I., 25.4; Pontiac, Mich., 25.2; Augusta, Me., 25.1; Ogdensburg, N. Y., 24.5; Norristown, Pa., 24.4; Middletown, N. Y., 24.3; Biddeford, Me., 24; Bakersfield, Cal., 23.8; Morristown, N. J., 23.6, and Taunton, Mass., and Ann Arbor, Mich., 23.3 each.

The total number of deaths from all causes in 1910, as returned for all the registration cities, both in registration and in non-registration States, was 502,109, or a death rate of 16.1 per 1,000 population. Of the total number, 400,305 deaths occurred in cities in registration States, while registration cities in non-registration States recorded 101,804 deaths. The death rate for the former, however, was 15.9 per 1,000 population, while for the latter cities it was 16.9. These figures are all exclusive of stillbirths.

New York's Health Record.

The year 1911 has been the healthiest in the history of the city. There were 40,000 fewer cases of illness in the city during 1911 than during 1910. The death-rate for the year 1910 was 15.98 per 1,000 which was thought to be so low as to be irreducible, but that for 1911 was 15.13. Fifteen cases of smallpox occurred during the year, eleven of them during November and December, and 103,644 persons were vaccinated, one-third of them during the month of December. The case fatality in diphtheria has been reduced from 10.3 per cent. in 1910 to 9.5 in 1911. There has been a decrease in the infant death-rate of 10 per cent. over that of 1910. The department of health plans extension work for the coming year which will consist in the enforcement of pasteurization of all milk not certified or used for cooking; the further extension of hospital facilities for infectious diseases; the establishment of 40 milk stations provided for in the budget of 1912; the establishment of five clinics for children; and the sanitary control of venereal diseases.

Chicago's Health Record.

The death-rate of Chicago during 1911 is reported to have been 14.55 per 1,000. The total deaths amounted to 32,672, 40 per cent. of which were due to preventable diseases. The deaths from these causes are more than 1,600 lower than the previous year. Pneumonia led the list of death causes, with 4,929; tuberculosis came second, with 3,726. Typhoid fever reached the lowest mark ever attained in the city, and is now 93 per cent. lower than it was twenty years ago. There was also a marked reduction in the deaths from diarrheal diseases in children under two years of age. The agencies which have aided to bring about this decrease are the educational work of the Department of Health, the Infant Welfare Service and the more general use of a safe milk-supply.

Conference of State and Local Boards.

The annual conference of these Boards of Health was held in Trenton on January 17 and 18. Dr. R. B. Fitz-Randolph, chief of the division of foods and drugs of the State Board of Health, delivered an excellent address, in which he strongly advocated the great value of publicity in the work of municipal health boards.

He called attention to the fact that the value of the work doubled when the public knows about it, and that to educate the public to appreciate and demand clean and wholesome foods and to be satisfied with nothing else, is to do away with the urgent necessity for more stringent food laws. The doctor explained that in such an event there will be no market for any other than the purest kind of foods.

"You will find that the public takes a keen interest in your work," he continued, "and wants to know which dairies are dirty and which are clean, which grocers keep their foods pure and wholesome, which bakers use good material and turn out a cleanly product, which hotels and restaurants have clean kitchens, and which butchers are slaughtering sound, healthy animals in well-equipped slaughter-houses in a proper manner. Tell them. Use the newspapers. They will give you all the space you deserve.

"It is your duty to protect the public and to help them to protect themselves. You will probably tread upon somebody's toes in the process, but that does not matter much. Hardly anybody in this world does anything worth while without making any enemy here and there, but the people will be grateful to you and will support you according to the measure of your ability to deserve their trust and confidence."

The program included the following papers: "State Tuberculosis Campaign," by Dr. Millard Knowlton, of Trenton; "Legal Remedies in the Enforcement of Health Laws," by Josiah Stryker, of the Attorney-General's department; "Rabies, Its Prevention and Control," by Dr. F. S. Hallett, of Hackensack; "New Law on Reporting Contagious Diseases," by D. C. Bowen, of Asbury Park; "Health Officers' Association—Its Purposes and Possibilities of Usefulness," by Chester S. Wells, of Montclair; "Uniform Health Ordinances," by J. Scott MacNutt, of East Orange.

The officers for the ensuing year were: Edward Guion, M. D., Atlantic City, president; B. H. Obert, Asbury Park, vice-president; J. Scott McNutt, secretary and treasurer, and the following executive council: J. O'Brien, Plainfield; A. S. Fell, M. D., Trenton; F. W. Sell, M. D., Rahway; A. C. Benedict, M. D., South Orange; Chester H. Wells, Montclair; Robert H. Hoyt, Princeton, and J. J. Hagan, Jersey City.

The importance of the observance of the law requiring the reporting of communicable diseases was the subject of a paper read at the last session of the conference by D. C. Bowen, State sanitary inspector, of Asbury Park. It was shown that in 1898 when there were 425 sanitary districts in the State, only 85 reported to the State board cases of communicable diseases. This number was gradually increased until last year, when 378 of the 476 districts observed the law. According to Mr. Bowen, this increase was because of the activity of the State Board, and he thought it would be much more desirable if it was brought about by the activity of the local board. This paper was discussed by the State Register of Vital Statistics, Mr. David S. South.

City Dust.

Dr. A. Gehrman, of Chicago, in the Monthly Cyclopaedia and Medical Bulletin, says that few people take notice of dust and fewer yet understand that dust should be removed without being disturbed. It will probably be long before the public conscience reaches this sanitary qualification. Demonstrations by city and other sanitary authorities will do more than any other agitation. The greatest sanitary problems now before our authorities are city dust and the air-borne diseases, bronchitis, tuberculosis, pneumonia and influenza. Drink and foods are practically free from excrement, but everything within reach is smeared with sputum. In the country one can safely spit on the ground; disease bacteria have little chance there, but in public places and the home it is different. Present-day intelligence demands that the sputum be removed in designated receptacles. The air-borne diseases cannot be conquered until this principle is general. Dirt and dust suppression should be a part of the campaign for health preservation.

The Relation of the Medical Practitioner to Health Departments.

The following are the conclusions of a paper read by Dr. W. A. Evans, of Chicago, at the A. M. A. annual meeting at Los Angeles, Cal., June, 1911:

1. The best interests of medical men demand that they adapt themselves to the inevitable evolutions in their work and in that of health-governing bodies.

2. The physicians should always take the leadership in health movements in their communities.

3. To offset unnatural prejudices, a campaign to demonstrate that this leadership has broad and altruistic motives must be maintained and all right-thinking people must be brought together in support of the great work of physical welfare.

4. This section must be so enlarged as to affiliate with it associations of health officers, Young Men's and Young Women's Christian Associations, sociologists, sanitary engineers, school examiners, those interested in child hygiene, infant welfare, milk commissions and tuberculosis associations, ventilating engineers, housing students and school teachers' associations; in a word, all of those bodies that are working for physical welfare. A working plan for co-operation with these should be worked out by this section of the American Medical Association, so as to prevent duplication.

5. Subsections for some of these should be established in this section. The constitution and by-laws of the American Medical Association should be so amended as to include such workers for physical welfare as choose to come in.

6. Every county medical society should inaugurate sections to take up different divisions of welfare work and should give modified membership in their societies to all local workers for physical welfare.

7. There should be a health journal or health newspaper maintained by this association for the purposes of public education on physical welfare.

8. This section must work closely with the Council on Hygiene and Public Instruction, directing it and receiving direction from it.

How to Get and Keep Competent Health Officers.

Dr. G. W. Goler, in the Journal of the American Public Health Association, September, 1911, says: The practice of modern sanitation and hygiene, having for its object the prevention of disease and the prolongation of life, does not lead to increased compensation for the health officer, but, cut off from that increase in private practice which devotion to public duty in America always brings, he lands at the end of his career, out of work, out of money, and out of health. To the city of his service he has usually given the best that is in him and his labor has been of inestimable value to the life and health of the people of the community; but more than that, if well done, it has been of economic value by lessening the burden which the city has had to bear in caring for the sick, supporting the widowed, the orphaned and the fatherless, in hospitals and other institutions, through private and public charities. Even more than this, the economic value of his work

serves to attract attention to the city as a city of the well; and the advantages of a city where health is high and deaths relatively infrequent will be in the time to come, if not now, more than the advertising advantages of bill boards and newspapers. Our cities, says Goler, are beginning to learn the lesson that our insurance companies are learning and just as the insurance men have realized that it is better by care to keep their policy holders alive to pay premiums, than it is to let them die and have the companies pay death claims, so our cities are learning that to grow in population and in importance it is not only necessary to attract new citizens, but it is necessary to take care of the health and lives of those they have.

To do all this, and much more, is the work of the new health officer. To do his work well, he will not only have to exercise all the knowledge he has, but he will have constantly to accumulate new knowledge by frequently attending meetings and conventions of sanitary and social workers. He will also have to do a large amount of research work, both directly and through the labor of those in the laboratory. The equipment of the modern health office, the employment of laboratory workers and the purchase of apparatus, all cost money and in the beginning it may be difficult to get all the money necessary to man and equip the various divisions of the department where advanced work should be going on for the solution and interpretation of questions relating to the public health. For the study of cognate subjects, public spirited citizens equip and endow departments in various institutions and surely no one could place even small sums of money to any better purpose than for the endowment of special or general work in public health laboratories. Under such conditions, the opportunity to work with a reasonable tenure of office and a fair compensation, the new health officer would become the chief advertiser of the city's health, its wealth and its progress.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, December, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending December 10, 1911, was 2,791. By age periods there were 479 deaths among infants under one year, 154 deaths of children over one year and under five years, and 930 deaths of persons aged sixty years and over.

The total number of deaths for the month is 123 less than the previous month and is also lower than for the corresponding months during the past three years as shown by the following figures: December, 1909, 2,810; December, 1910, 2,977; December, 1911, 2,791.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending December 10, 1911, compared with the average for the previous twelve months, the average in each case being given in parentheses:

Typhoid fever, 34 (29); measles, 1 (26); scarlet fever, 1 (19); whooping cough, 8 (32); diph-

theria, 51 (54); malarial fever, 0 (2); tuberculosis of lungs, 280 (327); tuberculosis of other organs, 38 (52); cancer, 154 (161); diseases of nervous system, 319 (367); diseases of circulatory system, 375 (382); diseases of respiratory system (pneumonia and tuberculosis excepted), 218 (241); pneumonia, 252 (263); infantile diarrhoea, 84 (211); diseases of digestive system (infantile diarrhoea excepted), 176 (185); Bright's disease, 199 (235); suicide, 25 (36); all other diseases or causes of death, 576 (640); total, 2,791 (3,262).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens received from suspected cases of diphtheria, 572; tuberculosis, 403; typhoid fever, 318; malaria, 17; miscellaneous specimens, 83; total, 1,393.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending December 31, 1911, 450 samples of food and drugs were examined in the State Laboratory of Hygiene with results as follows:

Found to be below the standard: 6 of the 119 samples of milk; 23 of the 69 of butter; 3 of the 21 of cream; all the 8 samples of veal meat; 1 each of horse meat, beef meat, olive oil (4 samples), vanilla extract (5 samples), and cider vinegar.

All the 33 samples of spices; the 170 of eggs in shell; catsup (1); oleomargarine (3); oysters (5); water from oyster beds (7), and wine, were found to be above standard.

One delicatessen shop was found to be unsanitary; 41 snits have been entered.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 312 dairy inspections were made. The following columns show the counties, the number of dairies inspected in each, and the number found to be 60 per cent. above and 60 per cent. below the perfect mark:

County.	Dairies inspected.	Above 60%.	Below 60%.
Burlington	1	1	0
Essex	18	5	12
Hudson	6	5	1
Hunterdon	120	33	86
Mercer	10	3	7
Middlesex	23	12	11
Somerset	91	61	28
Union	42	7	35
Warren	1	1	0
Totals	312	128	180

Number of dairies, first inspection	307
Number of dairies, reinspection	5
Number of milk depots inspected	5
Number of letters sent to dairymen	143
Number of dairies stopped producing milk	4

Inspections were made at the request of the following local boards of health: Bayonne, Dover, Newark, New Brunswick, Orange, Perth Amboy, Princeton and Roselle.

CREAMERIES INSPECTED.

Andover, Broadway, Clinton, Clinton Town-

ship, Irvington 2, Jutland, Mulfords, Newton, Pattenburg, Perth Amboy 2, Sunnyside.

ICE CREAM FACTORIES INSPECTED.

Bayonne, Bloomfield, Boonton 4, Englewood 3, Jersey City, Montclair, Newark 4, Orange 3, Passaic 2, Paterson 7, Perth Amboy 8, Summit 4, Union Hill, West Hoboken. Total, 41. Ice cream factory licenses recommended, 17. Letters sent to ice cream factory operators, 21.

During the month ending December 31, 1911, 115 inspections were made in 46 cities and towns, of which 11 were in Jersey City, 16 in Newark, 24 in Trenton, and 9 in Camden.

The following articles were examined during the month but no samples were taken: Milk, 362; butter, 500; food, 662; drugs, 20.

Meat Inspections, Fresh—Beef, 13; pork, 10; veal, 92.

Meat Inspections, Pickled—Pork, 125 pounds; beer, 60 pounds.

Other inspections were made as follows: Milk wagons, 118; pickling works, 14; milk cans, 80; milk depots, 51; meat markets, 1; canning factories, 1; grocery stores, 428; cold storage plants, 10; slaughter houses, 27; miscellaneous, 4.

Division of Sewerage and Water Supplies

Total number of samples analyzed in the laboratory, 377: Public water supplies, 72; private water supplies, 45; spring waters, 4; State institution supplies, 3; miscellaneous water supplies, 5; dairy water supplies, 1; special analyses of public water supplies, 186; sewage samples, 61.

INSPECTIONS.

Public water supplies inspected at Bernardsville, Frenchtown, Millville, Moorestown, Roebling, South River.

Special inspections of water supplies and water purification plants at Gloucester, Helmetta, Moorestown, New Jersey State Prison (Trenton), operation of water sterilization plant at Trenton.

Special inspection of water-sheds on Kisner's Brook, Lawrence Brook, Rahway River, Raritan River, Wallkill River.

Sewage disposal plants and systems inspected at Brown's Mills-in-the-Pines, Caldwell, Collingswood, Colt's Neck, Essex Fells, Flemington, Freehold, Haddonfield, Haddon Heights, Jamesburg, Mahwah, Medford, Millville, Moorestown, New Lisbon, Pemberton, Ridgewood, Verona.

Special inspections relating to sewage disposal plants and systems at Belmar, Bradley Beach, Closter, Englewood, Garwood, Hasbrouck Heights, Keyport, Long Branch 2, Madison, Millville 2, Phillipsburg, Sea Girt.

Stream inspections on the Delaware River, Maurice River, Musconetcong River, Paulins Kill, Raritan River, Shark River, Whippany River.

Number of stream pollutions reported	75
Number of reinspections made	4
Number of stream pollutions abated	2
Ten-day notices to cease pollution served	13
Plans for water supply systems approved	1
Plans for water supply systems disapproved	1
Plans for sewage systems, disposal plants and extensions approved	3

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RECENT ADVANCES IN ORTHOPEDIC SURGERY.*

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So much has been written upon tuberculosis that one would think the subject had been completely exhausted, but many advances have been made within the last few years, and there still remains much to be studied. This advance includes more accurate diagnosis and more rapid and thorough treatment of the conditions.

The most recent advances that have been made in the study of tuberculosis includes diagnostic puncture, various tuberculosis tests and the early operation for tubercular abscess. We are all familiar with the puncture of the plural, peritoneal and pericardial cavities, with exploratory puncture of other parts, but puncture of tubercular abscesses as a routine procedure for diagnostic purposes has not received the attention which it deserved. From the earliest times down to the present, physicians have hesitated to operate upon cold abscesses because of the serious complications which followed the infection of this collection. By means of diagnostic puncture we can ascertain the exact bacteria contents and determine definitely the form of operation required. Diagnostic puncture should be made with a very fine hypodermic syringe, a small quantity should be withdrawn under aseptic precautions; this should then be ex-

amined microscopically or be cultured, or, if necessary, animal inoculation should be made. The number of other germs found in connection with tuberculosis is remarkable and these include streptococci, staphylococci, antinymocosis, pneumococci, protius vulgaris, and, in one rare instance, hog cholera bacillus. In examination of fluid taken from thirty of my operative cases, including excisions of the larger joints, one-half were found to be sterile and only 25 per cent. contained tubercle bacilli.

Tuberculin Tests.—Tuberculin tests which have been introduced during the past five years include four different methods, all of which have been recommended from time to time. These are, subcutaneous injection, the Calmette, the Moro, and the von Pirquet. The subcutaneous injection of tuberculin is of great value in adult cases and has proven valuable in differentiating tuberculosis from other conditions. The difficulty with this, as with all other tests, is that you are not certain that the reaction obtained is due to the lesion which you are observing. These tests show that the patient is sensitive to tuberculosis and has some tubercular lesion somewhere in the system. The dose consists of one milligramme of the tuberculin T. R., which is injected under the skin. The reaction should occur within 24 hours. If there is no reaction within 48 hours, an injection of 3 milligrammes is given, and if no reaction occurs from this within 48 hours more, 5 milligrammes are given; if no reaction occurs after three injections, the test is considered negative. This method is not useful in children because of the difficulty in obtaining the proper tests.

Conjunctival Ophthlmo-Tuberculin Diagnostic Test.—This is the so-called Calmette's test. Two solutions are prepared of the tuberculin precipitatum "T. P.;" the weaker solution, 1/2 per cent., is employed,

*Read before the Cumberland County Medical Society Bridgeton, N. J., October 10, 1911.

and if no reaction occurs within 48 hours the stronger solution No. 2, or 1 per cent., is used in the opposite eye. The preparation is contained in a tube sealed and the solution is inserted into the eye by means of a small rubber bulb, which fits over the broken ends of the tube. The solution is inserted within the lower eye-lid; the reaction occurs within three to twelve hours, but may be delayed from 24 to 48 hours. The inflammation is most marked over the inner canthus and lower lid. The test should not be used if there is any existing disease of the eye or lids, and the eyes must be protected from dust and wind during the test.

Cutaneous Tuberculin Diagnostic Test (von Pirquet).—The preparation used is a solution of tuberculin originally made after the method of Koch's Old Tuberculin, a refined glycerine and sterile salt solution in two strengths, 25 and 50 per cent. The test is applied to the skin of the arm or forearm; three small spaces are scarified about two inches apart, the tuberculin is applied from the small tube with a rubber bulb, two of the scarifications are inoculated and the central one is left for control. The reaction occurs within 12 hours; if no reaction occurs within 48 hours the result is negative.

The Ointment Test (Moro).—Is prepared of 25 or 50 per cent. by weight of tuberculin originally after the method of Koch's old tuberculin and diluted with refined lanoline. The application is made of $\frac{1}{2}$ dr. to the skin over the epigastrium, or beneath the breast over a space of two inches in diameter, the operator using a rubber finger cot. The ointment is rubbed in for half a minute or more, the surface is exposed 15 minutes to dry and a gauze dressing is applied. The reaction occurs within 24 hours and may vary in degrees from a light papular eruption to a red macular eruption or an extensive red macular eruption lasting for two weeks. The reactions are local without constitutional fever or pain. If no eruption occurs within 24 hours the test is considered negative.

Early Operation for Psoas Abscess.—The recent advances include early operation for special conditions and particularly early operation for psoas abscess. To accomplish the best results with this operation it should be performed as soon as Potts' disease can be recognized. The early symptoms consist of rigidity of the spine, a tender point in the lumbar region, flexion of the thigh upon the abdomen, elevated tem-

perature and leucocytosis. The suspected presence of tuberculosis of the spine should be verified by an X-ray diagnosis before an operation is undertaken. The operation consists in making an incision 2 inches over the spinous processes of the lumbar vertebræ parallel with the spine and by a careful dissection between the erect spine and quadratus lumborum, the attachment of the psoas muscle to the transverse processes is found. The third lumbar transverse process is the guide to the incision of the psoas abscesses and the opening should be made with a blunt instrument. Drainage should be very lightly inserted and a plaster-of-paris cast should be applied. This operation was first introduced twenty years ago by Sir Frederick Treves and fell into disrepute because it was employed in cases of extensive caries of the spine. I have modified the operation by using a blunt instrument to open the sac and by adapting it to treatment of abscesses in children only.

Serum-Therapy.—One of the greatest advances which has been made in recent years is the serum therapy and more particularly the use of bacterins in the treatment of sapræmia. When a patient suffering from tubercular abscesses has mixed infection of this kind he has the symptoms which are characteristic of sapræmia or progressive ptomaine poisoning. These are headache, anorexia, chill, rapid pulse, furred tongue, nausea, leucocytosis, etc. It is in just this class of cases that the use of bacterins is most valuable. The injection of an autogenous preparation of dead bacteria subcutaneously into the patient is followed by an increase in the opsonins and an increased phagocytosis, the effect of which is marvelous upon the constitutional condition of the individual. His general symptoms abate, the discharge changes its character and frequently after two or more injections the infection disappears and the patient recovers. The taking of the opsonic index as recommended by Wright is difficult and costly and has been of late abandoned for the study of the clinical symptoms. Personally I do not approve of this change, and think that no amount of expense or trouble should stand in the way of scientific methods and that the taking of this index should be made whenever possible.

The different germs from which autogenous preparations can be made are now quite numerous and I have had experience with a number of different forms. These

include staphylococcus, streptococcus, protius-vulgarus, colon bacillus, cholera hog bacillus, gonococcus. A good illustration of a suitable case after the use of bacterins was that of a large, well-developed farmer, aged 22 years, who suffered from hip disease; he presented himself at the University of Pennsylvania suffering from a large abscess; examination of fluid from this collection, by means of diagnostic puncture, showed the collection to be sterile; it was incised and thoroughly curetted and subsequently became infected with staphylococcus pyogenes aureus. His constitutional symptoms were marked and characteristic of sapræmia: two injections of an autogenous preparation of bacterins made from the culture, given within a week, changed the entire character of the infection and he left the hospital without any constitutional symptoms and with the sinus discharging sterile serous fluid. The greatest difficulty is encountered when there are two or more germs present in the collection, the bacterins will then have to be given either separately or combined, according to the reaction. In one patient who illustrates this form of treatment, while there were three germs present, the staphylococcus aureus, protius vulgaris and colon bacillus. The bacterins of these were given in the order mentioned, the reaction after the second being much greater and requiring smaller doses. Before the injections were given his condition was considered hopeless, his emaciation was extreme, and the suppuration had continued for about 1,000 days. The improvement under the use of bacterins was marvelous, his wounds closed and he made a perfect recovery.

X-Ray Diagnosis.—There are still a few physicians who do not believe in the use of the X-ray, either because of lack of experience or because the machines which have been employed have given them poor negatives. Without the use of the X-ray it would be almost impossible at the present time for an orthopedic surgeon to properly do his work. With the X-ray the surgeon can distinguish between the lesions of the various bone diseases and with dislocations and fractures he can assure himself of a complete reduction of the former or a proper setting of the latter. The progress of an inflammatory condition of the bones can also be studied by a series of photographs. These X-ray photographs should be taken immediately before any treatment is instituted, as in this way a correct diagnosis

may be made and erroneous treatment will not be instituted.

Infantile Paralysis.—The greatest advances have been made in the deformities which follow infantile spinal palsy; these consist in nerve anastomosis, tendon transplantation and in rare instances the use of artificial ankylosis. The descriptions of the operations performed with silk ligatures and silk tendons are remarkable and read like a page from the Arabian Nights. Tendons may be transferred from one side of the foot to the other or from the back of the knee to the front, or by means of silk thread attachments may be made long distances from the origin of the muscle, as for example the attachment of a silk thread from the semi-tendinosus and the tensor fascia femoris to the tubercle of the tibia. These silk threads are carried through the subcutaneous tissues and after a time become coated with tissue so that they become as thick as slate pencils and sufficiently strong to move the parts. The anastomosis of nerves has also been successful under certain conditions, but usually when paralysis occurs the whole nerve group suffers so that it is difficult to obtain a sound nerve to attach to a paralyzed nerve. The good examples of the anastomosis of nerves is to be found in the anastomosis of the musculo-cutaneous, and the external popliteal to the internal popliteal.

The use of braces has been condemned in certain quarters and more attention has been given to operative methods. This, in my opinion, is a serious error, because patients are compelled to wear some form of apparatus from the early period of paralysis until they attain an age when operation can be performed and also because braces in some instances give better results than the operations. Each has its proper place. As patients suffering from infantile spinal paralysis usually suffer from 2½ to 3 years of age and as operations cannot be performed until they reach ten or twelve years of age, this period should be used to develop the muscles and during this period the parts should be supported by braces. A more thorough knowledge of the principles involved in the application of braces would lead to a more general use of these appliances. They should be employed for two specific purposes: first, to fix the joints, and second, to prevent deformities; they should be light in weight, well padded and should be especially prescribed by the orthopedic surgeon for each

individual patient. When properly used they will be found of inestimable value.

Operations Upon the Knee Joint.—All surgeons of experience will agree that there is more danger of opening the knee-joint than of any other part of the body, not excepting the abdominal cavity. This is because infection is so liable to occur from any relaxation in the aseptic technique. One of the greatest advances which has been made of late years is the perfected technique for operations upon the knee-joint. To Dr. Robert Jones, of Liverpool, belongs the credit of having improved the operation more than 500 times. His technique is briefly as follows: The operative region having been thoroughly sterilized and the surgeon and assistants having taken the greatest care in their personal preparation for the operation, including the use of rubber boots, rubber gloves and masks, the knee is allowed to hang over the end of the table, in which position it remains until the splint is removed. The skin over the knee is painted with iodine, the bottle of which has been sterilized; the limb is covered with a piece of gauze wet with bichloride solution and the incision is made through this gauze. Three knives are used in entering the joint, one for the skin, one for the subcutaneous tissues and one for the synovial sac. This precaution is taken so that no germs can be carried into the joint from the skin. *Talking is prohibited while the wound is exposed.* Nothing is allowed to touch the joint except sterile instruments, the ligatures are handled with forceps and the dressings are taken immediately out of the sterile container and placed upon the wounds, being handled with forceps. The wound is closed by a deep continuous iodized suture and intermediate suture and silk worm gut sutures, the dressing is applied and a metal splint and bandage is completed before the tourniquet is removed.

Salvarsan.—The discovery of the Spirochæta Pallida by Shaudinn, the development of the blood test by Wassermann and, finally, the discovery of Salvarsan or "606," by Ehrlich, have all been taken advantage of by orthopedic surgeons in the treatment of specific diseases of bones and joints. To use this remedy satisfactorily the Wassermann reaction must always be positive. This having been found, the injection of the salvarsan may be used in bone cases either in the secondary or tertiary period, good results having been obtained at both these periods. If one in-

jection does not remove the bone lesion, another injection may be used after a period of from one week to one month. Throughout the entire period of the treatment, the local remedies, such as fixation of a part, the use of local applications, should not be neglected. Mercurial inunctions into the skin over the affected joints should be prescribed since it has been found in practice that the treatment combined with mercurial inunctions gives the best results. While in the primary stage it is possible to produce by salvarsan the "*therapia sterilisans magna*" so persistently sought by this discoverer, it is improbable that chronic lesions of the bones and joints can be immediately removed in this manner.

The Treatment of Sinuses.—The treatment of sinuses has been greatly improved of late years by the use of bismuth paste. It was discovered by Beck, of Chicago, while making injections of bismuth paste for photograph purposes, that many of the patients recovered without further treatment. This led to the use of injections of bismuth paste in the treatment of sinuses. These injections are very easily prepared by melting petrolatum in a water bath and adding 33 per cent. of bismuth subnitrate. This is injected hot into the sinus, and after several injections the preparation is thickened by the addition of 5 per cent. white wax and 5 per cent. paraffine. After considerable experience in the use of this paste I am of the opinion that it is well to limit the use of these preparations, since under certain conditions the pus is confined in the body and a condition of sapremia is produced, some fatal cases having been reported. These injections should never be made into brain sinuses or pancreatic or biliary fistule. I am also accustomed to having bacteriological examinations made of the sinus before making the injections; in this way one can determine exactly what is the character of the secretion from the sinus, and the proper cases can be selected.

Displacement of the Sacro-Iliac Synchondrosis.—Much attention has been given of late to the displacements which occur between the sacrum and the ilium and which for a long time had been overlooked. It has been found that many cases of so-called sciatica and lumbago were due to displacement of this articulation. The joint becomes relaxed from exhausting illnesses and from strains, and the displacement is followed by acute pains referred to the region of the sciatic nerve and the lumbar region. The tests for displacement of this articula-

tion are simple: The patient is placed upon his back, the sound limb is elevated above the body with knee fixed and is found to be painless, the elevation of the affected limb with the knee fixed is found to give pain in the sciatic nerve. The limb on the affected side is also apparently lengthened. The best results are obtained by the use of a pelvic girdle especially made from a plaster cast and the gradual developments of the fascias and muscles about the joint by special gymnastic exercises.

Arthritis Deformans.—Great advances have been made in the treatment of arthritis deformans by the orthopedic surgeons. It has been discovered by careful examination of these cases that many of them are due to lesions of other parts and particularly the absorption of pus from the respiratory, alimentary or genito-urinary tracts. The removal of the cause in the early stages is not infrequently followed by cessation of the symptoms and a partial or complete recovery from the deformity. In a careful study of this subject recently I made four divisions: the traumatic, pathological, pathogenic and metabolic and toxic. The first group, the traumatic, includes a large number of joints that have been injured and have taken on chronic changes; the second or pathological group, includes arteriosclerosis, chronic nephritis, some heart lesions and neuropathic affections; the third group, or pathogenic, includes those joint affections which are due to pathogenic organisms, and some of which are due not to the organisms but to their toxins; the last, or metabolic group, includes all those forms which are due to metabolic abnormality.

THE USE OF CYCLOPLEGICS AND MYDRIATICS IN OPHTHALMOLOGY.*

BY LINN EMERSON, M. D.,
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All cycloplegic drugs are mydriatics, but very few produce mydriasis without impairing the accommodative function to a greater or less degree. While cocain dilates the pupil with but little effect on accommodation, it has the disadvantage of roughening the cornea, and sometimes

causes the patient considerable discomfort, after its anæsthetic effect has disappeared.

In my own practice euphthalmin hydrochlorid has displaced all other drugs for securing dilatation of the pupil for ophthalmoscopic examination. I am able to find but one reported case of injury by its use, and in that instance I am lead to suspect its use as coincident instead of causative. Three or four drops of a 5 per cent. solution, instilled at five-minute intervals, will generally produce satisfactory dilatation in about forty-five minutes. If glaucoma is suspected or feared its use may be followed by eserin or pilocarpin.

The use of cycloplegics may be classified as (I.) therapeutic, and (II.) diagnostic.

It seems to me unnecessary to detail to a special society the various therapeutic indications for a cycloplegic. They may be summed up in the words "any inflammatory disease of the eye in which its use seems indicated." The contra-indication is any condition in which increase in tension is present or is to be feared. I do not feel justified in using any cycloplegic to produce pupillary dilatation, for ophthalmoscopic examination in the elderly, when we have such a satisfactory drug for this purpose, in euphthalmin.

A few years ago a New York oculist read a paper before a local medical society, in which he pictured the horrors of the use of a cycloplegic drug in glaucoma, and warned the general practitioner against such use. As this bugbear has been paraded before medical students and medical men for so many years, there are few general practitioners who dare to use cycloplegic drugs in their practice. While I have no desire to lessen their caution, I must say that in my own practice, where I have seen injury done by a cycloplegic once, I have seen grave injury follow its non-use a score of times. I think we should teach the general practitioner that, when expert opinion is not available, in the absence of a dilated pupil, or a hard eye, the use of a cycloplegic is the safer procedure, and little likely to injure the eye. We have all seen many cases of posterior synechia, capsular cataract, and secondary glaucoma due to the failure of the attending physician to use atropin during an iritic attack.

The cycloplegic almost entirely used for therapeutic purposes is atropin, and a 1 per cent. or $\frac{1}{2}$ per cent. solution is usually employed. In severe inflammatory conditions its value is much enhanced by the addition of dionin in the strength of from 2

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per cent. to 5 per cent. It is not only a powerful lymphagogue, but also an analgesic of great value. While atropin is almost the sole cycloplegic used therapeutically, it sometimes causes marked conjunctival and lid irritation. In such a recent case in my practice, acting on the suggestion of one of our members, I changed to scopolamin, with a most happy result.

I also feel that there is a distinct field for homatropin therapeutically, and in a recent paper I made a plea for its more frequent use. After the removal of an impacted foreign body in the cornea, which has been present for two or three days, and caused considerable conjunctival, or even scleral, redness, the instillation of one or two drops of a homatropin solution will afford the patient much relief, and bring about a cure in one or two days, without the unpleasantness which follows the use of the more powerful cycloplegics.

In my opinion homatropin is also of value to "taper off" a convalescent protracted inflammatory eye case. About a week or ten days before it is intended to discontinue the use of atropin, homatropin is substituted, and its use continued until we think it safe to discontinue the cycloplegic. Two days after such discontinuance, the accommodation and pupil are restored to normal. This is of considerable advantage to a patient who is anxious to return to his desk. The following prescription is the one used in these cases:

R.

Homatropin hydrobromid.	gr. i
Chloretone	gr. i
Aquæ dest.	ʒss.

M. Sig.—Two drops in the eye four times a day.

The diagnostic use of cycloplegics in ophthalmology for the estimation of errors of refraction, has been a source of acrimonious discussion for many years. I desire to be known as one most emphatically in favor of such use. In a large percentage of patients under thirty-five years of age, I find I am unable to *accurately* estimate the refractive condition without the use of a cycloplegic, and observation has taught me that many men who *think* they can, cannot do so.

Ten years ago, when I began my clinical work at the Manhattan Eye and Ear Hospital, I was among a small minority there who believed in the use of cycloplegics for the estimation of refractive errors in patients between the ages of twenty-one and

thirty-five years. Some of the men who actually believed in such use were slow to proclaim the fact, so strongly entrenched were the followers and pupils of the late Dr. D. B. St. John Roosa. One of the senior surgeons in that institution, I recall, very condescendingly and patronizingly informed me that my frequent use of cycloplegics would be much modified as I grew in age and experience. His prognosis has not been verified, and the older I grow, the more frequently do I find myself using a cycloplegic on patients over thirty-five years of age. I practically never examine a patient under twenty-five without drops, seldom do under thirty-five, and frequently employ them in patients between thirty-five and fifty.

While there are many cycloplegic drugs, I limit myself exclusively to three—atropin, homatropin, and scopolamin or hyoscin. Casey Wood (*Ophthalmic Therapeutics*, p. 540) says "scopolamin and hyoscin are chemically, physiologically and clinically identical," and the drug as purchased from Merck & Co. has both names on the label.

In my private practice the use of atropin for the estimation of errors of refraction has been almost entirely discontinued. When cycloplegia of long duration is desired, as in the treatment of a case of squint, a ½ per cent. solution is given, but practically all my routine work is done with scopolamin or homatropin. To any who may say that these drugs are not reliable, and do not bring about complete cycloplegia, I can only say that failure in their hands has been due to impure drugs or improper use. I formerly gave my patients prescriptions for these two drugs, but after one or two disagreeable experiences due to substitution, and the use of an old sample of the drug, I gave up that practice, and all instillations are now made by my office nurse. This procedure I have followed for the past four or five years without a single disagreeable complication.

Some time ago I took a series of forty cases and examined them carefully under homatropin, and then re-examined them under atropin. In about three-quarters of the cases the results were identical. A few of the cases of hyperopia of the higher grades accepted +.50S. more under atropin, and a like number accepted +.25S. more. In but one case was there any change in the cylindrical correction, and that was a case that read 20/20 with a +1.25S. in the left eye under homatropin, and required a +.25 Cyl. at 90° added

under atropin. These differences are no greater than will often be found in two successive examinations with the same drug, by the same individual. I herewith submit a table of these cases:

NO.	NAME	AGE	SEX	BEFORE CYCLOPLEGIA		UNDER HOMATROPINE		UNDER ATROPINE	
				D	S	D	S	D	S
1	R. L.	12	F	D 20/20=20/20W+50S	D 20/70=20/20W+1.25S	D 20/70=20/20W+1.25S	D 20/70=20/20W+1.25S	D 20/70=20/20W+1.25S	
2	J. H.	16	M	S 20/20=20/20W+50S	S 20/100=20/20W+1.25S	S 20/100=20/20W+1.75S	S 20/100=20/20W+1.75S	S 20/100=20/20W+1.75S	
3	E. A.	10	F	D 20/70=20/50W+2.50cy at 105.	D 20/200=20/40W+2.50S=+3.00cy at 115.	D 20/200=20/40W+2.50S=+3.00cy at 115.	D 20/200=20/40W+2.50S=+3.00cy at 115.	D 20/200=20/40W+2.50S=+3.00cy at 115.	
4	A. V.	30	F	S 20/20=20/20W+50S	S 20/70=20/20W+50S	S 20/30=20/15W+50S	S 20/30=20/15W+50S	S 20/30=20/15W+50S	
5	H. L.	10	M	D 20/20=20/20W+50S	D 20/100=20/20W+1.75S	D 20/100=20/20W+1.75S	D 20/100=20/20W+1.75S	D 20/100=20/20W+1.75S	
6	M. B.	27	F	S 20/20=20/20W+25S	S 20/40=20/15W+50cy at 180.	S 20/40=20/15W+50cy at 180.	S 20/40=20/15W+50cy at 180.	S 20/40=20/15W+50cy at 180.	
7	F. H.	7	M	D 20/20=20/20W+50cy at 90.	D 20/100=20/20W+1.75S=+50cy at 90.	D 20/100=20/20W+1.75S=+50cy at 90.	D 20/100=20/20W+1.75S=+50cy at 90.	D 20/100=20/20W+1.75S=+50cy at 90.	
8	C. D.	27	F	S 20/20=20/20W+50S	S 20/100=20/20W+1.75S=+50cy at 90.	S 20/100=20/20W+1.75S=+50cy at 90.	S 20/100=20/20W+1.75S=+50cy at 90.	S 20/100=20/20W+1.75S=+50cy at 90.	
9	C. M.	12	F	D 20/30=20/20W+50cy at 90.	D 20/70=20/20W+1.25S=+50cy at 90.	D 20/70=20/20W+1.25S=+50cy at 90.	D 20/70=20/20W+1.25S=+50cy at 90.	D 20/70=20/20W+1.25S=+50cy at 90.	
10	J. M.	21	F	S 20/30=20/20W+50cy at 90.	S 20/50=20/20W+1.00S=+25cy at 90.	S 20/50=20/20W+1.00S=+25cy at 90.	S 20/50=20/20W+1.00S=+25cy at 90.	S 20/50=20/20W+1.00S=+25cy at 90.	
11	N. R.	13	F	S 20/20=20/20W+1.00S	S 20/200=20/20W+2.00S	S 20/200=20/20W+2.00S	S 20/200=20/20W+2.00S	S 20/200=20/20W+2.00S	
12	J. Y.	10	F	S 20/20=20/20W+1.00S	S 20/50=20/20W+1.25S	S 20/50=20/20W+1.25S	S 20/50=20/20W+1.25S	S 20/50=20/20W+1.25S	
13	L. K.	7	F	D 20/20=20/20W+.25S	D 20/70=20/20W+1.25S	D 20/70=20/20W+1.25S	D 20/70=20/20W+1.25S	D 20/70=20/20W+1.25S	
14	M. C.	11	F	S 20/20=20/20W+.25S	S 20/70=20/20W+1.25S	S 20/70=20/20W+1.25S	S 20/70=20/20W+1.25S	S 20/70=20/20W+1.25S	
15	J. D.	12	M	D 20/100 accepts nothing.	D 20/200=20/50W-1.00S=+3.50cy at 115.	D 20/200=20/50W-1.00S=+3.50cy at 115.	D 20/200=20/50W-1.00S=+3.50cy at 115.	D 20/200=20/50W-1.00S=+3.50cy at 115.	
16	M. G.	9	F	S 20/30 not improved.	S 20/200=20/50W-1.00S=+3.50cy at 65.	S 20/200=20/50W-1.00S=+3.50cy at 65.	S 20/200=20/50W-1.00S=+3.50cy at 65.	S 20/200=20/50W-1.00S=+3.50cy at 65.	
17	B. H.	23	F	D 20/100 not improved.	D 20/200=20/20W+2.75S	D 20/200=20/20W+2.75S	D 20/200=20/20W+2.75S	D 20/200=20/20W+2.75S	
18	A. L.	6	F	D 20/20=20/20W+.75cy at 90.	D 20/200=20/30W+1.50S=+3.50cy at 85.	D 20/200=20/30W+1.50S=+3.50cy at 85.	D 20/200=20/30W+1.50S=+3.50cy at 85.	D 20/200=20/30W+1.50S=+3.50cy at 85.	
19	R. D.	12	F	S 20/20 accepts nothing.	S 20/200=20/30W+1.75S=+3.00cy at 90.	S 20/200=20/30W+1.75S=+3.00cy at 90.	S 20/200=20/30W+1.75S=+3.00cy at 90.	S 20/200=20/30W+1.75S=+3.00cy at 90.	
20	F. S.	10	M	D 20/30 accepts nothing.	D 20/100=20/40W-.50S=+3.50cy at 110.	D 20/100=20/40W-.50S=+3.50cy at 110.	D 20/100=20/40W-.50S=+3.50cy at 110.	D 20/100=20/40W-.50S=+3.50cy at 110.	
				S 20/20 accepts nothing.	S 20/50=20/20W+1.25S=+25cy at 90.	S 20/50=20/20W+1.25S=+25cy at 90.	S 20/50=20/20W+1.25S=+25cy at 90.	S 20/50=20/20W+1.25S=+25cy at 90.	
				D 20/20 accepts nothing.	D 20/70=20/20W+1.25S=+400cy at 90.	D 20/70=20/20W+1.25S=+400cy at 90.	D 20/70=20/20W+1.25S=+400cy at 90.	D 20/70=20/20W+1.25S=+400cy at 90.	
				S 20/20 accepts nothing.	S 20/100=20/20W+1.75S	S 20/100=20/20W+1.75S	S 20/100=20/20W+1.75S	S 20/100=20/20W+1.75S	
				D 20/20 accepts nothing.	D 20/30=20/20W+.25S	D 20/30=20/20W+.25S	D 20/30=20/20W+.25S	D 20/30=20/20W+.25S	
				S 20/20 accepts nothing.	S 20/30=20/20W+.25S	S 20/30=20/20W+.25S	S 20/30=20/20W+.25S	S 20/30=20/20W+.25S	
				D 20/30 accepts nothing.	D 20/40=20/20W+.50S=+25cy at 180.	D 20/40=20/20W+.50S=+25cy at 180.	D 20/40=20/20W+.50S=+25cy at 180.	D 20/40=20/20W+.50S=+25cy at 180.	
				S 20/30 accepts nothing.	S 20/40=20/20W+.50S=+25cy at 180.	S 20/40=20/20W+.50S=+25cy at 180.	S 20/40=20/20W+.50S=+25cy at 180.	S 20/40=20/20W+.50S=+25cy at 180.	

NO	NAME	AGE	SEX	BEFORE CYCLOPLEGIA		UNDER HOMATROPINE		UNDER ATROPINE	
				D	S	D	S	D	S
21	T. G.	12	M	D 20/15=20/15w+1.00S	.....	D 20/70=20/15w+1.25S	=+.25cy at 90.	D 20/70=20/15w+1.25S	=+.25cy at 90.
22	M. M.	11	F	S 20/15=20/15w+1.75S	.....	S 20/70=20/15w+1.25S	=+.25cy at 90.	S 20/70=20/15w+1.25S	=+.25cy at 90.
23	S. V.	15	F	D 20/70 not improved.	.....	S 20/70=20/15w+1.50S	.....	S 20/70=20/15w+1.50S	.....
24	K. H.	11	F	S 20/20=20/20w+1.00S	.....	D 20/30=20/20w+.25S	=+.25cy at 65.	D 20/30=20/20w+.25S	=+.25cy at 65.
25	W. M.	13	M	D 20/15=20/15w+1.00S	.....	D 20/40=20/15w+1.00S	.....	D 20/40=20/15w+1.00S	.....
26	E. K.	14	F	S 20/15=20/15w+.50S	.....	S 20/30=20/15w+.75S	=+.25cy at 90.	S 20/40=20/15w+1.00S	=+.25cy at 90.
27	F. L.	15	M	D 20/20=20/20w+.50cy at 90.	.....	D 20/50=20/20w+.50S	=+.50cy at 90.	D 20/40=20/20w+.50S	=+.50cy at 90.
28	J. W.	28	F	D 20/20=20/20w+1.00S	.....	D 20/50=20/20w+.25S	=+.75cy at 80.	S 20/50=20/20w+.25S	=+.75cy at 80.
				D 20/20=20/15w+.25=+.50cy at 180	.....	D 20/40=20/15w+.50S	=+.50cy at 180.	D 10/40=20/20w+.75S	=+.50cy at 180.
29	G. E.	12	M	S 20/70=20/30w+1.00S=	-1.75cy [at 45]	S 20/70=20/30w+1.75cy	at 135.	S 20/70=20/30w+1.75cy	at 135.
30	M. A.	8	F	D 20/70=20/30w-1.25S	.....	D 20/200=20/15w+.75S	=+.25cy at 85.	D 20/200=20/15w+1.00S	=+.25cy at 85.
31	S. G.	8	F	S 20/50=20/30w-1.00S	.....	S 20/200=20/15w+.50S	=+.25cy at 85.	S 20/100=20/15w+.75S	=+.25cy at 85.
32	L. F.	26	F	D 20/20=20/20w+1.00S	.....	D 20/100=20/15-w+1.00S	=+.25cy at 110.	D 20/100=20/15-w+1.25S	=+.25cy at 110.
33	M. G.	14	F	D 20/30=20/20w+.75cy at 90.	.....	D 20/40=20/20w+.50S	=+.50cy at 90.	S 20/100=20/15w+1.50S	=+.25cy at 105.
34	C. H.	21	F	S 20/40=20/30w+.75cy at 90.	.....	D 20/40=20/20w+.50S	=+.50cy at 90.	S 20/50=20/20w+.75S	=+.50cy at 90.
				D 20/20=20/20w+.75S	.....	S 20/40=20/20w+1.25S	=+.25cy at 90.	D 20/100=20/20w+1.50S	=+.25cy at 90.
				D 20/30=20/20w-1.00cy at 105.	.....	S 20/70=20/20w+1.35S	=+.25cy at 90.	S 20/100=20/20w+1.50S	=+.25cy at 90.
				S 20/20=20/20w-.75cy at 10.	.....	D 20/30=20/15w+.25S	=+1.00cy at 75.	D 20/70=20/15w+.50S	=+1.00cy at 75.
				D 20/20=20/15w+1.00S=+.50cy [at 90]	.....	S 20/40=20/15w+.25S	=+1.00cy at 100.	S 20/70=20/15w+.50S	=+1.00cy at 100.
				S 20/20=20/15w+1.00S=+.50cy [at 90]	.....	D 20/200=20/15w+1.75S	=+.75cy at 90.	D 20/200=20/15w+2.00S	=+.75cy at 90.
35	E. M.	14	F	D 20/200 accepts+300cy at 110.	.....	S 20/200=20/15w+2.00S	=+.50cy at 90.	S 20/200=20/15w+2.25S	=+.50cy at 90.
36	M. G.	14	F	S 20/30 accepts nothing.	.....	D 20/200=20/70w-1.00S	=+3.50cy at 105.	D 20/200=20/70w-.75S	=+3.50cy at 105.
37	M. L.	8	M	S 20/20=20/20w+1.50S	.....	S 20/50=20/20w+.75S	=+.25cy at 90.	S 20/70=20/20w+1.00S	=+.25cy at 90.
38	A. S.	15	F	D 20/20=20/20w+1.50S	.....	D 20/70=20/15w+1.25S	=+.50cy at 80.	D 20/100=20/15w+2.00S	=+.25cy at 80.
39	J. B.	25	F	D 20/70 not improved.	.....	S 20/70=20/15w+1.50S	=+.50cy at 90.	S 20/100=20/15w+1.75S	=+.50cy at 90.
				D 20/70 not improved.	.....	D 4/200=20/50w+.50S	=+1.50cy at 105.	D 4/200=20/50w+6.00S	=+1.50cy at 105.
				S 20/20=20/20w+1.00S	.....	S 4/200=20/50w+5.00S	=+2.25cy at 90.	S 4/200=20/40w+5.50S	=+2.25cy at 90.
				S 20/20=20/20w+1.00S	.....	D 20/50=20/20w+1.75S	.....	D 20/40=20/20w+1.50S	.....
				D 20/70=20/40w+2.00S=+.50cy [at 90]	.....	S 20/40=20/20w+1.50S	.....	S 20/40=20/20w+1.50S	.....
40	S. F.	12	F	S 20/70=20/40w+2.00S=+.50cy [at 90]	.....	D 20/70=20/30w+2.25S	=+.50cy at 75.	D 20/70=20/30w+2.00S	=+.50cy at 75.
				D 20/20=20/20w+1.00S	.....	S 20/70=20/30w+2.25S	=+.50cy at 100.	S 20/70=20/30w+2.00S	=+.50cy at 100.
				S 20/20=20/30w+1.00S	.....	D 20/40=20/20w+1.25S	.....	D 20/50=20/15w+1.25S	.....
					.....	S 20/40=20/20w+1.25S	.....	S 20/50=20/15w+1.25S	=+.25cy at 90.

Children and such adults as can submit to a cycloplegia of three or four days' duration without serious inconvenience, or loss, are given scopolamin. The solution used is as follows:

R	
Scopolamin hydrobromid.	gr. i.
Chloretone	gr. ii.
Aquæ dest.	ʒi.

One drop is placed in the lower cul-de-sac of each eye, and in one hour cycloplegia is complete. As the drug has a marked systemic effect, care is taken to put but *one* drop in each eye. The only cases of untoward effect I have seen were two colored girls, on whom a solution of ten grains to the ounce was used by mistake at the dispensary. While their mother was greatly alarmed at their queer actions, no bad result ensued. They were each given a hypodermic injection of $\frac{1}{4}$ gr. of morphin, and after lying down for three or four hours were able to walk home, and appeared perfectly normal the following day.

Patients with whom, for various reasons, a cycloplegia of short duration seems particularly desirable, are given homatropin, and if de Schweinitz's advice as to cumulative instillations is followed, a satisfactory and complete cycloplegia results. The solution I use is as follows:

Homatropin hydrobrid.	gr. v.
Cocain hydrochlorid.	gr. ii.
Aquæ dest.	ʒv.

The reason this quantity is ordered from the druggist, is that I may have my solution made from a fresh unopened 5-grain vial of Merck's homatropin hydrobromid. Since I began using freshly prepared, *new* homatropin in my office, I have not seen a single case of the slightest untoward effect. The addition of a small quantity of cocain lessens the disagreeable sensation caused by the instillation, and prevents the slight redness and reaction which follow the use of homatropin alone.

One drop of this solution is instilled in each eye every ten minutes, seven times. Ten minutes after the last instillation, cycloplegia is complete. Cases on which this solution is used on Saturday as late as 6 P. M. are able to do near work comfortably on Monday morning. If used Sunday forenoon, and followed by eserine sulphat $\frac{1}{2}$ gr. to the ounce, one drop every hour for the remainder of the day, the patient is able to do near work on Monday morning.

When a cycloplegic is used, I prefer to

examine the patient before the drops are used, under the drops, and finally prescribe glasses after the effect has passed. I then ask the patient to return for an inspection of the glasses. For these four visits I charge for *two* office visits.

NOTES ON SOME PRACTICAL POINTS ON DISEASES OF THE UPPER RESPIRATORY TRACT.*

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Acting upon the suggestion of your president I will briefly run over half a dozen diseases of the ear and upper respiratory tract, which you are most apt to meet with, rather than attempt to go into the scientific details of any one disease; avoiding also, as far as possible, pathological and anatomical details, with which you are doubtless familiar.

EARACHES.

The earaches met with by you in your work are for the most part due to (1) boils, or (2) to infections of the middle ear—the middle ear, as you remember, being composed of the tympanic cavity proper, the mastoid cells, and the eustachian tube. Sometimes earaches are due (3) to foreign bodies, or (4) reflexes.

The differential diagnosis between these four varieties can usually readily be made by the use of the speculum and head-mirror. Boils or furuncles, are usually to be found in the outer third of the auditory canal. If they are deep, or the swelling on the surface is not marked, they may be located by gentle pressure with a cotton-tipped probe around the external auditory rim, thus locating the most tender spot. In the early stages the tympanic membrane is not markedly reddened; in the later stages there may be myringitis.

Treatment consists in smearing a 25 per cent. ichthyol ointment, or the official yellow oxide of mercury ointment, over the outside of a pledget of cotton, and packing this as firmly as possible into the canal. This causes a few moments' pain, but usually aborts the boil. The packing is allowed to remain in situ for at least 24 hours. In the later stages the boils should be lanced freely down to the periosteum.

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under antiseptic precautions, and the canal then packed as above to prevent the occurrence of other boils. The physician should bear in mind the probability of several boils following each other unless the strictest asepsis is maintained, owing to auto-infection.

When the pain is due to inflammations of the middle ear the tympanic membrane will be found to be more or less reddened, according to the stage of the disease, and there is tenderness upon pressure upon the tragus and in the fossa below the lobe of the ear. If this condition is not promptly treated it results in an abscess of the middle ear with perforation of the drum, chronic suppuration, mastoiditis, sinus thrombosis, brain abscess, meningitis and death.

Treatment.—For the relief of the pain in the early stages, a hot solution of carbolyated glycerine (20 gr. to the oz.) should be dropped freely into the external auditory canal, which should then be tamponed with a wisp of cotton, and covered with a hot-water bag. The temperature of these ear-drops should be between 100 degrees and 104 degrees, the precaution of testing them upon the back of the wrist, previous to their instillation, being observed, in order to avoid scalding the patient. These instillations may be repeated at intervals of fifteen minutes, should the pain not disappear. At the same time the nose and nasopharynx should be kept antiseptically clean. If abscess has already formed, and the tympanic membrane be found bulging, it should be freely incised, the incision being made with the small paracentesis knife made for the purpose, cutting from below up through the most prominent bulging part, or through the posterior quadrant of the tympanic membrane, and should mastoid tenderness be present at the time the incision should be carried along the posterior superior inner wall of the canal for a distance of $\frac{1}{4}$ to $\frac{1}{2}$ of an inch.

In *mastoid pain*, in addition to the paracentesis, the mastoid region may be covered with a thick layer of an ointment of 25 per cent. ichthyol, or antiphlogistin, and the hot-water bag, bearing in mind that this may disguise the skin-coloring, and thus interfere with this diagnostic point later on. The temperature in mastoid disease is not of much diagnostic value. If the pain and tenderness be great, and the discharge of pus through the tympanic membrane be excessive, the advisability of mastoid operation should be considered. Should there

be chills, vomiting, general asthenia, and pain extending over the whole side of the head, the indications for operation, are imperative. Should there be a cyclical temperature ranging from normal to, say, 104 degrees or upward, once or twice in the twenty-four hours, *sinus thrombosis* should be suspected, and the case be operated upon at once. Constant head pain, haziness of the eye-grounds, high temperature and rapid pulse would imply meningitis, a condition which usually results fatally.

The presence of *foreign bodies* is usually diagnosed by the history, with the aid of a head-mirror, speculum and probe.

Treatment.—More harm may be done by attempting to remove foreign bodies than could possibly be done by the object itself if left in situ. There are recorded cases in which foreign bodies, such as beads, grains of wheat, etc., have been found in the auditory canal after a lapse of forty years, without any material damage having resulted. On the contrary, I have seen a number of cases where much damage was done by the physician's clumsily attempting to remove the foreign body. In at least one case mastoiditis resulted and operation was necessary; in another case a physician very energetically persisted in removing a "foreign body," which proved to be the malleus. The simplest way to remove a foreign body is to attempt to syringe around it, unless it is an object like a bean, which tends to swell upon the application of water. In such cases Saxon's forceps, or a hook passed over the object, may be used.

THE ADENOID-TONSIL OPERATION.

And now for a brief resume of the adenoid-tonsil operation. So much has been written upon this subject in the lay journals, that there has been a tendency to over-operate in these cases. There is no question, however, of the far-reaching benefits which are to be derived from this operation in carefully selected cases.

Tonsils need not be removed simply because they are large. On the other hand, diseased tonsils should be removed even when they are very small, embedded and scarcely visible in the fauces. A certain percentage of enlarged adenoids and tonsils yield to non-operative treatment. The most favorable time of life in which adenoids and tonsils should be removed is probably between the ages of six and twelve years. The usual symptoms indicating operation are: mouth-breathing, snoring, occasional attacks of hardness of hearing, frequent

"colds," laryngitis or bronchitis, and enlarged cervical glands—a chain of symptoms often accompanied by digestive disturbances and enuresis. In such cases the adenoid tissue in the vault of the pharynx is, by the aid of the mirror or finger, found to be enlarged; the tonsils usually project freely into the fauces, or, if adherent to the pillars, are broad and high, and, in cases in which there is cervical enlargement, degenerated caseous matter can usually be expressed from the tonsillar crypts. If such cases do not yield readily to local measures the adenoids should be thoroughly removed and the tonsils, including their capsules, dissected cleanly from their beds. The operation should be done under general anesthesia (ether preferably) at a hospital, and should be regarded as one of major surgery.

This operation is less often indicated in adults than in children. It is indicated in cases of recurrent quinsy, intractable rheumatism, severe joint infections, when no other focus of pus can be found, and in cases of frequently recurring, non-suppurative tonsillitis. In the last few years, since we have found it advisable to dissect the tonsillar capsule out in toto, it has been thought better to perform the operation under a general anesthetic.

MEMBRANOUS DISEASES OF THE THROAT.

Under this heading would come diphtheria, streptococcal, staphylococcal and pneumococcal infections, as well as Vincent's angina.

In former years I felt that the differential diagnosis between diphtheria and the other membranous throat affections was comparatively easy, with the unaided eye. Of late, however, I feel more and more the necessity of a bacteriological examination in order to clear up the diagnosis. In some cases the line of demarkation, either as to appearance or odor, is impossible to draw, and the microscope must be resorted to to clear the diagnosis. Having then established the diagnosis by this means, the prognosis and treatment are comparatively easy.

Treatment—In *diphtheria* the introduction of a large initial dose of one of the standard antitoxins is sure to be followed by prompt relief, if the diagnosis is made early. This should be followed in eight hours by another dose of from 1,500 to 6,000 units, according to the progress of the cure. In doubtful cases, if a bacteriologist is not at hand, the antitoxin should be given tentatively until the diagnosis is established.

In the *streptococcal, staphylococcal, pneumococcal* or *mixed infections* the membrane may be scraped off from the throat with a peroxide-loaded applicator, after which the application of a solution of nitrate of silver (60 gr. to the oz.) may be made over the surface, and a 25 per cent. solution of argyrol applied into the nasopharynx, together with internal medication as indicated.

In *Vincent's angina*, which at the Philadelphia General Hospital is frequently mistaken for diphtheria, the presence of the spirillæ makes the diagnosis positive. One of the best forms of local treatment consists in the application of a solution of 5 per cent. chlorid of zinc to the surface of the membrane, although in certain cases of Vincent's angina the necrosis progresses with an alarming degree of rapidity in spite of any treatment, terminating in death in from a few hours to a few days.

TUBERCULOSIS.

Primary tuberculosis of the nose or throat is, fortunately, comparatively rare. Tuberculosis of the larynx is usually secondary to tuberculosis of the lungs, and may be diagnosed by the ulcerations, nodules or swellings over the arytenoid or other cartilages, due to the perichondritis. Ulcerations may be scraped and touched with lactic acid, in strength varying from 20 per cent. up. In late stages of laryngeal tuberculosis the pain may be ameliorated by the insufflation of a powder of morphia, iodoform and vanilene. The general treatment in these cases is fresh air, rest and forced feeding.

Dr. Stout also dwelt on Quinsy, Syphilis and Subacute and Chronic Coughs.

A STUDY OF THE ALTERATIVES.*

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In this paper an attempt is made to explain the good results obtained from the use of iodine, phosphorus, arsenic, lime and cod liver oil, a group of medicaments commonly used as alteratives, and a plea is made for their more general use in health as conservers of nutrition and preventives of disease.

Food is necessary to maintain life. Food, in a broad sense, includes not only food

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stuffs eaten and fluids drunk, but also the air breathed. In this sense the term food is here used and includes all substances utilized in metabolism. Though food stuffs taken by man are of complex chemical composition, their value is dependent upon the presence in them of certain elements. An animal deprived of any of these elements deteriorates and dies. An animal, like a plant, deprived of a normal amount of these elements in diet loses vigor and becomes prone to disease. To determine what elements are essential to support vigorous life in animal or plant it has been thought that a chemical analysis of the organism was sufficient. This is the best guide as to what elements are required in diet, but not necessarily an accurate one. It is evident that a plant cannot build into its tissues substances containing elements not present in the soil or air. Without potash in a soil there can be no potash in a plant. In regard to the animal the same reasoning applies. Since animal life is predatory upon vegetation, elements which are absent in plants are, with few exceptions, absent in animal tissue. Elements present in a soil must be present in available form or else the plant cannot utilize them, and likewise the animal must needs find its food elements suitably combined and elaborated by the plant. Hence it follows that the chemical composition of a plant or animal is limited by its food environment and as one changes the other tends to change. At one time in the earth's history there were vast numbers of gigantic plants (horsetails) which contained large quantities of silica. To-day they are represented by diminutive specimens. Whether the plant is not now able to utilize the silica in the soil, as of old, or whether environmental changes have dwarfed its size is not clear, but it is quite certain that the plant is not as vigorous as it would be if surrounded by its pristine conditions of growth. The vigor of an organism cannot be judged by its appearance. All other conditions being equal, a plant or animal supplied with all necessary food elements in available form will attain to perfect vigor. But the converse, that a vigorous looking plant or animal is obtaining all the food it needs, is not necessarily true. The elements entering into the composition of an organism are those which the organism has been able to utilize, and does not represent, either in variety or in comparative proportion, the elements which the body might utilize under a different food environment. Again it might be supposed that a

chemical analysis of milk would furnish a guide to the chemical needs of a suckling. It is accurate in so far as the mother obtains the necessary elements in her food. No organism can manufacture elements from other elements, nor are similar elements interchangeable as food values. Iodine is present in the milk if sufficient iodine is present in the food. The same obstacle prevents using milk as a guide for an animal's complete chemical needs as when the chemical analysis of an animal itself is taken as a guide. Food environment modifies life and directly the chemical composition of the organism.

Of the preceding methods, the best guide to the chemical needs of the body is the chemical analysis. The elements which make up the composition of the body must always be present in health; they are elemental foods. Some of the elements appear in minute quantities. However, the quantity present in the organism is not necessarily a measure of its importance. The amount of iron is estimated in grains, iodine is estimated in milligrams, and arsenic is found in traces. Yet iron is as essential to health as starch, and iodine is the active principle of thyroïdin without which the thyroid gland is inert. The elements of the body are carbon, hydrogen, oxygen, nitrogen, sulphur, phosphorus, chlorine, iodine, potash, soda, calcium, magnesium, iron, fluorine, arsenic and silicon. The first four constitute the bulk of the organism. Of the remainder this paper is concerned specifically with iodine, lime and arsenic, which, with cod liver oil, are listed in textbooks as alteratives.

Before studying these, however, it is well to state here the general method which has been followed in studying the elements in relation to metabolism. The possible interrelation of chemical composition of tissue, dietetic or metabolic diseases, and chemistry of food has been constantly borne in mind. For example, iron enters into the composition of the hemoglobin molecule; the absence of iron in a diet among other causes brings on anæmia. Lime is found in bones, teeth, cartilage, nerve, tissue, red cells and muscles. Any great diminution of lime in diet is associated with changes in bone, teeth, nervous system, red cells and muscles, which changes are best seen in rickets, whose symptoms are essentially bone deformity, delayed dentition, irritability, pot-belly and anæmia.

If any element is normally found in a tissue, the withdrawal of the elements from

diet is followed by disease, probably first manifested by signs or symptoms referable to the tissue in which it normally occurs, and if an element is normally found in more than one tissue, as generally occurs, its withdrawal affects in time the function of as many tissues.

Iodine and the Iodides.—Iodine is rather rare as a metal. It is found in combination with silver and mercury as iodyrite and iodic mercury in Spain, Chili, Mexico, Arizona and some mineral springs. In small amounts it is present in sea water. It is commercially obtained from sea weeds and is present in cod liver oil. In the human being it is present in the normal thyroid gland of the adult. The thyroid contains about four milligrams of iodine present in the form of thyroïdin, which substance is 0 per cent. iodine. Iodine is absent in the thyroid of the new-born, but normally present in milk. The iodine content of the thyroid gland is affected by rest, diet, drugs, infections and age. Much larger percentages of iodine are found in the thyroid of sheep and swine than in the human¹.

Without iodine the thyroid gland is inert and in diseases of the thyroid it is present in diminished amount². Thyroid preserves, according to Chittenden, the iodine of the food. In this connection the study of endemic goitre is of interest. Endemic goitre is most common in the Alpine districts of Austria, Switzerland, Italy, France and the Great Lake Basin of North America. Removal from goiterous districts prevents the development of the disease. Women are more frequently affected than men, presumably because in pregnancy the fetus makes increased demand upon the thyroid for iodine. Of internal remedies iodine has most frequently been found of service. Removal to the seashore is specifically beneficial in these cases. Iodine is found in Mexico, Chili, Spain and Arizona. Endemic goitre does not occur in these places. Iodine is found in larger quantities near the sea than elsewhere, less in mountainous regions than in the plains, the reverse of the localization of endemic goitre. Endemic goitre bears a very close relation to iodine deficiency in the food. Goitre also occurs in fishes. Trout have goitre when kept in hatcheries. Iodine has a curative and preventive effect upon these hyperplasias. Recovery of trout takes place either on placing them in their natural habitat (the brook) or by giving them small amounts of iodine while in the pond³.

Lime.—Lime occurs abundantly in rock

formations, but, because of its solubility, readily washes out of some soils. Thus there is fourteen times less lime in the soil of limestone regions situated in regions of abundant rainfall than in the arid regions⁵. Alfalfa probably takes up more lime than any other cultivated plant. Lime is present in great amounts in springs and well waters than in brooks and ponds. It appears that animals grazing upon lime-poor land and drinking from surface streams suffer for want of lime. Its absence in the food in sufficient amount causes osteomalacia in cattle. This disease is found in cattle grazing on marshy lands where the grass is poor in lime salts. These animals have a desire for alkaline and earthy substances and frequently eat dirt. Osteomalacia affects beasts confined in menageries. Swayback, or deep saddle, is a disease of horses similar to osteomalacia and occurs under the same conditions. In human beings lime enters into the composition of bones, teeth and nerve tissue, and disturbance of lime metabolism is a direct cause of certain diseases of bones and nervous system. In removing the thyroid gland care is taken to preserve the parathyroids because their complete removal results in tetany, tremors or even death. The function of the parathyroids seems to be that of regulating lime metabolism. Tetany, according to Quest, is chiefly due to lack of lime. An imperfect digestion of milk fat causes the latter to seize upon the lime and eliminate it in the lime soap stools regardless of the amount of the lime intake⁴. After removal of the parathyroids in animals, the administration of calcium salts cures the tetany which follows. Tetany is apt to occur during pregnancy, which is explained by the fact that during pregnancy there is less lime in the blood than normal⁶. Furthermore, it follows exhausting diseases, especially rheumatism, in which disease there is an acid intoxication with consequent withdrawal of lime from the tissues. Tetany is most frequently associated with rickets. Rickets is artificially produced in young animals by depriving them of fat and earthy salts. In babies rickets may be brought on when the food is deficient in fat, as in proprietary baby foods or when given boiled milk. Boiled and sterilized milk destroys the usefulness of the lime salts present. In this respect rickets bears a close analogy to scurvy, another dietary disease brought on by lack of fresh fruits and vegetables and which, according to some authors, is associated with lack of potash in the blood.

Scurvy is closely related to lack of inorganic salts other than lime. Rickets is closely related to lack of lime in available form in the food, while osteomalacia seems closely related to lack of both. Tetany is due to a change in lime metabolism and, according to Meyer, there is a change in lime metabolism in all convulsive disorders.

Arsenic—Arsenic is found in many ores along with silver and lead. It is present in minute quantities in sea water. It occurs in thyroid gland, thymus, mammary gland, skin, hair and nails⁷. It may be contended that arsenic is an accidental contamination of the body. Bertrand, however, found it normally present in deep sea animals in whom accidental contamination is excluded. Again arsenic in minute quantities acts as a food, not as a poison. Styrian peasants who eat arsenic live to a very old age. Rabbits treated with arsenic grow large and stronger than controls. From the presence of arsenic in the body and its universal presence in deep sea animals, it seems without doubt to be a normal, not an abnormal, constituent of the body and to serve the system as a food as does iodine, potash, lime or iron. Arsenic, according to Gautier, is present in the skin, hair and nails, which fact forms a physiological basis for the therapeutic use of arsenic in chronic diseases of the skin. Arsenic is universally used as a reconstructive. Why is it so beneficial? It may serve as an elemental food element which, being commonly present in deficient amounts in food stuffs, supplies a real food need, or the quantity of arsenic found on chemical analysis of the human body may not represent all the arsenic the system may utilize to advantage and the artificial exhibition of the drug may supply a real body need. In studying this point, it is of interest to know that animal life has not always maintained the same chemical composition of tissue from era to era. Fossil bones contain more fluorine than modern. As stated in the early part of this paper, silica existed abundantly in vegetation at one time. Geologists assert that the early rocks are highly metalliferous; that they contain more of the heavier metals than later formations; that the early seas were almost boiling and as such dissolved rock much more easily than at present. It is evident that their environment of life has markedly changed through the long eras, not only the physical characteristics of land and sea, but the chemistry of the surface of the earth and the oceans out of either of which or both primitive life began. The

early seas were richer in arsenic as well as in other heavy metals, the chemical composition of which has left its stamp upon the chemical composition of all life which has since developed. The outside of an animal tells where its ancestors have lived, but the inside suffers little change, no matter what the surroundings are, and tells the real nature of the animal. In general, the higher the type of animal, the more persistent and unchangeable are those structures not immediately exposed to the influence of the struggle for existence. All animals carry within them vestigial bodies which cling to them by virtue of heredity, so also do they carry within them certain chemical compositions of tissues which they have acquired through heredity. Plasma is analogous to sea water. White blood cells are analogous to wandering cells of sponges. The early chemical make-up of life, as well as the structural, has been handed down by virtue of heredity. Since arsenic in minute quantities is universally present in animal organisms, it may be considered as a food element; and since the early precambrian seas and land were richer in arsenic than the present and since environment, physical and chemical, determines the structure and composition of an evolving species, the hypothesis is advanced that arsenic, like fluorine, entered more largely in the composition of Cambrian life than modern. If this should be shown to be true it would be easy to explain why the therapeutic use of arsenic is beneficial. For as a diminution in the supply or availability of an elemental food such as arsenic or iodine affects the individual of an evolving species deleteriously, though possibly assisting in variation of species, so conversely an individual suffering from starvation of an elemental food, which element its ancestors had been accustomed to utilize to greater advantage, is stimulated and invigorated when given the particular elemental food artificially. If arsenic has been more utilized by ancient life than by modern, the beneficial use of this drug is explained by its once having served a more useful purpose as a food, which invigorates by placing the individual into a more favorable food environment such as is believed formerly existed.

From the preceding the following assertions appear warranted:

1. The elements found on chemical analysis of the human body are those required in food though their quantitative estimation is not necessarily a measure of the amount man may utilize to advantage.

2. Elements found in minute quantities are quite as important to the body's needs as those found in larger proportions.

3. Iron, potash, iodine, arsenic, phosphorus, fluorine, sulphur and silicon are elemental foods.

4. Foods for animals as well as for plants must be in available form.

5. Arsenic is not common in a dietary. Iodine may often be deficient and the others may occasionally be lacking.

6. Arsenic acts as a reconstructive by serving as a food and probably because it was formerly more utilized as a food than at present.

7. The alteratives listed in text books are cod liver oil, iodides, calcium, salts and arsenic, which are the elements present in minute quantities in the body and ofttimes present in insufficient amount in the dietary.

8. Cod liver oil contains iodine and owes part of its efficacy to this element. If arsenic and iodine are necessary food elements they ought at times to be present in the diet. We should not wait until malnutrition is evident before administering the alteratives. Nutrition should be conserved by their frequent administration. The elementary foods such as iron, phosphorus, iodine and arsenic should be given when possible in organic form. Inorganic iron does not enter the body readily. Phosphoric acid is treated as an excrement and lime salts present in the food may be made inert by heat. All the inorganic salts should be given when possible in their natural state in foods. The following are some food stuffs which contain the largest amounts of inorganic salts:

Mares' milk contains 18 times as much morganic salts as human. From mares' milk, by the way, kumyss is made in Russia and used largely in the treatment of anemia, scrofula, rickets, tuberculosis and chronic catarrhs. Fifteen to twenty glasses are taken a day.

Van Houten's cocoa

contains 8.8 % in organic salts

Sardines	"	5.3	%	"	"	"
Brazil nuts	"	3.9	%	"	"	"
Rye flour	"	2.2	%	"	"	"
Beans	"	2.0	%	"	"	"
Oat meal	"	1.9	%	"	"	"
Corn meal	"	1.4	%	"	"	"
Average fish	"	1.0	%	"	"	"
Bananas	"	.09	%	"	"	"
Strawberries	"	.07	%	"	"	"
Cherries	"	.06	%	"	"	"

Spinach contains the most iron, followed by apples, oats, asparagus, lettuce, peas and

figs. A complete analysis of common food stuffs is needed. It is needful to know how much iron, lime, potash, iodine and arsenic, if any, are found in each vegetable, fruit and nut.

Physiological chemistry has reached the place where vital force seems to be dissected into chemical and electrical reactions. The organic ferments are definite chemical bodies comparable to the metallic ferments. Toxin and antitoxin are chemical substances. Can the internal laboratories build up protective chemical substances if any of the elements are absent in the dietary? May not there be a close relation between the availability and assimilation of the various elements found in food and natural immunity? Reed Hunt found that mice treated with thyroid extract containing iodine would survive a dose of aceto-nitrite from one-half to twice larger than that which was fatal to controls⁸. That the thyroid parathyroid, thymus and generative organs are directly concerned with growth and metabolism is in the light of modern researches certain; that the body deprived of these organs deteriorates or dies, has been noticed many times. Their concern with lime, iodine and phosphorus metabolism is shown in the disorders of malnutrition which follow their removal. Without iodine, thyroid is inert. Parathyroids govern lime metabolism. Thymus is rich in phosphorus and arrest of its function in early life determines bone and brain changes. Native vigor and natural immunity to disease seem to be dependent upon the vigor of the ductless glands, together with the presence in the food of relatively small percentages of the alteratives over which these glands seem to preside. The theory that the alteratives iodine, arsenic, lime and phosphorus are elemental foods and supply a definite physiologic need, which in former eras of life were abundantly present in food, helps to explain the craving of children for candy, nuts, tea, coffee and highly seasoned foods and the craving of their elders for artificial stimulants. There is air hunger. There is chlorine hunger experienced by even wild animals in quest of salt licks. There may quite as well be iodine hunger, lime hunger, arsenical hunger.

When an animal lacks chlorine it hunts for a salt lick. When an animal lacks lime it delights in alkaline tastes. A chlorotic girl takes to pickles. They both feel an elemental food hunger. In the hunger for table salt is seen a beautiful illustration of the effect of hereditary influence govern-

ing the chemical composition of animal tissue and fluids. Land animals do not find sufficient salt in the vegetation about them, but they feel the primitive need of sea dwellers, for a saline medium and seek salt. Land plants grew up without much sodium chloride in their environment. Sodium is poisonous to plants. The animal evolving first in a saline medium is limited in its development thereby, and it forever feels the stamp of salinity. May not other elements than salt have left their impress upon animal life, the need for which is filled by the alteratives, and the craving for which is exemplified in inordinate appetites for food and drinks? Work, worry and a wrangling wife is said to have driven a man to drink. Nervous strain uses up lime and phosphorus and drunkenness may be but the result of a mis-directed appetite. An eminent prelate once advised feeding the poor rather than prohibiting drink. Was he far from sound doctrine?

In conclusion it is advised to use the alteratives both in health and disease, to give them in minute doses because if given in excess of the body's needs they act as poisons. When a drug is being eliminated by urine, sweat or saliva, it is evidence of an excessive dosage and, unless especially indicated, the drugs iodine and arsenic should not be pushed to physiological symptoms when a tonic effect is desired. In prescribing these drugs, administer when possible in organic form. Of the foods, spinach and apples contain the most iron; milk, figs, cabbage, lentils and cheese the most lime; cod liver oil, fish and blood, the most iodine; milk, eggs and fish the most phosphates. Until it is shown that cooking does not injure the lime salts in food, milk, cabbage and lentils should be served raw. Lime should be tried in all convulsive disorders—croup, tetany, infantile convulsions, puerperal eclampsia, muscular cramps, etc. In growing children, and in pregnant women, it is wise to investigate diet in order to know if lime is being assimilated in requisite amount. The most promising treatment for chronic alcoholism is that of generously supplying in the dietary all the elemental foods. There is great variation in individual diet. A close study of the dietary history of a patient may at times disclose the cause of an obscure nutritive disorder. To save the teeth of pregnant women, increase the amount of lime and fluorine in the diet. The chemical composition of a tissue sometimes furnishes a clue to therapeutic practice when the tissue is diseased.

Parasitism, starvations and poisonings probably include all ills of men. The alteratives in excess are poisons in normal amounts, foods.

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LYMPHANGITIS AND THREE WHYS.*

BY HENRY CHAVANNE, M. D.,
SALEM, N. J.

Your essayist will not discuss hypothesis or expatiate on selective values of elementals, but, perhaps, he will urge upon your attention a few inferences acceptable to his own idiocratic observations.

The double leader of the topic is not to deceive; it only anticipates the character of the discussion, being a digest of conceptive notions. Cowper says:

"All is perfect that God works on the earth
And he that gives conception aids the
birth."—Conversation.

Having observed in the various prints that have come to hand—excellent and valuable productions—and listened to personally expressed opinions; it is with some diffidence that a venture is attempted to solicit your attention, apprehending that one may appear too sanguine of expectation. Let it be understood that no effort is herein made to influence opinion or claim originality of thought throughout, recognizing with deference the liberty and ethical sense of contemporaneous thought.

Criticism is not inimical to theory that

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is fruitful; for both our moral sense and professional pride precludes the thought of abandoning any old, or being indifferent to any new, ways pointing by progress, to advance science adaptably employed to safeguard health.

Although a dispassionate observer becomes somewhat of a public kicker (knocker, modernized) and where there is a good fight on he likes to be into it, he is not blowing himself when calling attention to things he don't like, and, if punishment follows his affrontery he accepts it as Pat did his black eye. "He got it honestly, and fought like the devil to get it."

The writer has not particulars enough to enter into the discussion of lymphangitis objectively beyond a few brief items, and, the first indication of idiopathy is, that its synonym "blood poison," as expressed with fear and dread, accentuated in the voice of the afflicted, is a misnomer when applied to a local and limited congested area, and is unscientific. And when the term is used as capital in trade, is inexcusable, though seemingly permissible as a note of warning to a patient indifferent to instruction or obdurate to advice.

With hesitancy this iteration of a so often-told story of the lymphatics was admitted in this article, and to the candid there is offered as an apology the following notes to justify the observation. That men of liberal education might discuss questions of science and lofty speculation which bring the understanding of even the student part of mankind to a standstill. That the occupation and exercise of an intelligent mechanic can answer.

As you know the lymphatics and their glands are as extensive in their ramification as the arteries and veins, and their many functions as important in the physical economy, and the author accepting authoritative description does not hesitate to write herein as a conception three distinct functional processes of the lymphatic system. The lacteals, absorbents and afferents; appropriating the nutritive products of digestion, conveying the same by the afferent channels distributing chyme throughout the intercellular connective tissue of the periphery for a metamorphosis not yet definitely explained. The emunctories, sewers of efferents; vessels taking in and returning not only waste and worn-out matter of tissues and vessels, but the lymph also that had been poured into the lymph spaces of the true skin, for a metamorphic change not spoken of in our physiology.

In their distribution they are found more abundant where most needed in metabolism. The glands in their distribution and mysterious functions receiving and emitting as afferent and efferent vessels—the fluid channels.

The lymphatics are more abundant in infant life—as you know, the child is sponge-like for absorbing—they decrease as years increase, marked in middle life and, as some say, almost absent in old age; therefore, the old man nourishes badly. Of the many functions the lymphatic system seems to have a direct activity in digestion. After a meal a distinct rise of the blood pressure occurs; and they who know say that there are changes in the blood, in properties and specific gravity, and, later the pressure becomes stationary, presumably at completion of digestion and diffusion of nutritive chyle and chyme.

The blood does not come into direct contact with superficial tissue. Required nutrition reaches all tissues through the lymphatic channels. As arranged in definite systems, the lymphatics abound in the small intestines, less in the large intestines, but increase in number in the rectum. The last stage of absorption, and perhaps a source of many obscure ills.

Our own notes of observation may teach much, wiser men than we teach more, and much more remains to be learned. Presumption cannot help us, more than the student in his quiz: "Professor, I did know the function of the spleen, but forgot it." "How unfortunate!" exclaimed the professor. "The only man in the world who ever knew the function of the spleen, and he has forgotten it!"

The lymphatics are active under pathologic conditions, and the diagnostic value obtained from them cannot be overestimated. Irritation of the lymphatics arising from supposed autointoxication is not always dependent upon the trait of the individual.

Enlarged glands generally indicate infection in the area drained by these glands, and a knowledge of the course and direction of the lymphatics' flow from the organ or area will infer the course of developing symptoms of the disease.

The axillary gland is always affected in mammary inflammation; also look to the hand if that gland is affected, and to the feet if the gland in the groin is large and suppurating.

Red lines on the surface of the skin along the course of the vessel with tenderness

and œdema are characteristic of inflammation of the vessels—cellulitis venenata—diffused cellulitis is not always lymphangitis, inasmuch as extensive and deep destruction of tissue involved may occur; nor will the lymphatics indicate any sympathy therewith.

If this article was discussing general infection, we would point to the possibility of particles of purulent exudation from the primary lesion getting into the circulation and carried to distant parts of the system, giving rise to multiple small abscesses, or any or many of a long list of mischievous ills. But we purpose to hold to one point and that Galenic, insofar as its theories of final cause compares with a case in question.

It is quite evident that there are isolated areas of lymphatics, indicated by fever and tenderness in an especial region, *e. g.*, the stomach or some part of the abdomen. Moreover, the several plexus of glands exercise protective functions between the circulation in general and the primal source of infection. Also isolation may occur by pressure about the seat of infection and so localize it.

Abscesses of the brain, if not extended to the membrane or associated with venous thrombus, give symptoms of pressure only, not toxic, the brain shows no signs of lymphatics—this explains it. The isolation of lymphatics is illustrated by localized infection as localized cellulitis, mentioned above.

Frequently irritation and an abnormal supply of nutrition to a part give rise to inflammation involving the lymphatics in loco, superinduced by stasis and congestion of the vessels. Listen to a theory based on conclusions not reached by any mathematical calculus, and during a season of a special line of practice, rich in rare opportunities for observation. Never in years of practice have so many applied for treatment to relieve phlegmonous and inflamed members, fingers, hands, arms, toes, feet, legs and eruptions over the body. Farmers, mechanics, fishermen, merchants, salesmen, laborers, men of sedentary living, women and those in adolescence of both sexes. Why?

Hazarding the sinister smile that frequently deters the application of an antiquated fact in illustration, the author quotes Pope:

"With sharpened sight pale antiquaries pore
The inscription value, but the rust adore."

Gibbon wrote: "The Persians long since

civilized and corrupt were far from possessing the intrepid hardness of body which rendered the northern barbarians masters of the world."

More Modern—The mischievous human boys who are trading on the streets and playing on the back lots or wandering over the meadows, will be alive and kicking and eating, with a relish and digestion, corned beef and cabbage when the geniuses of his own age will be laid away and the intelligent, well-groomed boy will be writhing in pain in bed.

Pets lose the vigor of the wild type; a goat will lose relish for his vicarious dietary when made a pet. The campaigning soldier will learn to accept his "Joe high" (salt pork) that in civil life he abhorred.

There are many teaching detail who don't understand first principles as they related to interests controlling elemental needs, whose perceptions fit—without the wit—that of the student who said: "The office of the gastric juice is the stomach, but I don't know the office hours."

While we are discussing the value of the opinions of the old physiologists and the experimental study of the protein foods, and while the guardians of our health and pure foods are quarreling, commercialism abstracts from our food products the elements that make for health, to feed and fatten hogs and burn out the vitality of the dairy cows whose stimulated product will kill the offspring of the brute, if the calf is permitted to feed at its udder.

It is difficult to reconcile one's reasoning faculties to the thought that the Almighty is so deficient in creative attribute as to need his creatures' assistance to perfect His providence. It is an axiomatic fact that man has never been able to retain his powers unimpaired and adapt himself to the demands made upon him by the march of civilization. And withal, the general sentiment toward better protection against loss of health becomes more acute as the American life and so-called reforms create demands.

We may cry with Ezekiel, "Turn ye, turn ye, why will ye die!" But we must accept civilization—as Meredith puts it—in the thrill of crowd freedom. "Ever after gregarious excitement." The modern scientist may pursue his way of explaining the reason why, your essayist will reason that "Choice befits not the condition."

The United States Census reports that of all causes for death in a stipulated time,

diseases of the nervous types predominate. Why?

The writer, in his idiomatic way, would point out that even an American can't fool "Old Nature." The law of compensation works both ways. Society has chosen for us, and we care less for our personal attributes than we do social advantages; and during the rapid changes if things suit us (regardless) we don't go back on them.

The writer is suggesting that by a slow and insidious process due to a depraved metabolism, a lowered vitality prepares the system favorably to infection and atrophic changes.

SOME CHANGES IN THE PRACTICE OF MEDICINE WITHIN THE PAST TWENTY YEARS.

BY J. W. MARTINDALE M. D.,
CAMDEN, N. J.

Retiring President of the Camden City Medical Society, at the Annual Meeting, January 2, 1912.

It is just twenty years ago since I commenced the study of medicine in Jefferson College. It is fitting that on this, the occasion of my retiring from the presidency of the Camden City Medical Society that we take a retrospective glance at the changes which have taken place in the practice of medicine in that period.

Twenty years ago the doctor used the horse to call on his patients. The physician who was unable to ride in his carriage did not stand very high in the opinion of the laity. He drove one horse, and in some cases two. Then those of us who were not fortunate enough to own two horses were wont to say that a man who drove one horse was weak in the knees, while the one who drove two horses was weak in the head. The then two-horse man would retaliate by saying that his traducer was jealous. Twenty years ago there were no trolley cars in Philadelphia, and it was either walk, ride in the horse cars and freeze in the winter or drive your own carriage. To-day the automobile has practically superseded the horse in the service of the physician.

With the automobile the doctor can do as much work in two hours as he could with the horse in twice the time. The temptation then is to take cases at a long distance, which he could not otherwise do.

Thus he does not get through his work any earlier than before. My own experience with the automobile has led me to the conclusion that it is much more expensive than the horse, that it is more wearing, that is, when a man has driven his machine for a whole day, the amount of concentration of mind he has to expend on the management of the machine is very wearing on his nerves, and he is mentally tired after a long run, even if he has seen but a few cases. A good feature about the automobile is the fact that most men take their families with them on their long runs. In this way the doctor and his wife spend more time in one another's company than they could when the doctor was forced by the nature of circumstances to take only those cases which he could readily reach by driving.

Twenty years ago the study of bacteriology was in its infancy. Koch had discovered the bacillus of cholera, Egberth had discovered the germ producing typhoid fever and the micro-organism of diphtheria had been found. Most of the profession did not take the matter seriously. One of the professors in Jefferson said he has lived to see a dozen different fads in medicine exploded, and he expected to see this one share the same fate.

Narcotic anesthesia, the oldest of all anesthetics, has lately been revived. The first authentic use of narcotic anesthesia was when Rachel begged mandrakes of Leah, that she might escape the pains of labor. Scopolamine with morphine has been proved to be an ideal anesthetic for operations around the head and face. The removal of the upper jaw, of the lower jaw, the Gasserian ganglion operation, trephining the skull, mastoid operations, goitre operations, thoacotomy, breast amputations, in fact, anything above the diaphragm can be done with impunity under its particular field of usefulness is in operations around the mouth and head, where the anesthetic is interfering with the operator. Narcotic anesthesia is indicated in patients beyond thirty years, and is unsafe in children.

Perhaps the greatest advance in anesthesia has been the introduction of spinal anesthesia. At first cocain was used. The mortality was so high that it became almost prohibitive. Eucaine was substituted, which lowered the mortality to a considerable extent. Finally tropacocaine and stovaine were introduced, and at the present time spinal anesthesia in competent hands is fully as safe as ether. It has the additional advantages of securing abso-

lute relaxation, which can only be secured in ether anesthesia when the patient is thoroughly saturated with the drug. To overcome the fright incidental to the operation it is often advisable to combine narcotic and spinal anesthesia, thus securing insensibility to pain at the same time that we have rendered the patient oblivious to his surroundings. Spinal anesthesia is ideal in abdominal operations, because there is no vomiting, which is the bane of ether anesthesia under these conditions.

Twenty years ago we used to look wise and tell our patients to keep the windows closed because the night air would gain access and cause all kinds of trouble. We did not realize that the only air to be procured at night was night air. There is no doubt that individuals who sat out at night in this locality were made to suffer from it. We used to talk of malaria, which means bad air, and we thought it came from a marsh miasm, but we had a very vague idea of what a miasm was. A few years ago Koch and Ronald Ross made the discovery that the mosquito was the carrier of malaria, and that people could live in comfort in a marsh if they were thoroughly screened. Yellow fever, the scourge of the tropics, has been practically conquered by Walter Reed. In many of the Northeast cities the water supply is so bad that the people have been in the habit of drinking rain water, which was carried from the roofs of their houses to a cistern in the yard. This cistern was not covered and became the home of myriads of mosquitoes. When a case of yellow fever developed the mosquito was on hand to suck the blood of the victim. He then planted the germ of the disease in another individual, and so on till a whole community had fallen a prey to the disease. When the cistern was found to be the cause of the trouble, the people were instructed to clean it out thoroughly and then have it covered so that the mosquitoes could not gain access. The victims of the disease were segregated and kept screened so that no mosquitoes could get at them, and in this way the epidemic was soon overcome. Throughout Africa the sleeping sickness, or trypanosomiasis, has carried off many victims. It has been found that all the victims of this disease have been bitten by the tsetse fly, yet all persons who have been bitten by the tsetse do not develop the sleeping sickness, proving that the fly is only the carrier, and that he must first get the blood from one affected with the disease before he can transmit it to an-

other individual. It seems that the proper way to overcome the sleeping sickness is to segregate the sufferers from the disease, keep them under screens and when they die cremate their bodies, and at the same time to kill all the domestic animals affected with the disease. The black plague which has carried off millions of people in modern and ancient times had been found to be due to a specific germ, which is carried from one individual to another by means of fleas, flies, bed bugs and mosquitoes. These insects infest the bodies of rats which have died of the plague. The health officers of to-day burn the bodies of the dead rats, instruct the inhabitants to kill all the bed bugs and fleas in their dwellings and on their clothing and screen their houses thoroughly and anoint their bodies with grease, so that the insects will not bite them.

Koch discovered that cholera was due to a germ. In years gone by millions have perished from this dread scourge. It is found in the drinking water. When an epidemic of cholera breaks out now it is a simple matter to fill up all the old wells, dig new ones and instruct the people to boil the water. In a few days the epidemic is in control. When Jenner demonstrated to the world that vaccination prevented smallpox the practice of vaccination became general throughout the civilized world. It is an unwritten law that the physician who attended to women in labor was in duty bound expected to vaccinate the infant free of charge. This custom being carried out for many years practically drove smallpox from the shores of this country. It was so rare twenty years ago, that it was looked upon as a joke. The last thing one would think of was smallpox. With the absence of the disease we became careless, and the practice of compulsory vaccination was abolished. I remember seeing a young man being vaccinated in college during my school term. It was looked upon as quite a rare experience. When the smallpox broke out in Camden we were unprepared for it. Few if any of the doctors in the town had seen a case of the disease and we were at loss to make our diagnosis. Then we began to vaccinate in wholesale lots. The people were vaccinated in such numbers that vaccine points could not be procured in sufficient number. But such a demand for vaccine matter was created that probably insufficient care was exercised in its manufacture. Then, again, the prevailing opinion among the doctors was that the vacci-

ation should not be dressed antiseptically, but should be left strictly alone. The consequence was that there were probably thirty thousand people in this city with sore arms, many of them full of pus. The same shield was left on the arm from the time of vaccination until the scab was formed. In many cases the shield was reeking in filth, and it is no wonder that many cases of lockjaw developed. I believed there would be no danger from lockjaw if we had the virus tested for tetanus and the wounds were treated antiseptically after a successful take had been secured.

Twenty years ago we looked upon consumption as an hereditary disease. The offspring of those who were tuberculous were expected to develop the disease. The segregation of consumptives had done much to prevent the spread of disease. Koch demonstrated the contagiousness of the disease, while Flick found that plenty of oxygen and abundance of pure food were the two weapons with which a successful warfare could be waged against the dread foe, tuberculosis. To-day it is very truly wonderful how many cases of consumption can be cured and how many benefited by sanatoria methods. The campaign of education which taught the consumptive to destroy his sputum, which showed him that he should not use a drinking cut used by others, and which taught him that he should sleep alone has done much to stop the spread of the disease. Doing away with the common drinking cup in public places has lessened contagion. I remember recently in going down to the seashore I saw a man who had lost his nose from syphilitic disease go to the water cooler and take a drink. Shortly afterward a poor fellow who seemed to be in the last stages of consumption drank from the same glass. Immediately afterward a young mother with a laughing, happy baby in her arms walked up to the cooler and from the same glass she gave the little one a drink of water. Even if there were no contagion in either case, it is a horrible thing to contemplate.

The State of New Jersey has done a wise thing in insisting that the railroads do away with the common drinking cup. You can buy the celluloid cup and drink from it or one of the collapsible cups which are so conveniently carried in the pocket.

Twenty years ago we did not know that tetanus was caused by a bacillus, but we did know that it was a highly fatal disease. Since then we have had an antitoxin prepared for its cure. My own experience with

tetanus has been very dismal. Practically all of the cases I have seen have died with one exception. This child had the disease before the antitoxin of tetanus had been discovered. In his case the doctors kept him absolutely full of Old Kentucky whiskey. This was all the treatment he received. Whether he recovered as a result of the treatment, or in spite of it, I am not prepared to state. One point, however, has been settled, and that is the advisability of thoroughly opening up a wound which we suspect may develop tetanus. The bacillus, being an anaerobic germ, cannot live in the presence of oxygen, so that an infected wound which is kept open, allowing free access of air is not likely to be followed by tetanus. An example of this kind came under my observation a few years ago. A young woman living in my neighborhood went into the chicken yard and stepped on a lath in which there was a rusty nail. She was brought into my office where I opened the wound and packed it with gauze. She had a sore foot for a few days, but no other trouble followed. The family felt that I had been unnecessarily harsh in my treatment and I was subjected to considerable criticism as a result. Two weeks afterward a brother went into the chicken yard and stepped on the same nail. The family decided not to call in a physician. In the course of a few days the foot began to swell. A physician was called in, who opened up the wound and gave large doses of antitoxin, but in spite of treatment he died from the disease.

While the antitoxin of tetanus has been unavailing in my hands, I cannot speak too highly of the beneficent action of the antitoxin of diphtheria. You all remember what a terrible disease diphtheria was, and how the poor child struggled to get his breath in membranous croup. Every case of membranous croup I saw died before the advent of antitoxin. I thoroughly believe that any case of diphtheria seen on the first day will be cured if antitoxin is administered at once in sufficient dosage to cure the disease. The antipathy to antitoxin is dying out. Many cases which have paralysis following would have died if it were not for the action of the antitoxin. These peculiar sequels are attributed to the antitoxin by the laity, which in reality are due to the action of the disease.

I have noticed some cases of diphtheria followed by persistent vomiting, a steady decrease in the rate of the pulse, a gradual drop in the temperature until it goes down

several degrees below normal. They are perfectly conscious until the last. I have seen the pulse rate drop ten beats per minute before death. Each case of this character in my practice has been fatal. This is due to paralysis of the pneumogastric nerve. When I see the vomiting commence I feel that the end is near.

Twenty years ago every case of epidemic cerebro-spinal fever was fatal. Simon Flexnor had produced a serum which is curative in a large number of cases. The spinal cord is punctured. If the fluid comes away clear, it is not generally supposed to be the infectious variety. When the spinal fluid is bloody we can feel relatively certain that we are dealing with a case of epidemic cerebro-spinal meningitis. With the needle in the spinal cord the surgeon injects Flexnor's intimeningococcus serum and the course of the case is modified, and in many cases the patient is cured.

Twenty years ago we had the lodge doctor with us. Shortly after my graduation I made a trip through Canada, and was surprised to see to what an extent the contract practice system had grown. Some doctors had as many as three or four lodges to look after. They were so busy that they had not time for their societies. Some of these men were making from thirty to forty calls a day, while their incomes were very small.

The attitude of our society has been a good one. We have let our members know that we as a society do not wish our members to do contract practice. While we have pursued no coercive measures I think this attitude has had a prohibitive effect on the society at large. The constant agitation has at last had the desired effect, and most of the men who engage in lodge practice are ashamed of it.

In conclusion I want to thank you all for the honor you have conferred upon me by elevating me to the position of president of this honorable body. I had never presided at a meeting, nor had I ever acted as toastmaster, and I took hold of it with fear and trembling. You have borne with my shortcomings in both positions, and I retire from the presidency of this society with a heart full of gratitude toward the members for the many kindnesses extended toward me.

Doctor—"You are now convalescent and all you need is exercise. You should walk ten or twelve miles a day, sir; but your walking should have an object."

Patient—"All right, doctor; I'll travel around trying to borrow enough to pay your bill."—Boston Transcript.

Clinical Reports.

A CASE OF MELENA NEONATORUM SUCCESSFULLY TREATED BY HUMAN SERUM.

By JOHN HAMMOND BRADSHAW, M. D.
ORANGE, N. J.

On December 16, 1911, a female infant was born at midnight. The labor was normal. The child weighed eight pounds. At four o'clock on the next afternoon, sixteen hours after birth, the baby vomited bright red blood. It again vomited in two hours a large amount of blood which was bright red, with clots. After two hours more it began to have large, dark, bloody stools. During the next twenty-four hours it vomited blood twenty-four times and had eight large bloody stools. No bleeding occurred from the navel, but it had some slight vaginal hemorrhage.

At first the baby was given three-grain doses of lactate of calcium every two hours and 2,000 units of Lederle's antidiphtheritic serum was injected subcutaneously. A small dose of solution of adrenalin was given by mouth. After four hours twenty cubic centimeters of antidiphtheritic serum was given by the skin and three drops of adrenalin solution by rectum in salt solution. At midnight, twenty-four hours after birth, as the baby was on the verge of collapse, three drops of adrenalin solution was injected by the skin with hot saline by rectum. During the next day the child was kept alive by warm saline hypodermoclysis with and without adrenalin and the feeding of breast milk by dropper. During the following day another dose of serum was given but vomiting and purging of blood continued without stopping. The calcium was stopped, as it was thought to increase the vomiting.

On the evening of the eighteenth, forty-eight hours after the onset of the hemorrhage, fifteen cubic centimeters of human serum was slowly injected under the left breast. The child was fed three drachms of fresh breast milk by dropper every two hours. Although the bloody vomit did not stop, the quantity vomited became smaller now for the first time. From this time human serum was injected in quantities from eight to eighteen cubic centimeters every four hours during the third day. The hemorrhages gradually stopped and at 12 o'clock, beginning the fourth day of the complaint, the infant had its first yellowish stool.

The baby improved steadily from this time on, although two injections of serum were given daily for two days more, and after this one a day for two days. The baby nursed its mother again on the eighth day.

During its illness of one week it lost in weight almost three pounds. During the next ten days it gained almost two pounds, and is now, at about three weeks of age, a strong, healthy, vigorous stickling, with good color.

In all it had three doses of horse serum, which failed completely to stop the bleeding. It had in all thirteen injections of human serum, which showed beneficial effects almost immediately. The five or six injections of saline, while not having any effect upon the hemorrhages, assisted not a little in supporting the circulation. As every aseptic precaution was taken, there never was any irritation from those twenty-odd skin injections.

In another case I would advise immediately resorting to the administration of human serum—in at least ten cubic centimeter doses, every four hours. It can be given without fear of serum sickness. If given persistently and not stopped too soon it will be almost always effectual in these cases of *melena neonatorum*.

While immediate transfusion of whole blood appears in these cases to be indicated, the performance of this operation on a child one or two days old is not a step lightly to be undertaken, and even by those best fitted by special skill and experience is held to be an operation not without grave danger.

I have to extend thanks for counsel and assistance to Drs. H. D. Chapin, Alexis Carrel, Brueger, of New York, and Drs. A. W. Bingham and L. Smith, of Orange, N. J.

See report of Passaic County Society, page 530, for report of Dr. M. Korshtet's case "Congenital Cyanosis," also Dr. J. A. MacClay's case "Epithelioma of the Face Cured by Fulguration."

A Unique Labor Case.

Dr. S. Marx, at a meeting of the New York Academy of Medicine held December 28th, cited this case in which the baby was born simultaneously through the vagina and through the rectum. He was called in consultation to see a woman, thirty years of age, who had been in labor eight or ten hours. The os admitted two fingers and the head was in the first position. He told the physician to wait and see if it was necessary to send for him again. This was at 8 P. M., and at 2 P. M. the woman's pulse was

110 and the os was fully dilated. Axis traction was made and he thought he could easily deliver the child. The head was in the pelvic basin, and upon making traction he noticed the anus increased in size, soon attaining the diameter of four inches. He then found that the arm, hand and shoulder were slipping through the anus, while the head was engaging at the vulva. He cut through the tissues separating the vagina from the anus and delivered the child naturally and readily. He found a tear in the rectum about three and one-half inches long. He sewed up the tear and there was good union after ten or twelve days. He did not know how the tear was caused, unless by pressure, as the forceps did not do it, the traction being downward.

Antenatal Pneumonia.

Dr. A. T. Macdonald, in the British Medical Journal of November 11th, reports the case of an infant that died twenty-eight hours after birth. The mother had pneumonia at the time of delivery. Autopsy in the infant showed a condition of lobar pneumonia. From the advanced inflammatory changes present in the fetal lungs so soon after birth it is probable that the pneumonic condition originated in utero. Had the pneumonia arisen from insufflation of liquor amnii or vaginal discharge before delivery it would have had a lobular rather than a lobar distribution. In this case there was no insufflation of morbid material, rupture of the membranes preceding the birth of the child by twenty minutes only.

Case of Brain Syphilis.

Dr. Albert Polon reported this case at the meeting of the New York Academy of Medicine. The patient was a female, forty-three years old. She was twice married and her present husband was distinctly syphilitic; she had lived with him eighteen years without conceiving. Eighteen months ago she had projectile vomiting and mental deterioration. She was treated for several months for gastrointestinal trouble. Finally a neurologist saw her when she presented a picture closely resembling that of tumor of the pituitary body. She was operated upon for tumor of the hypophysis cerebri. She was discharged soon after in an improved condition. A few weeks later she developed a complete right ophthalmoplegia and later a complete left hemiplegia. She here presented the rare type of paralysis known as paralysis alternans superior (ophthalmoplegia on one side and hemiplegia on the other). Syphilis of the brain ranked in frequency with tumor of the brain and multiple sclerosis. Among 5,500 cases of nervous affections Nonne diagnosed 85 as lues of the cord and brain; and among 72,000 patients in the general service of Eppendorfer Krankenhaus, 280 were found to be afflicted with lues of the cerebrospinal system. Among 500 cases at the general service of the Montefiore Home, 20 were diagnosed as lues of the central nervous system. The history of syphilis, the clinical picture presented, and the Wassermann findings justified an active antisyphilitic treatment with the result that, within a few days, the ophthalmoplegia completely disappeared, motion returned to the paralyzed leg, and a consensual light reaction could

be obtained on the blind eye. The instructive features of the case were as follows: (1) The importance of unearthing the fact of syphilitic infection in any clinical condition, but especially in a neurological affection. (2) No matter how typical a brain condition might appear, the possibility of its being luetic should be borne in mind. (3) Not too much reliance should be placed on the Wassermann reaction. (4) The effectiveness of Ehrlich's "606" in syphilis.—Medical Record.

Acute Mental Excitement.

Reported by Dr. C. W. Burr, Philadelphia, in a paper in the A. M. A. Journal, December 30, 1911.

History.—The patient, Mr. B., a professional man 70 years old, while lunching at the club got up from the table to go to the closet to urinate. While doing so, or rather trying to do so, for it turned out he was unsuccessful, he became quite excited and began to talk incoherently to other persons present. He was induced to leave the club, though much against his will, because he thought he was addressing the court in an argument, and taken to his home, where I saw him several hours later. When I came into his room, he was standing on his bed delivering a very dramatic but entirely incoherent address to an imaginary audience. He not only did not recognize any of his family but paid no attention to any of the real people present save to object strenuously to our endeavors to make him lie down. He was entirely taken up with the people of his hallucinations.

Examination.—There was no palsy of the arms, legs or face, nor any bulbar disturbance of articulation. Though his speech was incoherent, there was neither motor nor sensory aphasia. Every now and again he pulled at his penis as if in pain there. Distention of the bladder was visible. He was, as already said, a little violent and resented being interfered with.

Treatment.—We gave him 0.25 gr. morphin hypodermically and bled a pint from the arm. The effect was immediate and most striking. By the time the bleeding was finished, he became so quiet that it was very easy to introduce a catheter and empty the bladder. I have forgotten the amount withdrawn, but it was more than a quart.

Course.—In a short time he went to sleep and did not wake till the following morning. When he awoke, his mind was clear and he was in all respects himself again. He then told me that the morning before he had tried several times to pass water but had not succeeded in passing more than a teaspoonful or two. He remembered being at the club and at luncheon and that he had gotten up from the table in order to go to the closet. All subsequent events till the following morning were a blank to him. It is somewhat curious that he should have retained a clear recollection of events right up to the moment of the sudden onset because, as a rule, remembrance is clouded or entirely absent concerning events for a period of at least several hours before such an attack. He had been a patient of mine for years. He was gouty and had had for a long time an hypertrophied heart but no valvular disease. For years he had had an enlarged prostate, though it had never be-

fore interfered seriously with micturition. For a long time his urine had contained at times a trace of albumin, and occasionally a few hyaline casts. Its specific gravity was always low, but he had taken large quantities of water for years. The examination of the urine we drew off gave the same result as many times before, showing no albumin but a few hyaline casts. I am quite sure that his life was saved by the bleeding. It is now more than five years since the attack and he is still living and in good health.

Suture of the Heart.

Dr. E. Ranzi, in Wiener klin. Woch., Vienna, says that since Rehn published in 1896 the first successful case of suture of the heart, 223 cases of operative treatment have been recorded, with a mortality of 53.3 per cent. To this number Ranzi adds three cases of a stab wound and three of a firearm-wound of the heart, with operative treatment at von Eiselsberg's clinic at Vienna, but only one of the patients survived. The others were practically moribund when operated on. In two cases the operation was deferred for several hours as the anemia did not seem threatening, but the outcome showed that it might have been better in these cases to have operated at once. In the one successful case five hours had elapsed before the operation but the anemia was not very intense. In some of the cases on record the heart action had been entirely arrested by the accumulated blood, but the heart recuperated and started to beat again as soon as the blood was removed. This did not happen in the one case of this kind in Ranzi's experience.

Acute Hemorrhagic Pancreatitis.

Dr. Charles E. Farr presented this specimen at the New York Academy of Medicine, December 1, 1911, which had been removed from a woman, 45 years of age, who had gall-bladder trouble for two years, but who persistently refused operation. Finally, when her condition became desperate, she agreed to the operation and thirty-five gallstones were removed from the gall-bladder and common duct. The patient did not survive; at autopsy they found forty-six gallstones. The pancreas showed an acute hemorrhagic inflammation. The duct of the pancreas opened into the duodenum but had no opening into the common duct of the gall-bladder.

Unusual Case of Cirrhosis of the Liver.

Dr. Richard Weil presented this case at the meeting of the New York Academy of Medicine, November 21, 1911. There was nothing of interest in the family history. There was no history of any diathesis. The man was perfectly well until about twelve years before his admission to the hospital. At about the age of thirty-four years he developed ascites which was very considerable. He was tapped at Bellevue Hospital, but in a short time the fluid reaccumulated. The fluid removed was a clear serous one. The patient had had syphilis. The tendency toward ascites gradually disappeared and coincident with this there was developed an accessory surface circulation. There were then no further symptoms until five years ago, when he had an attack of bleeding from the stomach lasting several days. He had not bled since. Aside from this there were no symptoms at all

of any cirrhosis of the liver. There was no bleeding from the rectum. The man came to Montefiore Home for an entirely different condition, with cough, expectoration, loss of weight and strength, showing a possible pulmonary condition of a low grade. Tubercle bacilli were never found in his sputum. The present status of the patient showed a liver that reached from the normal level above down to a hand's breadth below the free border of the ribs. Its surface was hard and nodular. The spleen was enlarged. There was no fluid demonstrable in the peritoneal cavity. Over the surface of his body there were marked venous plexuses; the accessory circulation was extremely well marked. There were no evidences of any internal anastomoses. The gastric contents, the stools, and the blood count were normal. With regard to the diagnosis of this case, Dr. Weil said that it did not appear to be anything except a portal obstruction. The case was of particular interest because it showed a cure of the cirrhosis of the liver. It had once been said that cirrhosis of the liver could never be cured. Here was the evidence to the contrary.

Aneurism of the Innominate Artery

Dr. William T. Baird, of El Paso, Texas, reports his own case in a communication to the Medical Record, New York, December 30, 1911. After commenting on the forty cases of aneurysm of the thoracic and abdominal aorta cured by Dr. Albert Abrams, of San Francisco, he says:

The history of my own case is as follows: Age 80 years; practised medicine continuously for 47 years, during 8 years of which time I was A. A. Surgeon in the U. S. Army. Had influenza in 1888, and since this time have suffered from cardiac arrhythmia. During the last 5 years I have experienced almost constant coldness and numbness in my left leg. About one year ago pains of a peculiar sickening and prostrating character were experienced in the arms and chest; they would awaken me at night, when I felt as if somebody were pressing with all his might and main on my chest. About three months ago I felt a pressure on my trachea which affected my voice to the extent of aphonia. Since about one year I first observed a diffused pulsation of the suprasternal fossa. My symptoms increasing in severity, I was examined by Drs. Gallagher, Brown, Callan and Fleming, of El Paso, all of whom concurred in the diagnosis of an aneurysm.

I then decided to go to Dr. Abrams for treatment. An examination by Dr. Abrams revealed a dilatation of the arch of the aorta, but the arteria innominata was chiefly implicated in the aneurysm. After my very first treatment a troublesome and persistent cough disappeared and has never returned. At the commencement of treatment my voice, which was then only a "squeak," was rapidly restored to normal. After twelve treatments I observed the following relative to my condition: cardiac arrhythmia disappeared, coldness and numbness in my left leg are no longer present, the pressure on my trachea and the air-hunger have disappeared. In fact, I regard myself as absolutely well. At about the end of a week the suprasternal pulsation was reduced fully 50 per cent.

The following, which bears on the subject of this article, is interesting. For some time I

had noted that after riding in my automobile at home there was a development of an intense paroxysm of dyspnea, but this was not observed after riding in large autos. In directing the attention of Dr. Abrams to this fact, he explained it as follows: While concussion of the seventh cervical spine will produce contraction of the aorta by the elicitation of the aortic reflex of contraction, concussion of the third dorsal spine will dilate the aorta by elicitation of the aortic reflex of dilatation. In riding in my car the position of the third dorsal spine corresponded to the back of my seat, and there is no question in my mind that the paroxysmal dyspnea was evoked by the constant concussion of that particular part of my spinal column.

The disappearance of arrhythmia and other circulatory disturbances can be attributed to Dr. Abrams' method of myocardial-toning, inasmuch as his method for contracting the large blood-vessels is equally efficient in producing the heart reflex of contraction.

Abstracts from Medical Journals.

Transplantation of Portion of Tibia Into the Spine for Pott's Disease.

Summary of paper by Dr. Fred. H. Albee in A. M. A. Jour., September 9, 1911.

1. The inefficiency of present methods in the treatment of dorsal Pott's disease was tersely expressed by Schapps in 1905 as follows: "It is universally admitted that the forms (of portative apparatus) in general use and described in the standard textbooks on orthopedics do not, even in the most skilled hands, control the deformity."

2. A firm bony splint with bony union to the vertebra involved and the healthy vertebrae on each side is supplied by this method, which assures not only the prevention of further deformity in two mechanical ways as stated above (leverage and splint action) but should also cause the immediate disappearance of the tuberculous process.

3. This method is believed to be preferable to any, where breaking or cutting of the spinous processes destroys entirely, or for the time being, until union takes place, the desired leverage of the spinous processes and their muscles and ligaments. Union is also uncertain where motion from breathing is present.

4. If bony union should not occur the same mechanical effects would still be largely obtained from the union of the internal bone splint to the ligamentous structures.

5. Perfect immobilization of the few involved vertebrae in the respiratory area of the spine is secured, which is a mechanical impossibility by means of any external apparatus, on account of the constant movement of the ribs, and the vertebrae attached.

6. Fortunately, on account of the anatomy of the part it is not necessary to enter the focus of disease; therefore, primary union of soft tissues with immediate bone union can be expected.

7. The normal leverage action of the spinal muscles and the supporting ligaments on spinous processes is not interfered with.

8. The operation is by no means a formidable one. The technic is very simple.

9. When possible it is well to secure a recession of a kyphosis by long recumbency on a re-

versely bent Bradford frame. This method offers great promise of holding the correction obtained.

10. A bone-graft is far superior to an internal metal splint, because, by following Wolff's law it will become thicker and stronger if necessary to hold the weight or strain brought to bear on it, whereas in the case of an internal metal splint, suture or screw applied to the bone, no dependence can be placed on them to hold weight or strain, because of the bone atrophy and absorption which takes place directly around the metal. This occurs even when no strain is present.

I have found silver wire and screws which were placed through bone only a few months before, in the soft tissues where they had fallen through or out of the bone without being influenced by strain. For this reason and the always present danger of sepsis about buried metal, it would seem that bone-grafting will prove preferable to the internal metal spinal splint of Lange.

Drainage: The Essential Element in the Surgery of the Biliary Tract.

Dr. Charles N. Smith, of Toledo, at the annual meeting of Obstetricians and Gynecologists, at Louisville, in September, stated that cholecystectomy formerly was considered advisable, even necessary, in practically every case of hydrops and of empyema. In present-day practice, however, many a gallbladder cut out from the biliary circuit and rendered practically functionless by a calculus or an inflammatory block in the cystic duct could be restored anatomically and functionally by a drainage operation. Neither hydrops nor empyema necessarily called for the removal of the gallbladder. In those cases of hydrops resulting from occlusion of the cystic duct by a calculus the gallbladder generally could be restored to usefulness by removal of the stone and subsequent drainage, provided that the bladder walls had not been rendered extremely thin from overdistension by the imprisoned mucus. In practically all of those cases in which the extraction of the calculus was followed by the escape of bile from the duct the gallbladder should be drained rather than removed. In a large proportion of the cases of empyema the gallbladder could be saved and its function restored by drainage. The more acute the process and the shorter its duration the greater the prospect of cure. When suppuration occurred in a gallbladder which previously had been obstructed, the obstruction having existed for a long time, the performance of a cholecystectomy became a necessary procedure. In several instances of perforation of a suppurating gallbladder he had removed the calculus obstructing the cystic duct, drained the gallbladder through the perforation, and had a complete restoration of function in every case. Drainage was recognized as the one dependable procedure in the treatment of localized infections, and it must be looked upon as the essential element in the surgery of the gallbladder and ducts. Natural drainage through the common duct into the intestine could not be depended on as a curative measure even in cases of mild infection. The distal opening of the common duct at the summit of the duodenal biliary papilla averaged, according to Opie, but one-tenth of an inch in diameter. While in its

healthy state it afforded free exit for normal bile and pancreatic fluid, it was subject to encroachment upon its lumen by inflammatory swelling, greatly interfering with the rapidity and volume of the discharge through the orifice. The tenacious mucus so abundantly secreted during inflammation of the gallbladder served to delay the onward flow and escape of bile and of itself became an obstructive agent. When an infection involved both the ducts and the gallbladder the mechanical interference from the swelling of the mucosa and the increased viscosity of the bile from the added mucus resulted in a decided hindrance, if not a positive obstruction, to the escape of bile into the intestine. As drainage was essential to the restoration of normal conditions within an infected biliary tract, and as it could not be attained through the natural channels with any degree of certainty, it devolved on surgery to establish and sufficiently maintain that drainage—*Medical Record*.

The Bearing of Pneumonia Considered as a Secondary Malady, upon Treatment.

Abstract of paper by Dr. Hobart A. Hare, at the annual meeting of the Medical Society of the State of Pennsylvania, September, 1911, as reported in the *Medical Record*.

Dr. Hare called attention to a previous communication made by him a year ago on this subject in which he reported his experience as to the importance of studying the relative ratio of pulse rate and blood pressure in the course of croupous pneumonia, and expressed the belief that such observations were of the greatest value in the application of correct treatment. Since then increasing experience with this plan had served to convince him still more that it was practically an essential factor not only in treatment but in prognosis as well. The favorable ratio in croupous pneumonia was one in which the pulse rate per minute was less than the number of millimeters of mercury as shown by the sphygmomanometer. In other words, if the pulse rate was 90 and the blood pressure 120 the patient was doing very well. If the pulse rate was 100 and the blood pressure 110 he was not doing as well as before. If the pulse rate was 110 and the pressure 110 something must be done to bring back the normal difference already referred to, and if the pulse rate was 120 and the pressure 110, the patient was in grave danger and would probably die unless very active treatment caused him to rally before this abnormal ratio had lasted for any length of time. The fall of pressure might be considered to be the result of the toxemia which directly affected the vasomotor centres of the walls of the vessels themselves, or it might be due to a direct effect on the heart muscle, whereby this organ was unable to pump strongly enough to maintain pressure. It was of some importance to determine, if possible, whether this fall of pressure was due to one cause or the other, for, if it was vasomotor, or vascular, direct cardiac stimulation was not needful, although it was true that most vascular stimulants were also stimulants to the heart. On the other hand, if the heart was at fault attention must be chiefly directed to the organ. If the vessels were at fault the difference between diastolic and systolic pressure would be marked, the heart, if strong, sending out a forcible wave of blood in

an endeavor to fill the blood paths. If the pressure was low from a failing heart there would be little difference between diastolic and systolic pressure for obvious reasons. There was no treatment of pneumonia but there was treatment of the patient who had pneumonia, and this would vary in every case. Nor should any physician plume himself on great skill if his patient got well or go into the slough of despond if his patient died, if, on the one hand, a frank pneumococcal infection recovered or, on the other, an insidious infection caused death. It was only when recovery took place in the face of a small factor of safety that great credit was due the physician.

Gastrointestinal Hemorrhages after Operations.

Dr. J. R. von Winniwater, of Vienna, in *Archiv für klin. Chirurgie*, abstracted in *Amer. Jour. of Surgery*:

Since von Eiselsberg published his first observation on gastric and intestinal hemorrhages following operations (1899) many other authors have written on the subject. Most of them are in accord with von Eiselsberg's theory of the causation of these hemorrhages; namely, that they result from thrombotic and embolic processes in the territory of the gastrointestinal circulation.

The author has studied 30 cases of gastric and intestinal hemorrhages after operation. All these cases were operated upon for acute or chronic abdominal conditions; 17 patients died after the operative procedures. At the post-mortem examinations, in most of the cases, very little could be found to account for the oft times profuse bleeding during life. It may in general be stated, however, that the anatomical alterations consist in hemorrhages into the mucous membrane, hemorrhagic erosions, or small ulcers. These lesions are to be found in the stomach or duodenum; the remainder of the intestinal tract is usually negative. These anatomical changes result from injury to the corresponding blood-vessels. Such injury may be: (1) Blocking of the veins from retrograde emboli or from a progressing venous thrombosis; or (2) paralysis of the circulation in localized areas, the effect of the circulating poison or, in rare cases, the result of an affection of the central nervous system.

The gastrointestinal hemorrhages occur most frequently in the first three days after operation. When the condition from which the patient is suffering is not fatal the gastric or intestinal lesions rapidly get well; the lesions are thus not true ulcers. The prognosis in individuals suffering from profuse hemorrhages is, in the presence of a general infection, very poor.

If a patient prepared for ureterolithotomy has a sudden surcease or an exacerbation of pain—and even without these if the stone is quite small—have a final skiagraphic exposure just before operating. If the stone has slipped into the bladder it is better for both patient and surgeon to discover this by the X-ray than by the knife.—*Amer. Jour. of Surgery*.

The presence of intussusception in an elderly person points to a malignant growth as the causative agent.—*Amer. Medicine*.

Reports from the County Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Hohnhurst on Friday, February 9th, at 8:30 P. M., with the president, Dr. David Berner, in the chair. The meeting was very well attended and after the usual routine of business was transacted the guest of the evening, Dr. Ernest LaPlace, of Philadelphia, gave a very instructive talk on "The Clinical Interpretation of Abdominal Pain." His remarks elicited considerable discussion from several members and guests.

The public meeting of the New Jersey State Pediatric Society, which was held in this city last month, was very well attended by members of the county society.

The various committees for entertaining the American Medical Association in this city next June have been appointed and the chairmen are as follows:

Finance, Dr. George Scott. Entertainment, Dr. James C. McVay; Section Entertainment, Dr. Bernard Lee; Hotels, Dr. William E. Darnall; Halls and Meeting Places, Dr. David Berner; Section Meetings, Dr. Samuel Barbash; Program, Dr. Jay I. Durand; Printing, Dr. Isaac E. Leonard; Badges, Dr. Thomas G. Dunlap; Alumni Entertainment, Dr. William C. Wescott; Scientific Exhibits, Dr. W. J. Carrington; Registration, Dr. Henry T. Harvey; Post Office, Dr. Elisha C. Chew; Commercial Exhibits, Dr. Edward Guion; Arrangements, Dr. Walt P. Conaway; Secretary, Dr. Harry A. Doherty; Treasurer, Dr. J. Addison Joy.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter.

The February meeting of the Bergen County Medical Society was held on the 13th, at the Union League Club rooms, Hackensack. In the absence of the president, Dr. David Corn, of Ridgefield Park, occupied the chair. Eleven members were present.

The program for the evening was a general discussion on obstetrics, after which refreshments were served.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

On Tuesday, February 13th, the Camden County Society held its annual social session. For several years past these social sessions have been annual features. The meeting is held in the evening instead of at noon, "sweethearts and wives" accompany the members, the business session is abbreviated as much as possible and then all enjoy some form of light social entertainment followed by refreshments.

Nothing of importance transpired at the business meeting, so that after a brief session it was adjourned for the entertainment of the evening. And this year the committee made a particularly happy selection for the evening program. It consisted of a reading by Miss Miriam Earley. She gave a dramatic recital of the popular play, "The Lion and the Mouse." Her text was but slightly abridged and lost nothing in dramatic effect, while those that had

seen the play easily supplied in imagination the setting and various characters as Miss Early took the part of each. The recital was greatly enjoyed by all, and after supper had been served Miss Early was requested to give "Mr. Dooley on the La Grippe," which she did to the great merriment and vivid appreciation of those present who so often, by proxy and in person, have been up against "The La Grippe."

Altogether the evening was voted most enjoyable and quite a success.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society held a regular meeting February 6th, for the transaction of business and hearing a scientific address. Dr. William Seaman Bainbridge, of New York, read a paper on "Some Practical Phases of Tumor Formation in Man." The lecture was illustrated by lantern slides and demonstrated the methods of treatment in cancer which the speaker has been advocating and largely applying. The following new members were elected:

Herman C. Herold, Jr., Newark; Thomas W. Harvey, Jr., Orange; J. J. Kashkevich, Newark; Thomas M. Pascall, Newark. F. C. Horsford was received by transfer.

The William Pierson Medical Library Association held a second scientific meeting February 20th, at which Dr. Frank S. Meara and Dr. Albert C. Crehore, of Cornell University, New York, presented the new and interesting, even highly important, subject of the "Micrograph and Some of Its Clinical Results," demonstrating with the instrument itself the bedside application of this useful laboratory implement in physics and the great possibilities of improvement in means of observation of physiological and pathological conditions, (chiefly) the circulation. If diagnosis be the most important single thing in the practice of medicine and observation be the key to success in it, we may well laud new scientific aids to its cultivation and welcome contributions from all the collateral sciences. This seems to be the newest of really scientific additions to our armamentarium and, simplified, to be capable of general use.

The Pathological and Anatomical Society met February 8th, offering the following program: 1. Thyroidea Cystica, Dr. Edgar Ill; 2. Mycosis fungoides, Dr. Wallhauser; 3. Carcinoma ovarii, Dr. Cook; 4. Dermoid cyst of orbit, Dr. Eagleton; 5. Report of an unusual case of urethral calculi, Dr. O'Crowley; 6. Gangrene complicating typhoid fever and report of two cases, Dr. Lowrey (discussion opened by Dr. Martland); 7. Microscopic exhibit: (a) Blood in myeloid leukemia, Dr. Harden; (b) Unusual tumor of breast, Dr. Haussling; (c) Demonstration of spirochæti pallida, Dr. Sutton; 8. Anæmic exhibit (City Hospital, Dr. Martland). Gross cardiac lesions representing hypertrophy, dilatation, aneurism, myocarditis, endocarditis and congenital anomalies.

The Public Health Education Committee of the county society offers the last of this year's lectures for the people on March 5th, when Dr. Alice Hamilton, of Chicago, an authority of national repute on the subject and an investiga-

tor in New Jersey and Illinois and elsewhere, will favor us with her lecture on "Lead Poisoning (Industrial)." This is of interest to the medical profession and not only the public, supplying reliable information on trade conditions, the fruit of painstaking investigation, which will greatly enhance the practitioner's knowledge of lead poisoning. The committee is planning for next year has adopted a plan whereby the resources of the county society (under its control of the lectures given) are offered to civic, or other, clubs, which have their own audiences and meeting places; thereby furthering the A. M. A. propaganda and securing large audiences more easily than by advertising for each separate lecture alone.

The employees of the Board of Health of Newark held a banquet and entertainment February 8th, at which about 150 were present, overflowing the rooms of the New Jersey Automobile Club, where they met. Several speeches were made and music, solos and general singing, enjoyed. Mayor Haussling was present as a guest and spoke. His statement that this department gave him "least trouble of any in the government over which he presided," and, again, that he received "fewer complaints about their work than of any other," was received with applause.

The section meetings of the Academy of Medicine have been held as announced. A gift of \$50 to the Academy was made by the County Society at the meeting of February 6th.

The next meeting of the County Society, March 5th, will be addressed by Dr. J. Berthune Stein, of New York, on "The Treponema Pallidum (Spirochæta Pallida) of Syphilis."

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The meeting of the Hudson County Medical Society was held February 6, 1912. Dr. George M. Culver, the president, occupied the chair. There was a large attendance. Dr. G. K. Dickinson reported a case of acute hemotogenous infection of the kidney in a patient apparently well; exploratory operation showed this condition to exist.

Dr. George E. McLoughlin reported a case of sore throat which was diagnosed as diphtheria and disappeared under antitoxin, but after a month the same condition appeared again; cultures taken showed it to be a fusiform bacillus infection.

Dr. W. F. Faison reported cases of small incisions for appendicitis and thinks that the work can not be properly done with such small incisions.

Dr. A. A. Strasser mentioned cases of hemotogenous infection of the kidney similar to the one reported by Dr. Dickinson.

The papers of the evening constituted a symposium on certified milk by Dr. Harris Moak, of Brooklyn; Dr. H. S. Forman, of Jersey City, and Mr. J. H. Hankinson, of Raritan, N. J., manager of the Raritan Valley Farms Certified Milk Dairy. The papers were of great interest to all present and a lively discussion ensued, in which the participants expressed their hope that the use of certified milk will be encouraged by all physicians.

MERCER COUNTY.

Frank G. Scammell, M. D., Reporter.

The Mercer County Component Medical Society met on the 13th for its February meeting, with President Edgar L. West in the chair.

The society received a communication from the Mercer County Dental Society, asking the medical society to hold its next meeting (March) conjointly with them, to discuss "Conditions of the Oral Cavity."

The committee on Dr. Roger's death reported the resolutions ready and they were spread on the minutes. The secretary was advised to have a set suitably engrossed and present them to the family.

Dr. C. F. Adams, otologist to the Mercer Hospital, gave an interesting address on the "Improved Methods of Diagnosing Labarynthian Disease."

Dr. M. W. Reddan, surgeon to St. Francis' Hospital, gave a pleasing description of the surgical clinics in London, Dublin and Vienna as a preface to a most valuable essay on "Veiled Colon," with histories of patients and results of surgical treatment.

Discussion was led by Drs. H. B. Costill and T. H. Mackenzie.

The Medical Practice bill was discussed by all members present and the members seemed to take some exceptions to certain points in it, the interpretation of which may be cleared by legal assistance.

Those who assisted in the discussion of the papers of the evening were Drs. North, Sandy, Taylor, Yojiuji, Hall, Barwis, Costill, Turner, Moore, Mackenzie and Scammell.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The regular meeting of the Passaic Section of the Passaic County Medical Society was held, on February 8, 1912, in the Smith Academy. The subject of the evening was a "General Discussion on the Business Side of Practice." Dr. G. T. Welch presided. A small attendance was present.

Dr. Welch read a part of Chapter One of a book called "Large Fees and How to Get Them." (This will be found on subsequent pages.—Editor.)

This produced an interesting discussion, in which all the members present took part. During this discussion the paper from "The Medical Council" called "The Business Side of Practice" was read. It quotes several authorities.

This paper refers to the indiscriminate giving of service in dispensaries without regard to subsequent care and ultimate results, the interest in the patient in most cases not extending beyond the door of the dispensary, visits to the homes of those treated being rare. The good done by the Cleveland, Ohio, Associated Charities work is set forth, where the deserving poor are wisely cared for, reports of each case treated in dispensaries being kept and there is a weeding out of those able to pay for services of a physician. Good work is done by visiting nurses who have had thorough sociological training and who exercise judgment free from sentiment.

Objectionable contract medical practice is discussed where contract to do medical work in bulk and at a small fixed stipend; where the

physician agrees to give his services to a corporation, beneficial society, etc., or to corporate employees for a given sum regardless of the amount of work done, in contrast to charging an individual service. Certain kinds of medical practice under contract are referred to as being admissible and not necessarily unethical, as life insurance examinations and contracts requiring the whole time of the physician; in State hospitals, sanatoria, etc., and contract work in municipal positions as health officers, medical school inspectors, etc.; contracts with railroads and large manufacturing concerns when adequate compensation is given, especially when such service means the protection and care of employees rather than the protection of employers from suits for damages, and where the quality of the physician's services rather than the cost is considered as his chief qualification for service.

In beneficial organizations, lodges, etc., the question largely depends upon whether there is sufficient compensation so that adequate service can be rendered. Pay is too often based upon the presumption that medical attendance is free or approximately so, which is ethically and sociologically wrong. Industrial insurance examinations and examinations for fraternal lodges and societies, the sick benefit system for medical service on a member and his family at a dollar or two a year, is not ethical or best for physician or patient.

Conditions existing in other States are referred to at length, and it is shown that in foreign countries they are even worse. It is noted that in Austria out of 9,204 physicians, 30 per cent. have an income of less than \$240; 25 per cent. from \$480 to \$720; 33 per cent. from \$720 to \$1,440, and that only 300 physicians in all Austria have an income exceeding \$2,400.

In England, the introduction by Lloyd-George of the so-called general insurance bill is looked upon in many ways as the greatest and most unjust measure before Parliament in two generations. It provides for free medical attention in sickness, accident and maternity cases. As a result of the impending measure the profession in England has been aroused and united in a way never before realized. The demands of the British Medical Association at the present time are in brief as follows:

- (1) Insurance to be extended only to those having an income under £2 (\$10) per week;
- (2) Free choice among a fairly large number of medical men previously appointed;
- (3) Medical and maternal assistance to be regulated and not by the friendly societies;
- (4) The method of remuneration to be adopted by the local health commission in accordance with the preference of a majority of the profession in a given district;
- (5) Medical remuneration to be what the profession considers adequate for the duties performed;
- (6) Adequate medical representation on the various committees and boards of directors.

MEETING OF FEBRUARY 13, 1912.

A combined meeting of the Paterson and Passaic Sections of the Passaic County Medical Society was held in the Braun Building, Market street, Paterson, on the evening of Tuesday, February 13, 1912. Dr. William Flitcroft presided. There were forty-six members present. The sections were called to order, and a motion to adjourn was carried. Then the reg-

ular meeting of the Passaic County Medical Society began.

The minutes of the previous meeting were accepted as read:

The application of Dr. Israel Feigenoff was reported favorably by the censors. Dr. Feigenoff was elected a member of the Passaic County Medical Society.

Dr. Korshet presented a case of

CONGENITAL CYANOSIS IN A GROWN CHILD.

Congenital cardiac disease is a condition marked by congenital cyanosis and clubbing of fingers due to arrest of development or disease during intra-uterine life.

Arrest of development may be due to a defective germ-spasm, pathological changes within the early embryo as a result of insufficient nutrition and heredity of atavism. External causes such as traumatism, amniotic pressure or adhesions and pressure due to mal-position, physio-chemical influences such as deficient oxygenation and maternal impressions such as fright, over-work, worry or ill-treatment are credited by some authorities as inducing arrested development, but so far no exact scientific study has been made of them.

The only intro-uterine disease of any importance affecting cardiac defects is acute endocarditis of the fœtus, which causes thickening and cicatricial contractions of the endocardium.

Congenital cyanosis is a bluish discoloration of the skin and mucous membranes signifying an intense circulatory interference in serious cases of congenital heart disease. It is distinguished from the cyanosis of advanced stages of acquired heart disease by existing for many years with no other signs than clubbing of the fingers. Since it is always accompanied with clubbing and dyspœa it might almost be classed as a disease in itself.

Several causes are given for congenital cyanosis but none of them have been definitely decided upon. These are venous stasis, admixture of venous and arterial blood, deficient aeration, dilatation and formation of new capillaries and changes in the blood itself. Whether one or all of these causes are to blame, the fact remains that the blood does not receive the proper amount of oxygen and hence cyanosis appears.

The clinical picture of congenital cyanosis is unmistakable. The discoloration may vary from a bluish tinge on exertion or excitement to a purplish hue. It is absent at birth, appearing weeks, months and years later as a result of some interference with the pulmonary circulation.

The dilated superficial vessels, blackberry tongue, flattened, bulbous and cold fingers, toes and nose and disturbed respiration are constant symptoms of an advanced case of congenital cyanosis. When the condition sets in early there is frequently mental as well as physical weakness, although sometimes the children are unusually intelligent.

The description of my case, which is doubtless due to a patent foramen ovale, is as follows:

Helen B., aged 9 years, slim, fairly well developed child for her age. Mentally she is bright and intelligent and takes active interest in her surroundings. Her mother notices nothing

abnormal about her except that she has an "awful temper," which she believes to be a paternal inheritance. Aside from the bluish tinge of the cheeks, lips, tongue and the bluish clubbed fingers, she is physically and mentally on a par with the average child of her age.

Past History—The child has always been in fairly good health, having escaped the diseases of childhood. Her condition was normal until two years of age. At that time the eldest girl let her drop to the floor and she immediately turned blue and has remained blue to this day. The fall was no doubt the inciting cause of the condition.

Family History—Father, aged 36, is a carpenter and has always been healthy. No venereal disease, no rheumatism. Has a sharp accentuation of the sound of the heart, but aside from this presents no physical signs of interest. Mother, age 33, housewife, enjoys good health. Suffered from anemia before marriage. Has had three children, Helen being the third child. Labor was not difficult, though the child was born suffocated and had to be revived. While pregnant with this child (does not remember exact month) she was frightened by a crash between a trolley car and a heavy truck—she stood close to the curb when this happened.

Parents' Family History—Father's father living, aged 63, a carpenter. Suffers from migraine and chronic rheumatism, otherwise is active and well. Father's mother, living, age 61, suffers from asthma. Mother's father living, aged 65, was operated on for "bladder trouble" at the age of 50, probably enlarged prostate. Mother's mother living, age 63, suffers since age 16 with acute and chronic rheumatism. Here we have the interesting fact brought out that, while the parents were free from rheumatism, one grandparent on the mother's side and one on the father's side suffered from this affliction. As there are no malformed children in the whole family, the child's condition is due either to an arrest of development induced by the mother's fright or to fetal endocarditis of rheumatic origin.

Physical Examination—Apex is in fifth interspace, exhibiting a marked thrill. Heart beat irregular, varying with momentary and trivial excitement, accentuation of second sound and a to and fro murmur is present. Owing to poor circulation, the radial pulse cannot be counted as slightest pressure obliterates it. The thrill and murmur can be felt and heard over entire cardiac area but is not transmitted to the vessels of the neck. Both aortic and pulmonary second sounds accentuated. Lungs normal.

The child's poor circulation and blood are strikingly shown by the slowness with which wounds and ordinary scratches heal. For example, a month ago this child and a cousin were bitten by a dog. The other child's wounds were healed in about a week and this child's wound of the leg closed only a week ago and is still hard and bluish.

Treatment—Medically nothing done. Proper hygiene and proper exercise are advised and precautions taken against cold and wet.

Prognosis—Uncertain. However, with proper care and precautions against undue exertion or excitement the child has fairly good chances of survival, provided no acute disease such as pneumonia intervenes.

The discussion on this paper was opened by

Dr. Johnson, who said that the ophthalmoscope shows the fundus of the eye, has tremendous venous congestion, the veins are large and tortuous. Vision is not affected. Dr. Atkinson asks why does Dr. Korshet give a fall after birth, as one of the causes of congenital cyanosis. In closing the discussion Dr. Korshet said the condition is not often noted at birth, and that oftentimes a fall causes a rush of blood through the patent foramen ovale and the condition is produced.

Dr. J. Allan MacClay read a paper on a
**CASE OF EPITHELIOMA OF THE FACE
 CURED BY FULGURATION.**

Before proceeding to show the case, just a few words about what "Fulguration" is. It is a treatment known by the various names "fulguration," "sideration" and "lightning treatment" introduced to the profession by Dr. Keating-Harrt, of Marseilles, France, for application to epitheliomatous and carcinomatous growths. In the case of carcinomata where large growths are to be removed it is a combined surgical and electrical procedure, as treatment by sparks from the high frequency apparatus alone would be useless in such conditions. Extirpation of carcinoma of the breast for instance, must follow and precede the application of the lightning sparks. Then the sparks are played into and about the edges of the wound at the same sitting, as general anesthesia is required for both procedures. Keating-Harrt's apparatus for this work is an elaborate one and includes a water cooling tube for the sparks to pass through before they reach the patient to limit the destruction and shock. Dr. Keating-Harrt does not claim wonders for his method, but he has undoubtedly proven that the treatment is of decided value in many cases and his recent visit to New York was conspicuous for demonstrations which attracted the greatest attention from all who saw his work, and it was the general consensus of opinion that there was much of promise in the method.

There are two methods of application of the sparks: the "Unipolar" and "Bipolar." By the former a shower of sparks passes from the resonator to the patient, who is connected to earth. In the "Bipolar" method the patient is connected to one pole and then a much more powerful shower of sparks passes between the electrode held by the operator and the patient. The resulting shock is more violent and causes severe muscular contractions. Keating-Harrt prefers the "Unipolar" method, asserting that the "Bipolar" spark is too destructive and causes such violent contractions as enlarge the surrounding vital organs.

After the patient has been anesthetized the surgeon incises the tissues so as to lay bare the offending growth without separating it. He then showers upon it a stream of the strongest sparks, his object being to produce a marked vaso constriction and this action tends to modify its density and to determine the line of demarcation between normal and pathological tissue. It also decreases capillary hemorrhage and thus reduces the possibility of reinoculation. The growth is then excised, even insufficient extirpation is sufficient if followed by fulguration. Excision of the tongue, rectum and uterus are suited to this method.

So much for the major procedures. The minor malignant conditions of the skin are

easily attacked by this method, best, of course, with the patient under anesthesia, as the sparks are very painful, to say the least, of course in proportion to the strength of current with which they are applied. I have had no experience treating epithelioma with the patient under anesthesia, but do not doubt that in the majority of cases results could be obtained in one, two or, at most, three applications. The method I use in my office, and with which the patient presented for your inspection to-night was treated, consists in the repeated application of the sparks in whatever strength the patient can stand at intervals of three or four days. The sparks themselves must be interrupted by manipulation of the electrode and intervals of a minute or so must be given the patient to recover from the pain of the applications. The surface of the epithelioma is gone over at each sitting, and if done carefully the subsequent reaction is slight. The results are so gratifying that any patient will undoubtedly be induced to continue the treatments notwithstanding the discomfort attending the applications.

The patient I present is David Storms, age 52. He noticed a small black spot under the left eye twenty-five years ago which threw off a scab at frequent intervals. It did not amount to much until about three years ago, when during a sparring match his opponent cut the growth with his fingernail. After this it began to grow rapidly. Before three ago he had no pain. After it began to grow he felt shooting pains radiating to the right and left and upward, but not downward. The growth was in an ulcerated condition for a long time and had hard undermined edges, but it apparently was not adherent to the underlying tissue.

I herewith present a picture of this man taken a short time after I had given the ulcer two treatments. Then the treatments had so markedly reduced the size of the ulceration that I suspended treatments until he could get his photo for record. This accomplished, I again started the applications until after sixteen such treatments the present condition resulted, which, I take it, is a practical cure. Treatment was started in September, 1911, and continued for thirteen times at intervals of every few days, until the ulcer was entirely healed. I gave three more treatments three weeks ago to burn away some of the edge which was projecting and which spoiled the cosmetic effect. I do not think this edge was anything but projection of the junction of the scar and healthy tissue. It was not ulcerated. I doubt very much if a person at a distance of ten feet would be able to notice the resulting scar. The scar surface itself looks, as you can see, very like the skin, and is soft and pliable and in no way adherent to the underlying tissue.

Dr. Mitchell discussed Dr. MacClay's paper. He said that Dr. Keating-Harrt uses only one application of the sparks under a general anesthetic.

Dr. Flitcroft opened the discussion on the amendment to the by-laws, "Regulating Contract Practice."

After the amendment to the by-laws was read, the president, Dr. Flitcroft, called Dr. R. M. Curtis, vice-president, to the chair, and in an address pointed out the evils resulting from contract practice. He spoke of the system as being destructive, not constructive, and consid-

ered it the most important issue that the members had been called upon to take action upon in years. He pleaded with them to lay aside selfish interests and consider the welfare of the members of the society as a whole. His address was well received.

The matter was then brought forward for general discussion. The following members took part in the discussion: Drs. James Curts, Vigna, Hagen, Robert M. Curts, Bowden, Colgan, Alexander, MacClay, Clay, Dingman, Korshet, Marsh, Golding, B. Rogers, Welch, Morrill and Yates.

During the discussion, the question of the legality of passing the proposed amendment to the by-laws was raised and the following legal opinion was read, it having been prepared for the society by an attorney:

To Dr. William Fliteroft, President.
Passaic County Medical Society.

Dear Sir:—Concerning the question submitted by you to me, as to whether your society has the power and right to adopt the proposed amendment to Chapter 9 of the By-Laws of the society, upon which you propose to act at your meeting of Tuesday, February 13, 1912, and whether any criminal action or prosecution, or civil action for damages, for so doing, could be successfully maintained against the society, I wish to say:

First—That you have the right to adopt such an amendment.

Second—That no criminal action or prosecution, or civil action for damages, for so doing, could be successfully maintained against the society.

Permit me, also, to call your attention to the fact that Chapter 10 of your existing by-laws provides that a proposed amendment must not only have been "read in open session at the preceding regular meeting," meaning, of course, the regular meeting next prior to the one at which the amendment is to be offered, but that a copy thereof must be "sent to each member by the secretary ten days in advance of the meeting at which final action thereon is to be taken." It is important that your records show or recite the fact that both these requirements have been complied with, otherwise the amendment would not be valid.

I will also say that, though I find no objection to the adoption of said proposed amendments, I observe that it has been held by one of the courts of the State of New York that "a regulation fixing tariff for medical services is void, it being unreasonable and against public policy." This means that a physician cannot be compelled to charge a fixed minimum fee for his services, and that he can charge as little as he pleases; and that it would be against the interest and general welfare of the people at large to insist that no physician should be permitted to attend or treat a patient for less than some arbitrarily fixed fee. This, however, does not deprive a voluntary association such as yours from adopting and agreeing to such a rule concerning its own members, as membership in your society is voluntary and not obligatory upon the part of any member of the medical profession, and any duly licensed and qualified physician can practice his profession in Passaic County without becoming or remaining a member of the society.

Yours respectfully, T. W. Randall.

Finally the following amendment to the By-Laws was passed:

Amendment to Chapter IX, entitled "The Principles of Medical Ethics."

(Section 2). Any member of this society may properly contract with any public authority, corporation or business firm, lodge, or benevolent society provided that he shall receive a fixed compensation, for a definite amount of work done or time occupied, which compensation shall not be less than the minimum fee of one dollar per visit or treatment.

Any member of this society who shall, after February 13, 1912, enter into any professional contract or who after February 13, 1913, shall work under any contract, save as above, shall be deemed guilty of unprofessional conduct, and shall be expelled from the Passaic County Medical Society.

Nothing herein shall be considered to apply to an agreement of gratuitous service to any hospital, or other public charitable or benevolent institution, or from giving free services to the worthy poor who are unable to pay. This does not apply to city, county or town physician or health officer, or from serving under political appointment.

Dr. Welch then offered the following amendment to the amendment, to be voted on at the next meeting:

Amendment to Chapter IX, entitled "The Principle of Medical Ethics," be changed to read (Section 2) No member of the society shall contract with any public authority, corporation or business firm or benevolent society, and;

Any members of this society who shall after February 13, 1912, enter into any new professional contract or who, after February 13, 1913, shall work under any contract save as above, shall be deemed guilty of unprofessional conduct and shall be expelled from the Passaic County Medical Society.

Nothing herein shall be considered to apply to an agreement of gratuitous service to any public hospital or other public charitable or benevolent institution, or from giving free service to the worthy poor who are unable to pay, or to agreement for life insurance examinations.

This does not apply to city, county or town physician or health officer, or from serving under appointment.

Dr. Vigna informed the society that every physician in the City of Paterson had signed the agreement with the Italian physicians not to do any contract work with any Italian lodges.

Dr. Johnson offered the following resolution:

Whereas, The Passaic County Medical Society, having through its Committee on Prosecution of Illegal Practitioners, presented through one of the members of the The State Board of Medical Examiners, Dr. David P. Borden, to the said State Board, conclusive evidence of the fact that Dr. Arthur Ball has persistently publicly advertised in the daily papers, ability to treat and cure chronic and incurable disease. The following resolution is therefor adopted by the Passaic County Medical Society:

Resolved, That the State Board of Medical Examiners are requested to proceed in accordance with the State law, and serve this preamble, and resolution upon the said Arthur

Ball, now practising in the United Bank building, Market street, Paterson, N. J., as a complaint, and be it further resolved that the said State Board shall, in accordance with the State law, proceed in legal form, with a hearing tending towards conviction, upon the evidence produced, which the society believes to be ample, the immediate revoking of the said Arthur Ball's license to practice medicine in the State of New Jersey, and that the said State Board is requested to notify the Passaic County Medical Society of the progress of such legal action.

The resolution was carried.

A motion was carried that a committee be appointed to endeavor to get all reputable physicians in the county to become members of the Passaic County Medical Society. Committee appointed was Drs. Bowden, Todd and Welch.

A motion was carried that the legislative committee confer with our representatives in the State legislature, and obtain their aid to secure any medical legislation that is sought to be enacted this session. The committee to report back to the society the result of their efforts at the next meeting.

The applications of Drs. Norman, Herkield Cotton, William J. Whalen and Theodore Bender to become members of the society were referred to the Board of Censors.

A motion was made that an amendment be made to Article 5 of the Constitution, to be voted for at the next meeting of the society, as follows:

In addition to the officers mentioned under article 5, that an Historian be added, to be elected annually. An addition to the by-laws, to be known as section 9.

A letter from the New Jersey State Chairman of the Public Health Education Committee of the American Medical Association offering the society to help in this work was read, and the matter was referred to Committee on Public Health and Legislation.

The questions of allowing foreign physicians to take their examination through an interpreter, or in their own language, could not be gone into owing to the lateness of the hour.

A motion to adjourn was carried.

SALEM COUNTY.

Henry Chavame, M. D., Secretary.

The Salem County Medical Society held its winter session at the Keith Hotel, Woodstown, Wednesday, February 7, afternoon, and was called to order with only two absent.

Other than regular business the items of interest were two. Dr. C. M. Sherron reported and illustrated by photographs a case of spina bifida. Dr. Clarence P. Franklin, of Philadelphia, read, "Eye Points for the Practising Physician," and the points were didactically presented to the pleasure and instruction of the listeners. Beginning with foreign bodies in the eye and technique in their removal, leading on through the long list of ills to which that organ is subject—conjunctivitis, ophthalmia neonatorum especially, keratitis, ulcers, iritis, cataracts, specific congenital and infectious; eye signs in diagnosis; significance of headaches, etc., and "606" had its innings. Pro-con-neuter. The questions and answers that followed confirmed the opinion that the doctor knew what he was talking about.

Dr. James Hunter, Jr., district councilor, was with us and responded to inquiries, in his official capacity. The society acted favorably in relation to the subject of the letter received of Dr. Maria M. Vinton, chairman of the Public Health Education Committee work.

Dr. G. W. H. Fitch will prepare a paper at the request of Dr. Alexander McAlister to be read before the State Society.

SOMERSET COUNTY.

J. Harvey Buchanan, M. D., Reporter.

The Somerset County Medical Society held its regular bi-monthly meeting at the usual place, the Ten Eyck House, Somerville, on Thursday, February 8, 1912. Dr. Henry G. Bugbee, of New York City, cystoscopist of St. Luke's Hospital, New York, read a very interesting and instructive paper on the subject of "Modern Methods of Diagnosis in Urinary Surgery." The paper went at some length into the history, development and use of the cystoscope, catheterization of the ureters and various points of technic in the use of the X-ray in kidney and ureteral work, and was illustrated by a full series of slides showing pathological conditions of the urinary tract, calculi, tumors, inflammations, etc. The lecture was not only intensely interesting and profitable, and was greatly enjoyed by all those present. About twenty of the members were present, as well as Drs. W. H. Murray, J. H. Carman and A. F. Van Horne, of the Union County Society. The committee appointed at a previous meeting to consider the matter of holding open meetings in the interest of good health, reported progress, and attempts will be made to arrange for such meetings in the principal places in the county in the near future. The usual committee to arrange for the annual meeting and dinner in April was appointed and the society adjourned.

North Hudson Academy of Medicine.

The January meeting of the North Hudson Academy of Medicine was held on the evening of the 31st, at the West Hoboken Public Library, the president, Dr. A. E. Olpp, presiding. Cases were reported by Drs. E. J. Luippold, of Union Hill, and C. L. DeMeritt, of Hoboken. Dr. Theodore J. Jacquemin, of West Hoboken, had been appointed to read a paper on myopia. Instead of a paper, however, the doctor gave a lecture on the subject, illustrated by blackboard drawings and an exhibition of optical instruments, and ended by quizzing the members on the points he had covered. This innovation was much appreciated, and the members agreed that they had learned much more than they could have done from the reading of a paper. Dr. A. Urevitz, of West Hoboken, made application for membership.

State Conference on Charity.

This year's Conference of Charities and Corrections will be held in the rooms of the Woman's Club, Prospect and William street, East Orange, March 24-26, when the possibility of diminishing poverty, pauperism, delinquency, crime and insanity by proper educational training, will be considered.

On March 24, at 3 P. M., President Royal

Meeker, Princeton, will deliver the annual address; Dr. H. C. Schneider, of Cincinnati, and Miss V. C. Gildersleeve, of Barnard College, will speak on "Education for Efficiency." At 8 P. M., experiences with exceptional children will be given by teachers from the public schools of several cities. On March 25, sessions will be held at 9 A. M., 2 and 8 P. M. The topics presented and discussed will be "Preventive vs. Curative Education," Dr. Charles H. Chapin; "Public Schools," Dr. A. B. Polan; "An Italian Experiment in Education," Mrs. Howard C. Warren; "New Jersey Rural Schools," Superintendent O. J. Kern, Rockford, Illinois; "What Are We Teaching? Why Are We Teaching It? Why Are We Teaching It that Way?" "Educational Values" will be discussed by Talcott Williams, LL.D., Dr. C. N. Kendall and F. E. Spalding. On March 26, in the morning, Rev. Dr. S. S. Drury and Miss M. R. Hilliard will speak on "Private Schools." In the afternoon the session will be devoted to "Broader Fields in Education." Dr. W. E. Watt, of Chicago, will speak on "Open-Air Schools;" Clarence A. Perry, on "The Schools as Social and Recreational Centres;" Miss Mary Garrett, of New York, on "Moral and Physical Education."

International Congress on Hygiene and Demography.

This congress will hold its fifteenth annual meeting in Washington, D. C., from September 23 to 28, 1912. President Taft is honorary president of the congress, Dr. Henry Walcott is president, and Dr. John S. Fulton is secretary-general. In connection with the congress, and in buildings especially erected for the purpose in Potomac Park, there will be an exhibit on public health in charge of Dr. Joseph W. Schereschewsky, of the United States Public Health and Marine Hospital service. This exhibit will open early in September and will continue until after the congress.

Alcohol and Life Insurance.

Whitfield Harral says that the question of the use of alcohol is a most important one in considering an application for insurance. When used daily handicaps the individual in the performance of his duties and renders him an easier victim to disease. Its prolonged use results in fatty degeneration or in fibrosis. Catarrhal conditions of the respiratory tract are produced by the alcohol eliminated through the lungs. It attacks the stomach, the liver, and the kidneys, and interferes with metabolism. Until recently insurance companies regarded "Ansties' limit" as the maximum amount of alcohol that could be taken without harm, namely, a daily allowance of one and one-half ounces of absolute alcohol, or three ounces of ardent spirits, two wineglassfuls of sherry, or other strong wine, three tumblerfuls of strong ale or porter, five tumblerfuls of light ale or beer. This amount has proved to be too great, and the limit now considered physiologically permissible is from two-thirds to three-quarters of an ounce of absolute alcohol, or its equivalent, in one-half pint of champagne, one and one-half ounces of whiskey, or two to three glasses of beer. Individuals who have taken the Keeley cure should be refused insurance in most cases.

More favorable applicants should be issued endowment policies terminating at the age of fifty and then only provided it has been five years since the cure was taken, and the applicant has been a total abstainer in the meantime.

Nelson's table shows the influence of alcohol upon life expectancy at various ages:

Age.	Intemperate.	General
20	15.5	44.2
30	13.8	36.5
40	11.6	28.8
50	10.8	21.2
60	8.5	14.3

—Proceedings of the Medical Section, American Life Convention, New Orleans, February, 1911

Life Insurance Payments.

During the year 1910 over 500 million dollars was paid out in claims and benefits by the life insurance companies and benefit associations in the United States and Canada. During the same year new insurance to the amount of more than 2,500 million dollars was written, the total insurance in force showing an increase of nearly 1,000 million over the year 1909.

Patent Nostrums Under Pure Food Law.

To bring the manufacturers of patent medicines under the control of the pure food and drugs act, Senator Gallinger, of New Hampshire, has introduced a bill intended to make effective the recommendations of President Taft in a recent special message to Congress and also to meet the decision of the Supreme Court, which held that patent medicines did not come within the definition of the law. A similar bill was offered in the House by Mr. Richardson.

The Gallinger bill provides "that the term 'drug' as used in this act shall include all medicines and preparations recognized in the United States pharmacopœia, or national formulary, or in the homeopathic pharmacopœia of the United States for internal or external use; and any substance or mixture for the cure, mitigation or prevention of disease of either man or animals."

The Doctor in Politics.

"The doctor in politics" is urging legislation for the betterment of mankind, while his timid brother is complaining of the sins and shortcomings of his competitor. He was the chief factor in raising the standard of medical education by legislative enactment, the pure food and drugs laws, the quarantine and sanitary laws. He is always on the affirmative side of moral questions, his influence being all powerful. He is known far beyond the confines of his practice and neighborhood.—W. H. Stemm, in Journal of the Indiana State Medical Association.

The Marvelous Advances of Pharmacy.

The lowest depths of degradation of pharmacy have been reached: Riker's drug stores advertise specials in hair goods—puffs, switches, rats, curls, chignons, etc. "If you want anything in hair goods—see us." Children's hair-cutting also a specialty.

Oh, ye shades of Proctor, Maisch, Hoffmann, Squibb, Rice and Hallberg, what feel you when from your heavenly seats you look down and note the marvelous "development" of pharmacy in the United States?—Critic and Guide.

THE JOURNAL

OF THE

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

A UNITED PROFESSION.

Next month county society secretaries will begin to prepare for the annual meeting of our State Society and the treasurers will send out bills to members for their dues. It is highly important that we begin now to scan our rolls of members and, if possible, reach the non-members of our profession residing in our respective counties and induce them to unite with the county society. The need of a united, well-organized profession, actively co-operating in professional work, is to-day greater than ever.

We insert what one president of a State Society says to non-members and non-active members. We will give earnest words of other presidents next month. Their words apply to New Jersey with equal force. We ought to have at least two thousand members. Will not every member, as well as officer, of every society make an earnest effort to get in the non-members between now and May 1?

We have spoken of the profession's record of unselfish devotion in its service to the State and its citizens. We realize to some extent the immense amount of charity

work that has been done by its members, much of it uncalled for because the recipients were abundantly able to pay; we know how cheap contract practice is dishonoring to, as well as impoverishing, the profession; we know how charlatanism and quackery flourish and nostrums and commercialistic methods abound.

It is time that the profession should be aroused for the protection of its members, when that protection means the protection also of our citizens' lives against fraud and deception. We are glad that the Passaic and Middlesex County societies are vigorously waging legal warfare against some of the quacks that infest their bounds, and that many of the societies are taking decisive action against cheap contract practice. Let it be a general warfare throughout the State, with every reputable physician in the State enrolled as a member of his county society and enlisted for the maintenance of the honor of his profession and the good of his State and its citizens.

Dr. Robert H. Goodier, president of the Missouri State Society, in urging non-members to join that society, says:

Identify yourself with the great forward medical movement of to-day by joining your county society; or, if you are a member, by attending its meetings, making them interesting and instructive as far as your help can contribute. Always keep a little enthusiasm on tap—it is an antitoxin of great virtue, especially to be recommended both as a prophylactic and a cure for that type of professional listlessness or inertia so prevalent and characteristic of a contingent part of county society membership.

Recognize in your local society an opportunity both for imparting and receiving instruction; do whatever duty is assigned you, with cheerful willingness, to the best of your ability. Don't be afraid to write a paper or discuss one, neither to express yourself on reported interesting cases or to make clinical examination of one before members of your society. Don't be backward to advance an opinion, if you have one, for fear of the limitations of your professional knowledge. If you are wrong there is no better way to correct your understanding; and besides, the world is full of ignorance. It is something so common

to all of us it makes most of us charitable to a brother's blunder, especially if he is trying to overcome. Again, ignorance is a peculiar element in our constitution, and seemingly must express itself at times in our acts and speech before we can make it conscious enough to take instruction—at least it is so in my case and I suppose it is true with others. But the sooner we can discover and realize it the earlier we can impart light and instruction.

OUR PROFESSION'S RELATIONS TO THE STATE.

The policy of this Journal in the future will be—as it has been in the past—in reference to its relation to partisan politics and its criticism of those who occupy high positions in the legislative and executive departments of State or Nation, to avoid all expressions that have the appearance of political bias, and hasty or unduly severe criticism. Such partisanship or criticism is not befitting the editorial columns of a *medical journal*, nor is it right when the members of the profession whom it represents are of different political faith which they, as intelligent men, honestly hold.

It is, however, within our province and our solemn duty, when the profession is opposed, in its effort to serve the people, by selfish interests or politicians who favor those interests, to express our best judgment and exercise our influence and earnest endeavor, to secure wise laws relating to the health interests of our State, including laws which relate to our educational institutions in so far as their methods and work affect the health of the children of our State, and laws which require adequate medical education that will protect the public against incompetent and unprincipled practitioners of medicine. We believe our positions in reference to the attitude and actions of ex-Governor Fort, of this State, toward our profession in its purely unselfish efforts to safeguard human life; in reference to Governor Dix, of New York State, in removing Dr. Doty, and in reference to the treatment of, and attempts to remove, Dr. Wiley were eminently proper. We

have been fully justified by the profession at large and by eminent citizens, outside our profession, throughout the State and Nation.

We have often referred to the long record of the Medical Society of New Jersey as having been not only remarkably free from attempts to secure legislation for the pecuniary advantage of the profession, but also as having manifested in an exceptional, unequalled degree, disinterested and profound interest in legislation calculated to safeguard the health of our citizens, to provide for the unfortunate defectives of the State—the insane, epileptic, feeble-minded, etc. The existence of our public health boards, insane and other hospitals, sanatoria, the epileptic village, homes, etc., are due to the profession's initiative intercession, insistence and support and most of these humane and State-honoring activities have meant—as was foreseen—the lessening of the financial incomes of the members of our profession.

We have confidence in the profession, and therefore assert that its course in the future will be the same and the most hopeful sign is that there is an increasing interest on the part of intelligent, philanthropic laymen and women who are uniting with the medical profession and generously giving thought, time and money to perfect and enlarge our public institutions and organizations, bringing them to highest possible efficiency, keeping them free from political manipulation, making them productive of the best results, and, in that grandest realm of our united activities—Preventive Medicine, "the crowning glory of the Medical Profession"—conferring the greatest boon on humanity for coming generations.

THE NEWSPAPER'S RELATIONS TO THE PUBLIC AND OUR PROFESSION.

It is a great satisfaction to find occasionally a newspaper that correctly, intelligently and conscientiously gives facts that are calculated rightly to mold public sentiment for the public good, especially when by so doing it means some financial loss to the pub-

fisher in refusing advertisements that he cannot conscientiously insert, or in taking a position on subjects where the people through ignorance are prejudiced and sorely need the enlightenment which he tries to give them, even if it is not popular. We insert these two editorial briefs from the *Passaic Valley News*:

Several of our friends have asked us why we do not admit patent medicine advertisements to the columns of *The News*, reminding us that we could get many columns of them at profitable rates. Our answer is that the great majority of those advertisements are grossly dishonest, and we do not propose to help their authors swindle the public. There are some patent medicines of real and great value. But the majority of them are frauds; and we do not know of any meaner or more despicable fraud than that which preys upon the affliction of humanity.

The actual beginning of work on the Bonnie Furn sanatorium for tuberculosis patients gives promise that that beneficent institution will soon be in operation. It may be fitting, therefore, to reassure those few timorous souls who fear that it will be a source of contagion to the community. Instead of being a danger to the health of the community it will be a protection. The patients will not be permitted to wander about at will, to infect the neighbors, but will be kept within bounds where they will not come into contact with others and where every precaution will be taken against the spread of the contagion. A single consumptive living at home and going about the village is far more of a menace than a thousand patients in a sanatorium under proper medical supervision and control.

These briefs express sound common sense and honestly state truths calculated to mold public opinion in right directions that mean the saving rather than the destroying of human lives. All honor to such editors and publishers.

On the other hand, we were pained to see in one of the leading newspapers of the State an editorial brief which is not true, does great injustice to our profession and tends to increase existing criticism of newspaper inaccuracy. It is as follows:

If you are being operated upon by a surgeon, and he happens to leave a pair of forceps lying around loose in your abdomen, don't take the trouble to try to make the surgeon pay for the privilege of transforming you into a sort of human tool chest. * * * One of the remarkable statements made by the attorney for the defense was that when a surgeon operates upon a patient, the latter assumes all risks of the

accidental overlooking of any surgical instrument or paraphernalia that may have been used during the operation and left in the body.

The jury agreed with his view, and all that Mrs. _____ has to show for her suffering and her trouble is a pair of rusty forceps that are out of date and a bill for the cost of the trial.

The jury *did not* agree with the reported statement of the attorney. It was proven that the accused physician never owned, never used the kind of forceps found in the abdomen, but that the same kind of forceps were used in the hospital where the patient had undergone another operation, not performed by the defendant. These facts were fully stated in the leading New York and Philadelphia papers a day or more before the above editorial appeared.

We have great respect for the daily newspaper. It has, or ought to have, mighty power in molding public sentiment, but it also has a tremendous responsibility and ought to use its influence in the cause of truth and decency. We fear that its influence generally is not as great as formerly. In many instances we have noted glaring misrepresentations of the medical profession's efforts for the public good, especially in legislation which has been sought for the good of the State and its citizens and not for the profession's benefit; much of it meant financial loss to the profession. None of it meant gain to the profession more than to other citizens, except gain in knowledge by raising the standard of medical education—and that for the good of the public, and gain in the glory that ever comes to a profession whose members sacrifice themselves in the service of humanity. Let us not forget that the average income of the general practitioner is about \$700. Specialists sometimes get large fees, but they do an immense amount of charity work and their fees are little compared with those of the specialists in the legal profession.

The medical men ask no favors of the newspapers, only that they will do us justice. We might expect them to stand for scientific medicine and not for quacks and nostrum venders, even if they do pay liberally for advertisements.

MEDICAL DEFENSE.

We congratulate our members on the success obtained in our Medical Defense work. We have won all cases thus far tried, and Dr. T. N. Gray reports concerning five other cases now pending, that they have been postponed from time to time by the complainants—never by our society. Some probably will be withdrawn.

Remarks of President Evans at the annual meeting of the Wisconsin State Medical Society:

"At the risk of tiring you, I want to say that this medical defense means a whole lot to the profession. We have had two malpractice suits in my town during the last year, one of which I had to defend myself, and while the State Society did not defend it, that is, it caused no expense to you, I appreciated then what this organization of ours means to a doctor when he gets into trouble. They had to go outside of town to get a doctor to give expert evidence, and they only got him, because they got him filled up, and he had a few sore spots against me; but when it came to a trial, it took a bench warrant to get him in the witness chair, and when he got there he did not say anything harmful, and the case was thrown out as soon as the prosecution had put in their evidence. In the other case the court allowed it to go to the jury, and within 45 seconds the jury were knocking on the door, and the attorney for the prosecution said, 'Your Honor, I think they have come out for further instructions.' But they came out and handed in a verdict of 'Not guilty,' and the lawyer said, 'I never saw such a bunch of doctors as there are in La Crosse; you cannot get one doctor in La Crosse to testify against the others.'"

"I think one great feature of getting in new members is this feature of giving medical defense, not merely because we defend in these cases, but it creates a sort of good-fellowship such as I think nothing else does."

From the Secretary's report at the same meeting:

"We have now had two and one-half years of our medical defense plan. It has grown steadily in favor with the members of the society, and there are only five counties where its payment is not practically unanimous. There have been quite a number of applications for defense during the

year and no damages have been assessed since the plan was adopted. The defense which the society provides has proven itself absolutely reliable and satisfactory in all ways. Its moral effect in uniting more closely the members of the society in a common defense against what is usually a form of blackmail, is even more admirable. That all the counties will take this same view of it in the near future is almost certain."

We thank the authors for several original papers received—most of them through the secretaries of county societies before which they were read. They are by Drs. Chambers, DeMeritt, Hammond, Hummel, Husserl, E. A. Ill, Martin, Pyle, Soresi and Yates. We regret our inability to have them inserted in this month's Journal. Most of them will appear next month, and the others in the following issue. We have inserted some brief papers by our members, from other journals, in smaller type—our rule when papers appear first elsewhere—and another, by Dr. T. N. Gray, will appear in the April issue.

We regret to learn, as the Journal goes to press, that Dr. Charles B. Converse, Jersey City, who has been county physician of Hudson for thirty years, is critically ill in St. Francis' Hospital, Jersey City; that Dr. James A. Exton, Arlington, who has been the efficient secretary of the New Jersey Sanitary Association for about twenty years, continues very ill; also that Dr. Joseph Lawrence Nevin, who had practised medicine in the Hudson Heights section of Jersey City for thirty-five years, died of peritonitis Monday in a private hospital in New York, at the age of fifty-nine; also that Dr. Arthur K. MacDonald, of Princeton, N. J., died on February 28th.

A Heathen Sect.

From the N. Y. State Journal of Medicine.

A little child of five years old died of diphtheria the other day, after one "present" treatment and several "absent" treatments by a "Christian" Science mummer. The deluded mother stated that the child had been "in error." By error she explained she meant a "slight sin." In other words this strange sect teaches that the Judge of all the earth will slay a five-year-old child for a slight sin. Has heathendom ever evolved a more savage doctrine? It is akin to the horrible belief once taught that hell is paved with the skulls of unbaptized infants.

And these rivals of the Witch of Endor flourish exceedingly, fatten on the blood of their innocent victims and go unwhipped of the

law because they call such a doctrine religion, and Justice keeps her sword in her sheath and smiles benignantly, if not inanely, on the lawless practices of this sect, because of the cloak of religion with which its votaries sanctimoniously cover their nakedness.

Annual Report of the State Charities Aid and Prison Reform Association.

The report for 1911 has recently been issued. In it the president, S. L. Cromwell, Esq., endorses the plan of a State Department of Charities and Correction; incidentally refers to the need of a complete change in the system of management of local institutions such as lock-ups, poorhouses and the administration of outdoor relief and emphasizes the urgent need of provisions to correct existing negligence in placing and caring for all wards according to their individual needs; failure to separate distinct classes of delinquents or offenders who, when thrown together, must work mutual harm; the legal inability to keep under restraint those whose freedom is a menace to the community. Attention is called to the fact that criminals of the most hardened type are housed with those not convicted of trivial offences; boys under 16 locked up in unfit jails; feeble-minded and even insane housed in poorhouses and able-bodied men maintained therein without giving any return in labor for their keep; children remaining inmates of institutions through periods sufficiently long to effectually institutionalize them and to interfere with their later progress and improvement. The enactment of laws providing a radical correction of existing conditions is strongly urged.

General Secretary J. P. Byers forcefully presents conditions and needs in his report. We briefly note a few points. The failure of the State to inform itself as to the number and character of its public and private institutions, local and county, or to exercise over them any sort of supervision or to consider whether they are preventing or encouraging pauperism and crime; whether a county maintains a jail that breeds crime and disease, or a community an almshouse in which the sexes commingle or the sick and helpless receive proper care; or a city a workhouse to which 12 and 14 year old children are committed, or a society a home in which children are rendered unfit for citizenship. The State should exercise its right to set and enforce a standard to which all institutions and societies engaged in charitable or correctional work must attain. A review of different classes is made.

The Insane—Now under public care in the State 6,400 persons declared to be insane—one to every 400 of population—with combined capacity of State and county hospitals 5,000, or an excess of nearly 500 cared for mainly at the Morris Plains Hospital. Re-classification is the first need; 200 epileptics in insane hospitals should be provided for at the Epileptic Colony; 337 imbecils and idiots in insane hospitals, should be provided for, the men at Skillman, the women at Vineland, the children—where? Economy suggests in a special cottage for them at Skillman or Vineland. The criminal insane, their association with the non-criminal is unsafe, unwise, unjust. A separate building for them at the Trenton State Hospital is urged,

the cost would not exceed \$100,000. Reasons are given why the county care of the insane should be enlarged in providing for the natural increase of the insane in the State. Annual cost of caring for the insane of the State is about \$1,400,000. The per capita at the State and Essex County hospitals is largely in excess of similar care in other States, largely due to dual organization which is uncommon elsewhere. It breeds friction, divides authority, weakens discipline, creates unnecessary expense and tends to reduce number of patients employed in and about the institution. If the cost of providing for the insane in the New Jersey hospitals were brought down to that of New York State—\$1.90 per capita—the saving in three years would provide for all the additional accommodations that are now so urgently needed.

The Epileptic—The colony at Skillman is dangerously overcrowded, and many applications, some urgent, must be refused for lack of room. Purchase of more land is not urgently needed, but more buildings are.

The Feeble-Minded—Similar conditions at Vineland prevail as at Skillman. Some relief might be had by increasing the capacity at Skillman for male idiots and the capacity for feeble-minded women at Vineland.

The Blind—Reference is made to the good work done by the Commission for the Blind, but it, too, is hampered by limited facilities.

The Incurables—The State, by an act passed in 1911, undertakes to reimburse private institutions for the care of persons suffering from locomotor ataxia, chronic rheumatism, paralysis, etc.; \$365 a year is provided for caring for each of such cases; an initial appropriation of \$7,500 was made; one institution has already applied for payment for 20 persons. The law is declared to be wrong in principle, ruinous in policy, vicious in its results and its repeal is advocated.

The Criminal—The change in method, of employing prisoners, to take place at the State Prison, Trenton, in 1914, calls for preparatory plans for selecting and organizing industries, the purchase and installing of equipment. The Prison Labor Commission will decide; a Bureau of Prison Labor is suggested. The Rahway Reformatory, with its 500 inmates, is suggested as an important field for this work.

The Woman's Reformatory—Mr. Byers gives a table showing the number of women prisoners in the seventeen State and county institutions, 231 in all; in addition there are 126 girls in the State Home at Trenton and a large number on parole under the home's supervision. Of the 231 above mentioned, 98 are of reformatory age—between 16 and 30. A site has been secured near Clinton, Hunterdon County, and liberal appropriations are urged for buildings and equipment. The report emphasizes our duty to do something more than convict and punish the large percentage of criminals, old and young, who are mentally defective.

County Jails—The great need of elimination of some of the evils of our county jail system is urged, especially legislation prohibiting the detention and confinement therein of children over 16 years of age; then extend our workhouse system and prohibit the use of the jail as a place of confinement for any person serving

sentence. "Our jail system is a disgrace to our State."

Private Institutions—The report refers to the multitude of them, of which only 164 of all sorts have been tabulated. To require supervision of them is not popular, yet is urgently needed. Some receive inmates from other States, the character and condition of whom should be a subject of inquiry and regulation.

Children—The action of the Conference on Dependent and Neglected Children, held in Newark in October, 1911, is noted, in which the Governor was requested to appoint a commission to study and report on the present situation in New Jersey as concerns the care and treatment of this class of children.

The Poor—The report refers at length to the most difficult subject of proper poor relief. In out-door relief work the lack of uniformity in methods and character; the prevention of fraud and deception; the misuse and squandering of orders given for supplies are dwelt upon. The care of the indoor poor is no better regulated, the lack of uniformity and system and the wretched condition and management of almshouses are set forth.

"It is the business of the Legislature to devise and enact laws to promote the welfare of the people of the State." "Constructive legislation should be based on a knowledge of conditions past, present and future, as far as possible. Remedial legislation should be founded on an intelligent understanding of the faults or defects to be cured as well as the efficacy of the remedy to be applied."

The Indispensableness of Animal Experimentation and the Immorality and Cruelty of Antivivisection.

Extracts from a paper by W. J. Robinson, M. D., read before The Brooklyn Philosophical Association and published in *Critic and Guide*, February, 1912.

Is vivisection or animal experimentation immoral and unscientific? The antivivisectionists say it is. It is my task this afternoon to show you, to prove to you, the contrary. I shall prove that not only is vivisection not immoral and not unscientific, but that it is both moral and highly scientific. I shall do more than that. I shall prove that it is indispensable. I shall prove that without vivisection or animal experimentation progress in medicine in its broader sense, i. e., any further progress in the prevention, alleviation and cure of disease and prolongation of human life would become impossible. I shall prove that many or some of you that are here to-day would perhaps be resting in your graves, if not for animal experimentation. If I succeed in proving this beyond any doubt, cavil, question, or dispute, then it will become clearly apparent that antivivisection is immoral, irrational, cruel and unscientific. For you will agree that these are the only terms we can apply to a movement which has for its object the hindrance of any progress in the prevention and cure of disease and the prolongation of human life.

In every discussion, in every debate certain basic principles must be agreed upon, certain terms must be defined, explained and borne in mind. Otherwise the discussion is a waste of

time, no satisfactory conclusion can be arrived at, confusion becomes more confused, chaos more chaotic.

And so in this discussion, if I succeed in proving to your satisfaction that thousands and thousands of human lives are saved annually as a result of vivisection or animal experimentation, if I prove that without vivisection further progress in medicine is impossible, I shall consider that I have proved my points satisfactorily. For with the person who maintains that even if experimentation does save tens of thousands of human lives, it is nevertheless immoral, I have nothing to do; I have nothing to say to such a person. Such a person is in my opinion an irrational being, and is outside the pale of rational discussion. We would never understand each other and all argument would be worse than waste of time and effort. Nor will I address myself to those antivivisectionists who are meat eaters, and who wear skins and furs of animals and the feathers of birds. For people who will object to experimentation on animals under anesthesia for the purpose of curing disease and will not object to the brutal killing of animals by the hammer, knife or bullet for the purpose of satisfying their appetite or their vanity are beneath contempt. They are so muddled in their heads and in their hearts that they are not worth arguing with.*

As to the meaning of the words moral and immoral, my definitions of those words are very simple: Everything that contributes to the health, welfare and happiness of the human race is moral, everything that hinders the health, welfare and happiness of the human race, or that contributes to the ill-health, misery and unhappiness of the human race, is immoral. And if we accept those definitions, I will have no difficulty in proving that vivisection or vivivivisection is moral, and antivivisection immoral.

I could take a dozen diseases, the mortality rate of which has decreased within the last few years as a direct result of animal experimentation, but two or three will suffice. I will take the diseases about which there can be no dispute, no discussion. One must admit that their mortality has decreased enormously, unless one wants to lie deliberately.

We all remember what a sickening terror the word diphtheria used to send into the hearts of mothers, fathers and every other member of the household. We physicians who practised say twenty years ago, remember with what tense anguish and anxiety the mothers used to watch our faces while we were examining a child's throat, and hang on our lips to hear the diagnosis. "What is it, doctor, is it just a sore throat, or is it diphtheria?" And the expressions on their faces were pitiful to behold when the truth compelled us to say: diphtheria. For diphtheria at that time was a terrible disease, and only too frequently did it mean a visit from the angel of death. No wonder the name of that disease used to strike terror into the hearts of mothers of men. Now the name of the disease has a much milder sound, not because the disease is milder, but because we have a much more effective method of treating it, so that the mortality rate of to-day is much lower than it was formerly. That more effective method of treating diphtheria consists in the employment of anti-diphtheritic serum,

commonly known as antitoxin. In the discovery of antitoxin a greater advance was made in medicine than was made in a thousand years previously. And this beneficent discovery, which saves every year tens of thousands of little tots from the jaws of grim death, would have been absolutely impossible without animal experimentation.

But perhaps I am going too fast. I have asserted that the mortality rate from diphtheria is much lower than it was, but I have not proved it yet. Of course, we all have the general impression that it is so, but general impressions are dangerous things. In all my writings and addresses I preach against depending on general impressions as arguments in scientific discussions. In scientific discussions we want facts, definite, unassailable, incontrovertible facts. And I will give you facts which only the hopelessly strabismic, the viciously pervert will dare to question or assail. And I am not going to take the statistics of one or two years; for in this case our opponents could object—though without any proof—that the reason the mortality rate was lower is because the disease was of a milder type. But when we see the mortality rate under antitoxin diminishing year after year, when we compare a period of ten or fifteen years of the pre-antitoxin days with the same period of the post-antitoxin days, then we cannot help being convinced that the discoverers of antitoxin are among humanity's great benefactors.

Here are some incontrovertible statistics.

We will take New York just thirty years ago, namely, the year 1881; that was a bad year and the deaths from diphtheria per 100,000 were 264; do you know what the deaths per 100,000 were the year that has just closed, namely, 1911? Twenty-eight! (or, to be exact, 28½). Just think of that terrible difference—264 thirty years ago, and 28 now! Immediately with the introduction of antitoxin there was a diminution in the death rate, in spite of the fact that the antitoxin was not as pure and concentrated as it is now, and we were not so familiar with the dosage to be used, etc. In 1894 the deaths per 100,000 numbered 158, in 1895, the year of the introduction of the antitoxin, the number fell to 105, and from that time on the fall has been almost constant and steady. In 1896 the deaths per 100,000 were 91; in 1897, 81; in 1898, 96; in 1899, 53; in 1900, 62; in 1901, 58; in 1902, 53; in 1903, 56; in 1904, 57; in 1905, 38; in 1906, 39; in 1907, 40; in 1908, 41; in 1909, 39; in 1910, 37, and in 1911, as I have already mentioned, 28.5! In other words, the mortality from diphtheria in New York since the introduction of antitoxin has been diminished 80 per cent., or reduced to about one-fifth of what it was! In other words, the introduction of antitoxin saved in New York City alone the lives of about 50,000 children, some of whom are perhaps in this hall now, and who without antitoxin would now be in their little graves.

In Chicago we have the same results. For the fourteen years prior to the introduction of antitoxin, the average mortality per 100,000 was 76; in the fourteen years subsequent to the introduction of antitoxin the average mortality per annum per 100,000 was just 36! A reduction of 73 per cent.!

In order to show that this general reduction of the mortality of diphtheria has been universal throughout the world, I will present a table which gives the combined statistics of deaths and death-rates from diphtheria and croup in New York, Brooklyn, Boston, Pittsburg, Baltimore, Philadelphia, Berlin, Cologne, Breslau, Dresden, Hamburg, Konigsburg, Munich, Vienna, London, Glasgow, Liverpool, Paris, Frankfurt, for the five years prior to the introduction of antitoxin and the ten years subsequent to its introduction:

Year.	Population.	Deaths and croup.	Deaths per 100,000.
1890.....	16,526,135	11,059	66.9
1891.....	17,689,146	12,389	70.0
1892.....	18,330,737	14,200	77.5
1893.....	18,467,970	15,726	80.4
1894.....	19,033,902	15,125	79.9
1895.....	19,143,188	10,657	55.6
1896.....	19,489,682	9,651	49.5
1897.....	19,800,629	8,942	45.2
1898.....	20,037,918	7,170	35.7
1899.....	20,358,857	7,256	35.6
1900.....	20,764,614	6,791	32.7
1901.....	20,874,572	6,104	29.2
1902.....	21,552,398	5,630	26.1
1903.....	21,865,299	5,177	23.4
1904.....	22,532,848	4,917	21.8
1905.....	22,790,000	4,323	19.0

In other words, in these various cities, situated in various climates, in various portions of the globe, with the people living under various social and economic conditions, we have a gradual fall from 66.9 to 19!

*Introduction of antitoxin treatment.

Hospital Versus Home Care of the Sick.

Read by H. Winnett Orr, M. D., Lincoln, at the annual meeting of the Nebraska State Medical Association, 1911:

The aim of medicine is to provide the most immediate relief and the best care for the sick. Recent years have seen many improvements in the methods employed for this purpose. Instruments of precision and refined technique have been rendered necessary in all branches of medicine by the application to diagnosis and treatment of the X-ray, blood pressure apparatus, microscopical and physiological laboratory examinations, the requirements of asepsis and others too numerous to mention.

A comparatively few of these methods have been so simplified that they can successfully be carried to the bedside of the patient at home. Nearly all, however, can be successfully assembled in even a small hospital. That these facts are recognized is shown by the rapid multiplication of institutions of all kinds and sizes for the care of the sick, not only in the cities, but in the town and villages. The hospital represents the concentration of the best things in modern medicine. Moreover, it represents usually the association and co-operation of physicians who formerly worked alone. Out of this association there develops a better kind of competition and opportunities for comparison of methods which account in large measure for the high tone of the profession to-day.

Much of the progress that has been made in organization and science can be traced to the hospital and the hospital laboratory. Much of

*See "Lady, Fair Lady," on p. v.

the uplift in medical education can be traced to the failure of the smaller and inadequately equipped schools to measure up to the laboratory and hospital standards of their more successful competitors.

At the present time only some physicians who are still outside of hospitals and a large majority of the laity fail to sympathize with the development of hospitals.

Hospitals represent not only much better but less expensive care for the sick. The hospital nurse, the graduate of a proper training school, is the nurse of to-day. The day of the practical nurse, so-called, is past. Practically all physicians and many patients now recognize that fact, but much education will still be required before the entire profession and all their patients can be brought to realize that only in an institution can the nurse and the doctor in association give the best service and secure the best results for the patient. The hospital offers not only the advantages of modern equipment and apparatus but the kind of care which comes from systematic organization of workers and methods.

Conclusions as to the results of these methods and of certain lines of treatment can not be reached from their application to a single patient but only where the effects upon different patients under similar conditions can be accumulated and checked up.

The hospital becomes a means of education for patients as well as doctors and nurses. Better ideas as to the conduct of the sickroom can be inculcated and made available for future use so that the effect becomes an effect not only upon individuals but upon the family and the community as a whole.

It is safe to assert that the grade of medical service is higher, without regard to any other factors, in any community or in any locality where there is a hospital than where there is none. Any physician who has ever so small a hospital with a nurse or nurses and with such equipment as he is able to gather together, even though his own personal qualifications may not be so high or even though he himself may not rank as a specialist along any given line, is giving his patients more for their money, as the saying is, than he could possibly give without his hospital.

Whatever may be said in criticism of the present day hospital the writer believes that the above facts will be conceded and that our efforts should be not to discourage but to encourage what might be called the hospital movement. If there are abuses let them be carefully considered and as rapidly as possible properly dealt with. The hospital is based upon a correct idea. It is good for the patients and for the doctors. Let us make hospitals better if we can and by all means let us have more of them.

A congenital lipoma or localized hypertrichosis or nevus, or depression, or a combination of these, situated over the spine indicates a spina bifida occulta beneath. In the absence of any such index it is still worth while to skiagraph the spinal column for evidence of a bifidity in the laminae, when trophic, sensory or motor disturbances in the lower extremities, or loss of or incomplete control of bladder or rectum are not satisfactorily accounted for otherwise.—*American Journal of Surgery.*

Gambling with the People's Health.

From *The Outlook*, January 6th.

Alarm should be felt throughout the country at the action of Governor Dix in demanding the immediate resignation of the Health Officer of the Port of New York. If the facts could be generally known as they are known to us, alarm would be accompanied with angry resentment. For sheer irresponsibility this action of Governor Dix's matches anything that has been done by any high public official in recent years.

The *Outlook* is not saying this carelessly or heedlessly. We have seen the transcript of evidence taken by the commissioner whose recommendation Governor Dix follows. We have the report of that commissioner, who took the evidence and who made the recommendation. In the light of that evidence, Governor Dix's action is not only astounding, it approaches the incredible.

For sixteen years Dr. Alvah H. Doty has been Health Officer of the Port of New York. Although an officer of the State of New York, he has stood as guardian at the gate through which nearly a million immigrants a year pass from Europe to all parts of the United States. In all that time he has succeeded in preventing any imported epidemic from getting a foothold in this country. Perhaps the finest achievement of his administration has come within the past year in his successful defense of the Nation against the threatened invasion of cholera. His work in this respect has called forth high praise from physicians and medical experts. What is more astonishing still is that he has done this with appliances that are far from adequate and with a force of helpers that the State has been too niggardly to make as efficient as they should be.

Against this man a newspaper, the "Jewish Morning Journal," instigated certain charges, and offered to support them by the statements of some immigrants. Some of these statements are so palpably unreasonable and contradictory that no person of ordinary intelligence would consider them as calling for any refutation. One example will suffice. It was charged that mothers were not allowed to see their children even when they were very ill and dying; and, second, it was charged that mothers were allowed to see their children under circumstances of illness that caused the mothers great distress. In other words, the Health Officer was charged with being inhuman on absolutely opposite grounds.

The commissioner, by the name of Bulger, issued a report which, so far from being judicial in character, is virtually a mere restatement of charges, with a show of reference to the evidence. What the character of this report is may fairly be judged from three examples. This commissioner, to cite one example, lumps yellow fever with smallpox, plague and cholera as a disease that can be conveyed from one person to another by direct exposure. We had supposed that no citizen who had access to the ordinary means of information was to-day ignorant of the fact that yellow fever is conveyed exclusively by a species of mosquito that does not exist at the latitude of New York. Another instance: this commissioner cites as serious testimony the fantastic tale that a drink

was prepared from gin and passed around in an urn which had contained human ashes, which some one had said were the ashes of the late Colonel Waring. Of course, this story has no value except to supply newspapers with front-page material, and, if it had its origin in anything but a disordered and malicious witness's mind, can be attributed only to somebody's grisly sense of humor. One more instance: the commissioner, in referring to the charge that two or more children were on various occasions washed in the same water, admits that this charge was "stoutly contradicted and indignantly denied" by the supervisor of nurses and by the chief medical officer; but he says that the immigrant women whose testimony supported the charges appeared to be "frank, candid, conscientious," and so he rejects in toto the testimony of these two responsible people, and declares that this alleged mode of washing children is a foul and cruel "wrong on helpless childhood," condemns itself, and cannot be excused. These are fair samples of the commissioner's report which Governor Dix accepts as adequate reason for dismissing Dr. Doty, whose record as a health officer has been extraordinary and in some respects unique.

Governor Dix's letter to Dr. Doty, approving and following the recommendations of the commissioner who condemned Dr. Doty, is such a letter as one would write to a man who had proved himself, by the results of his work, corrupt, immoral, and incompetent. Undoubtedly this letter, read in whole or in part by hundreds of thousands, will create the impression that Dr. Doty has been not only incompetent, but immoral and corrupt. It is a calamity for a State that it should have for Governor one who so little realizes his responsibility as to put forth such a document as this letter. It absolutely disregards the indorsement of Dr. Doty by men of the highest standing in the community; in particular, such eminent physicians as Dr. Flexner, the great bacteriologist of the Rockefeller Institute; Dr. Janeway, Dr. Jacobi, Dr. Prudden, Dr. Biggs, Dr. Park, Dr. Polk, president of the Academy of Medicine, and the former physician to President Cleveland, Dr. J. D. Bryant.

This is not the first time that attempts to secure Dr. Doty's place for some other man have been made. Charges substantially like these and supported by substantially the same testimony were offered during Governor Hughes's administration, and Governor Hughes, after an examination of them, refused even to institute an investigation. When he reappointed Dr. Doty, Governor Hughes made special reference to his efficient service.

Not the least serious aspect of the Governor's demand for Dr. Doty's resignation is the way in which it has been presented. Dr. Doty's term expired about a year ago (in February, 1911), and Governor Dix, if he had wished, could have appointed his successor then. But he did not wish to do so. Then came the investigation, and before the report of that investigation was made the Legislature adjourned. It then became impossible for the Governor to appoint Dr. Doty's successor without either removing Dr. Doty under charges or waiting until the Legislature should reassemble. The Governor has done neither until now, within a week of the reassembling of the Legislature.

And now, instead of waiting until the Legislature reassembles and appointing Dr. Doty's successor, he takes these few days in which to indorse the charges sustained by the commissioner. It is an extraordinary action.

What can the people of the State do about it? What can the people of the Nation do?

In the first place, they can make known their resentment by writing directly to Governor John A. Dix, Albany, New York; that will probably not save Dr. Doty from dismissal, but it may impress upon Governor Dix the danger of appointing as Dr. Doty's successor a merely "political doctor."

In the second place, the people of the State can impress upon their legislators the necessity for seeing that proper facilities are provided for quarantine purposes at the port of New York.

In the third place, the people of the Nation should discuss the question whether the Federal Government ought not to take up the duty of protecting the health of the whole Nation by standing guard at its chief port.

It should be remembered, however, that no change in machinery is going to save the country from action such as that of Governor Dix. The responsibility for this menace to the people's health rests directly upon the voters of New York State, who, in a mood of inexplicable fear of imaginary evils, put Mr. Dix into the Governor's chair and brought upon themselves evils that they now see are very real. Changing the health officer from the State to the Federal Government will not prevent, necessarily, the recurrence of such an act as this. So long as the people of New York had the sense to keep a man like Governor Hughes in the Governor's chair, the port of New York was well guarded. If the people of the Nation should ever have the recklessness to put a man like Governor Dix into the President's chair, the port of New York would be in as great danger as it is now under Governor Dix.

If, as a consequence of this act, cholera or some other epidemic disease gets a foothold in this country, it will be due to misgovernment; and the deaths of men, women and children will rest heavily on Governor John A. Dix. But the fact that a man like Governor Dix is in position to bear such responsibility is attributed to the votes cast by thoughtless and prejudiced voters.

Medical Men in Germany.

In 1911, according to Prinzing, there were 13,866 physicians registered in Germany, of which no less than 4,983 devote themselves to specialties. The percentage of specialists is increasing steadily. In 1911 their number in proportion to 10,000 population was 6.13, as against 3.37 in 1906. On the other hand, the non-specialists show a slight decrease, for in 1911 they numbered 6.13 per 10,000, as against 6.67 in 1906. No less than 789 specialists are gynecologists and there are 212 gastroenterologists. The ophthalmologists and laryngorhinologists are about equally represented (over 500 each). Nearly all the nose and throat men treat the ear, while only a small number of eye men do this; and there are but fifty-one exclusive otologists. All the other specialties are well represented. There are 444 exclusive surgeons, while 121 combine surgery with gynecology.

Never Rub the Limbs Downhill.

More often than the other way one sees the laity doing this. They often seem to regard a disease—rheumatism, let us say—as a distinct entity which they are endeavoring to drive out of the patient; whereas rubbing upward, they think, might send it into the body, thus fixing it deeper. Curiously, even trained nurses rarely seem to know just why they must never rub the limbs centrifugally. And yet their primary instruction in anatomy should remind them of the delicate valves, in pairs, every few inches along the veins. Vigorous massage in the wrong direction is unquestionably, by tearing these valves, a common cause of varicose veins later on in life. It is usually easy to demonstrate upon the veins under the thin skin of the back of the hand the existence and competence of such valves. Simply press a long vein below, and strip it upward from this point with the finger meanwhile. Such a demonstration to the eye of the reason for the rule is never forgotten; words alone may well be.—Dr. Dawbarn.

Therapeutic Notes.

Arteriosclerosis—Treatment of.

Dr. Beverly Robinson, of New York, states that the larger his experience and the more he watches cases of pronounced arteriosclerosis, especially in men and women past middle life, the less frequently does he prescribe either digitalis or the iodides. If a cardiac tonic or stimulant is required, strophanthus, caffeine, and nuxvomica are preferable by far and are not liable, in small or moderate doses, to do positive injury. They require also judicious watching and suppression at times, but not to the same degree as digitalis. To lessen supertension, where it is clearly indicated by reason of headache, fainting attacks, pallor and general nervous irritability, sweet spirits of nitre in small or moderate doses, added to water, is the least injurious and most useful drug the author knows of, not excepting nitroglycerin and the nitrites. Supertension in arteries, like the physical changes upon which it depends and with which it is allied, is highly conservative and should not be combated by any unwise attempts to control or modify it. Important measures in the treatment are change of scene and occupation; fresh air; good diet, with limitation in the amount eaten daily, and avoidance of excess of meat, sweets, alcohol, sauces, fats, uncooked fruits, or vegetables; and abundance of water internally. Physical exertion should be moderate, the skin should be kept in good condition, and mild saline laxatives should be administered twice a week.

Asphyxia.

Raymond, of Paris, recommends the injection of oxygen subcutaneously in case of toxic asphyxiation, such as is seen in the crises of asthma, heart-failure, uremia, broncho-pneumonia, and lobar pneumonia. Hypodermic needle is attached to the oxygen tank.—Medical Brief.

Cold in the Head—To Abort.

℞ Balsam of Peru, gr. xij.
Lanolin, gr. lxxv.
Petrolatum, ℥iiss.

M. Sig.: To be used every hour, a little being inserted into the nostrils each time.—Monthly Cyclop. and Med. Bull.

Coryza—Treatment of Acute.

Many attacks of acute coryza might be aborted, in the author's opinion, if taken in time. The patient should be put to bed and given a brisk purgative—calomel at night followed by a saline in the morning. Ten grains of Dover's powder with hot lemonade, and a hot air or "poor man's bath" act most beneficially. In carrying out the latter, half a dozen soda-water bottles are filled with hot water, inclosed in socks, and placed alongside the patient, who speedily responds with a generous perspiration.

Opium, preferably with belladonna, is one of the best remedies to abort an attack. Ten minims of opium tincture with spirit of nitrous ether and liquor ammonii acetatis every few hours give good results. The author has tried oil of cinnamon in 5-minim (0.3 c.c.) doses with a dram (4.0 c.c.) of olive oil in an emulsion, well diluted, and is satisfied that it acts effectively. Camphor, belladonna, and quinine, if used, must be pushed until dryness of the throat appears.

Locally, inhalations of benzoïn or benzoin and menthol vapor give considerable relief. Possibly nothing gives more relief than a spray of cocaine, but if this drug is left in the hands of patients the habit may be formed. If there is no relief within twenty-four hours the nose may be sprayed frequently with oil of cassia and oil of santal, of each 5 minims (0.3 c.c.) in an ounce (3 c.c.) of liquid vaselin, or with a combination of camphor-menthol with oil of eucalyptus and oil of cinnamon. The sniffing up of powdered boric acid is recommended by the author. It stings for a moment, but speedily induces a copious watery secretion, with reduction of the tumidity and stuffiness.

When the mucopurulent stage is reached comfort is obtained by washing out the nose with an alkaline lotion composed of baking soda, borax and sugar, or simple saline, after which the free use of the atomizer has a soothing effect. Excoriation of the nares may be relieved by the use of lanolin or hazeline cream.

The use of a stock vaccine of the *Micrococcus catarrhalis* has procured some startling results in the author's hands in all stages of "cold," acute or chronic. An acute cold was aborted by 125 millions in six hours; a subacute case with deafness of three weeks' standing, and resisting all other treatment, got well, with normal hearing, in two days. Complete failures on the other hand, were also witnessed. If the vaccine acts at all it acts promptly, and no other treatment is necessary.—W. N. Robertson, in the Australian Med. Gazette, Sept. 20, 1911.

Gout—Treatment of.

Dr. A. E. Tussig, in the Interstate Medical Journal, December, in a review of the recent literature of gout, brings attention to several theoretically interesting and practically valuable points. Gout is no longer regarded as due to an over production of uric acid, but rather to a faulty elimination of that substance. Uric acid is derived exclusively from the disintegration of substances contained in the nuclei of cells, whether these be contained in the ingested food or in the cells of the body which have undergone destruction. In gout the ability to

handle uric acid seems diminished in every respect. The result is an accumulation of monosodium-urate in the blood until sooner or later the limits of solubility are passed and there is a deposit in crystalline form of the urate in the subcutaneous tissues or joints. This retention of uric acid may be watched in the urine. Normally when a person is given a large amount of uric acid forming (purin) food, there is a prompt and rapid elimination of urates in the urine. In gout this elimination is tardy and sluggish. At only one time does the urate content of a gouty patient tend to become high, and that is during the acute attack. These characteristics are very valuable in diagnosis. Tussig believes that the use of colchicum should be discontinued, as it does no permanent good and may do considerable injury to the heart. A purin-free diet is the only rational treatment to be employed. The potassium salts in potato and rice make these articles valuable in the dietary. Treatment with large doses of hydrochloric acid, from 50 to 90 drops of the concentrated acid daily, well diluted, has been found of immense value in the hands of some men. Kionka and His have recently used radium emanations with wonderful success, and declare that the beneficial effects of natural mineral waters are in direct proportion to their radioactivity. The action of the radium seems to be in its ability to change the less soluble urate salt into the more soluble, and thus facilitate its elimination.

For Use in Gonorrhoea.

EXTERNAL USE.

- R Sulphate of copper, 12 grains.
Sulphate of zinc, 24 grains.
Acetate of lead, 24 grains.
Fluid extract logwood, 1 dram.
Wine of opium, 2 drams.
Rose water, enough to make 16 ozs.

A small syringe of this is injected after each urination.

INTERNAL USE.

- R Oleoresin cubebs, 1 dram.
Balsam copaiba, 1 dram.
White sugar, ½ ounce.
Acacia, ½ ounce.
Peppermint water, enough to make 4 ozs.
M.—Directions—Teaspoonful 3 times daily.—
Dr Shoemaker.

Inflamed Joints—Local Application.

- R Acidi salicylici, ʒiij.
Tinct. opii, ʒiiss.
Ol. terbinthinae, fʒj.
Ol. caryophylli, fʒiij.
Alcoholis, ʒxij.

Sig.: Rub on the affected parts every two or three hours. Chloroform may be substituted for the oil of cloves if desired.—American Journal Clinical Medicine.

Keratitis—Ulcerative.

The following is recommended in the acute stage with pain and photophobia:

- R Acidi borici, gr. x.
Atropinae sulphatis, gr. j.
Aq. camphorae,
Aq. dest., of each, fʒss
M Sig.: Ten drops in eyes every two hours.
—The Prescription.

Medico-Legal Items.

Medical Services to Physician's Mother not Necessarily Gratuitous.

A claim was made by the daughter of a deceased widow on the latter's estate for professional services rendered by the plaintiff to her mother in the plaintiff's capacity as a practicing physician. The plaintiff did not live with her mother, who, though possessed of enough means for her own support, was supported by her daughters. She sustained a fracture of an arm for which the plaintiff rendered surgical assistance. While the decedent was on a visit to the plaintiff she was taken seriously ill, and was under the plaintiff's care for five weeks, until her death. It was held that under these circumstances there was no presumption that the plaintiff's services were to be rendered gratuitously in the absence of an express agreement to that effect, and that she was entitled to recover therefor.—In re Parker's Estate, 126 N. Y. Supp.

In Suit for Professional Services Plaintiff Must Allege His Registration—He Cannot Prove Patient's Financial Standing.

A physician practising in the State of Texas without the license required by the Texas statutes cannot recover for his services. And a compliance with the requirements of the law regulating the practice of medicine and surgery having been made a condition precedent to the right to so practice, it is necessary for a physician suing for his services to allege in his petition and prove such compliance. If the plaintiff fails to allege in what State his services were performed the Texas statutes will govern. If they were performed in Texas the statutes would apply as a matter of course. If performed in some other State the presumption would obtain that the same statutes have been there enacted and are in force. In an action by a physician for the reasonable value of his professional services, on the question whether the plaintiff may show this value by proof that the defendant is wealthy, coupled with further proof of a custom among physicians to graduate their charges according to the financial condition of the patient, on which point there is a diversity of opinion among the courts the Texas court held with the view that such testimony is not admissible. (Swift vs. Kelly, Texas Court of Civil Appeals, 133 S. W. 901.)

Has the Attending Physician a Right to Fees for His Presence at an Operation.

A decision by a court in France, which seems to be the first rendered on the subject, has just defined the rights of the physician in charge of a case of being present in a maison de sante at an operation and the fees that he should receive for this. A physician has included in his bill the sum of \$20 (100 francs) for having been present at an operation on the patient (a child) and \$32 for having visited him eight times after the operation. The patient's father maintained that he had never asked the physician to be present at the operation or to visit the patient at the maison de sante. The court decided that it was customary for the physician to be present at an operation that he had advised, but that the sum of \$10 was considered sufficient to remunerate the physician who took no active

part in the operation; and that the physician had no right to fees for his visits after the operation unless he had been requested to make them by the patient or the surgeon.

Medical Witness Cannot be Cross-Examined as to Medical Authorities for Purposes of Contradiction.

In an accident case a physician testifying for the plaintiff testified that he found symptoms of spinal injury and as a foundation for his opinion that such an injury had been sustained said that he had found an anesthetic area about the lower portion of the spinal column, more pronounced on the right than on the left side. On cross-examination he expressly declared that he had never heard or read of a case where paralysis of spinal origin was on one side only. He was further asked if every authority did not state that paralysis of spinal origin must exist on both sides. Objection to this question was sustained. Examination of an expert medical witness as to the contents of medical works is permissible only when the witness has based his opinion wholly or partially upon his reading of such books; and then only when statements therein are not in harmony with the testimony of the witness. In this instance an affirmative answer would not have contradicted the testimony of the witness. (*Griffith vs. Los Angeles Pac. Co.*, California Court of Appeals, 111 Pac. 107.)

Practising Without a License—"Suggestive Therapeutics."

A conviction for practising medicine without being registered, as prescribed by New York Laws 1907, c. 344, was affirmed by the Appellate Division, Fourth Department. It appeared from the evidence, without contradiction, that the defendant had an office, where he received patients and treated them for physical ailments and received compensation therefor; that he gave no medicine, and prescribed none; that he performed no surgical operations, and used no surgical instruments; that his entire treatment consisted of the laying on of hands and manipulation, breathing and rubbing his hands together; and that his treatment was beneficial to his patients. The sign in front of his office indicated that his treatment was known and designated as "suggestive therapeutics." He had no license, and was not registered under the act. It was held that upon the evidence the defendant was practising medicine within the State as defined by the statute, and was guilty of a misdemeanor thereunder. His only contention was that the statute is a violation of the State and United States Constitutions, and in support of that contention it was said that he could do no harm, if he did no good. This contention was not sustained. The court said: "A patient may often suffer as well from a failure to prescribe proper remedies, or afford surgical relief promptly, as from making improper prescriptions or performing unskillful operations. A physician who holds himself out to treat patients for physical ills should know whether to do anything, and what to do, to relieve his patient; otherwise he should not be permitted to practise and impose upon the unfortunate sufferers who, like the poor, are always with us, and many of whom need the protection of the State against quacks in and outside of the profession of medicine."

Hospitals and Sanatoria.

Beth Israel Hospital, Newark.

The annual meeting of the board of directors of the Beth Israel Hospital was held February 13th. Reports showed that the institution was in good financial condition and that 3,000 more patients had been treated at clinics in the past year than in the year preceding. There was an increase of 100 more patients admitted to the hospital as compared with the preceding year.

There are now ninety-six patients in the hospital—its capacity.

Cooper Hospital, Camden.

The report of the hospital for December shows the following:

Patients in Wards, etc.—Remaining at last report, 103; admitted during month, 213; total, 316. Cured during month, 195; improved during month, 4; transferred, etc., 25; remaining under treatment, 91; left without permission, 1; total, 316.

Out-Patient Department — Surgical visits, 1,354; medical, 386; gynecological, 65; ear, nose and throat, 172; eye diseases, 125; proctological, 55; total, 2,160, of which 673 were new cases.

Mercer Hospital, Trenton.

The twentieth annual meeting of the Mercer Hospital Association was held February 5th, in the hospital, when directors were elected for the ensuing year, numerous reports were submitted and announcement was made that the third floor of the institution will be given over to maternity work, following the completion of the new wing. This will mark the opening of a new field which the hospital was unable to care for in the past.

A report submitted by the medical director of the hospital shows that 2,855 patients were received and cared for at the institution from January 31, 1911, to January 31, 1912, 1,394 of them being treated in the dispensary department. Members of the house committee reported the expense of maintenance and interest on mortgage debt in bank as \$33,354.65. The cost per patient per day was \$1.53. It was reported that the new wing is approaching completion and that it will contain fifteen private rooms, six wards and will have a capacity of seventy-five beds.

Muhlenberg Hospital, Plainfield.

One of the best evidences of the good work done by this hospital is that the citizens have responded to an appeal for funds to perfect and enlarge its equipment far beyond the expectation of the committee which had the soliciting campaign in charge. They started out to raise \$90,000; on February 20 the total amount of gifts in the special campaign amounted to \$120,754. One subscription of \$5,000 was cabled from France by a Plainfield man on a visit there. The two weeks' campaign closed with the grand total subscribed of \$132,176. Surely a magnificent testimonial to the citizens' estimate of the value of this hospital, as well as an evidence of the public spirit and generosity of the citizens of Plainfield.—Editor.

Mr. Edward Russ, former president of the Hoboken Board of Education, who died recently, left legacies to the following:

All of the wearing apparel, bedding, kitchen and household goods, furniture, safe, wines, etc., are bequeathed to St. Mary's Hospital, Hoboken.

St. Mary's Hospital, of Hoboken, \$1,000.

Christ Hospital, Jersey City, \$1,000.

The German Hospital, New York, \$1,000.

St. Peter's Hospital, New Brunswick.

The report for the year ending December 31, 1911, has been recently issued and from it we gather the following:

Total receipts, \$17,935.09, including \$10,539 from patients and \$5,000 donation from the county; balance on hand December 31, \$4.06.

Patients admitted during the year, 811—males 362, females 449. There were also treated 805 outside patients. Number discharged: Cured, 715; improved, 12; unimproved, 9; number of deaths, 38, 23 having been moribund when admitted.

Average days' stay of patients, 13 days; collective days' stay, 11,030; average cost per day per patient, \$1.38. Number of free patients 491, of which 319 were from New Brunswick; pay patients, 320. Patients treated during the four years: 386 in 1908, 488 in 1909, 704 in 1910, and 811 in 1911. During 1911 of those treated 437 were born in the United States; 456 were Catholics; 509 were residents of New Brunswick; 312 were domestics or engaged in housework; 41 were factory employees, and 5 railroad employees.

We note the following of the 495 operations: Appendectomy, 129; adenectomy, 23; curetting, 35; cholecystotomy, 19; ectopic gestation, 6; fibroid tumors, 11; Gilliam operation, 24; hysterectomy, 4; hysteropexy, 8; hematoma, 6; intestinal obstruction, 2; lipoma, 7; laparotomy for resection of ovaries, 36; myomectomy, 3; mastoid operation, 3; nephropexy, 16; oophoro-salpingectomy, 10; perineorrhaphy, 9; prostatesctomy, 6; periosteotomy, 3; salpingotomy, 2; salpingectomy, 7; trachelorrhaphy, 11; ventral fixation, 13.

The report gives an analysis of the diseases and the following causes of death: One each of acute atrophy of kidneys, compound fracture of skull, cerebrospinal meningitis (4), cancer of breast, concussion of brain, enteritis, injury to spine, hemiplegia (5), tetanus, perforation of intestines and tumor of brain (2); also 6 from extensive burns (8), 2 from gunshot wounds of head, 6 from phthisis, 4 from pneumonia (18), 4 from peritonitis (4) and 4 from septicemia (16). The numbers in parentheses give entire number of cases of each treated where the report states.

The hospital contains a ward for male patients with 14 beds, and two wards for female patients, one with 10 and the other 4 beds. There are 18 rooms for private patients and 2 semi-private—one with two, the other with three beds. The erection of a new building for nurses is contemplated. The medical and surgical staff consists of: Drs. F. M. Donohue, J. W. Rice, W. J. Condon, F. E. Riva, B. M. Howey, H. C. Voorhees, L. Runyon, B. G. Illes and B. Gutmann.

The hospital has a training school for nurses. A regular course of lectures is given by the members of the staff.

State Hospital at Morris Plains.

The report of Dr. Britton D. Evans, medical director of the State Hospital for the Insane, at Morris Plains, makes an excellent showing of the hospital's work and its needs. While there is adequate provision there for 1,600 patients, there are now being cared for 2,245, an overcrowding necessitating the sleeping of many in the corridors or on cots which should not continue. He discusses the various kinds of insanity embraced in the hospital population: their treatment and its results, with about twenty-five per cent. of those under treatment cured or greatly improved, and only 188 deaths during the year—about seven per cent. of those under treatment.

He referred to the present and greatly improved method of treating the insane, saying that there is little or no restraint now practised. The mind is diverted with farming, with amusements, with all forms of exercise and light work and the results attained have justified the new method of treating the insane like sane people, by giving them something to do to keep them from brooding over their real or fancied troubles.

Dr. Evans calls attention to the increase of insanity and attempts an answer to the question whether the population of the State insane increased proportionately more rapidly than the general population. He took the eight counties comprising the Morris Plains Hospital district as a basis.

The increase in population in the hospital district in the ten years ending in 1910 was 483,422, while the increase in admission to the hospitals in that time was 196. This established an increase of ratio of admissions to population of .00040. There was an increase of 953 patients under treatment in the same period, or an increase of ratio of patients under treatment to population of hospital district of .00018.

Going over the various institutions in northern New Jersey counties over whom his institution has supervisory power, Dr. Evans says they are all doing good work.

He speaks of the great need of the erection of a hospital for the criminal insane, that the crowding together of the innocent insane with the criminal insane is a blot on the fair fame of New Jersey; that the erection of such a hospital would greatly relieve both the Trenton and Morris Plains Hospitals.

One of the recommendations has to do with the keeping of records of patients. On this point the report reads:

"While it is fully recognized that heredity taint plays an important part in supplying hospitals for the insane with patients, we were only able to obtain a history of family taint of insanity in twenty per cent. of the patients admitted.

"In over thirty per cent. of the cases admitted hereditary taint was denied, while in almost fifty per cent. it was impossible to obtain any data bearing upon this point worth recording. This indicates clearly the necessity for the employment of field workers or some outside means to obtain more reliable family histories, since such scientific data contributes much to the thoroughness of our records."

Dr. Evans took occasion to dilate upon the nurse problem as it relates to the insane:

"Ninety per cent. of the adverse criticism of

the conduct of public institutions for the insane." Dr. Evans maintains, "arises out of the inability of such institutions to command the services of suitable men and women as nurses. One of the most important matters to be considered in this connection is to pay such salaries or wages as will attract people who are intellectually, morally and physically equipped to be developed into competent and efficient nurses, and in addition to this to throw about the nursing corps of a hospital such conditions, socially and educational, as will tend to retain them in the service. I am of the opinion that it would be a wise act if the State of New Jersey would, by legislation, provide for the pensioning of such faithful nurses as render a continuous service of twenty-five continuous years in any one of the State hospitals or are permanently injured in the proper discharge of their duties therein. Such a provision of law would stimulate to a higher order of performance of duty and influence good and reliable persons to remain in the service."

Epileptic Village at Skillman.

The report submitted to Governor Wilson recently shows that greater progress has been made during the past year at the State Village than in any similar period since it was founded—thirteen years ago.

The progress has been the outcome of the introduction of scientific methods for treating the afflicted patients. This was made possible by the appropriations provided by the Legislature two years ago and last year.

The report of the superintendent, Dr. David F. Weeks, shows that the close of the fiscal year there were 360 inmates of the village. During the year 391 cases were under treatment. Except for three cases of typhoid fever, two of which resulted in death, the general health of the population was good. When typhoid broke out typho-bacteria was administered to 200 patients and employees without any unfavorable results. How far this went toward checking the spread of the disease Dr. Weeks could not say, but after the administration of the vaccine no new cases developed.

Dr. Weeks said there are more than 200 epileptics confined in various State and county institutions who should be transferred to the village, thereby making room in the institutions from which they are taken for the patients for whom they were intended. To do this additional buildings asked for by the managers will be required.

The work of collecting data bearing on the family histories has been carried on through the year, the entire State having been covered. Relationship between several patients has been established. The report gives an account of the scientific investigations made during the year.

The total receipts for the year were \$165,543, the balance at the end of the fiscal year being \$8,956.

The board has available an appropriation for the construction of a tuberculosis shack, but believing that the amount is inadequate, the work has not been undertaken, and the Legislature is requested to increase its appropriation in order that two shacks may be erected, one for each sex. Small cottages for individual families to be occupied by married employees are suggested as likely to result in procuring more desirable help at the institution.

The beneficial result of the dental work and the close relationship which the teeth bear to epilepsy has been forcibly demonstrated, according to the report of Dr. David M. Weeks, superintendent. Two years after the teeth of fifty-nine patients were put in the best possible condition, thirty-eight of the number showed a decrease in convulsions, while only fourteen increased. In seven there was no perceptible change.

Notwithstanding the progress referred to in their report, the managers present the urgent necessity for still further widening the scope of the institution by providing additional facilities and appliances for the village. One of the most pressing needs is buildings in which properly to classify patients. The need of such accommodations is most felt in the children's division, where for want of buildings the officers are obliged to mingle children of normal minds with those who have deteriorated to a condition bordering on imbecility and idiocy.

Another building asked for is a custodial structure which would give separate quarters for temporarily and chronic insane patients of each sex. Other physical needs include a new assembly building, additional cottages for epileptics, an adequate storehouse for the care of supplies, a bakery and an icemaking and refrigerating plant.

Progress in Glen Gardner Sanatorium.

From the Newark Evening News, Jan. 11, 1912.

It is difficult to judge, from statistics alone, what progress is made in institutional work of any kind, but so far as the figures go they indicate constant improvement in the work at the State sanatorium for tuberculous patients at Glen Gardner.

In the first place the expense per week per patient is being reduced year after year. In 1908 it was \$14.50; in 1909, a little over \$12; in 1910, it was reduced to \$10.04, and last year it fell to about \$9.11, notwithstanding the increasing prices of food. Deducting from the total cost of maintenance some \$6,593 received for board from pay patients, the net weekly per capita cost was \$8.33 per patient.

As was expected, the number of applicants for admission to and treatment at the sanatorium has increased. In 1909 there were 830; in 1910, 1,030, and last year 1,118. There were eighty-three pay patients in 1909, eighty-one in 1910 and 119 in 1911.

Of 287 patients treated in 1910, eighty were cured, and in 177 cases the disease was arrested or the patient improved. In the past year, out of 393 treated more than a month, 46 were cured and 209 were either improved or the disease was apparently arrested.

The average length of residence at the sanatorium was 6.5 months in 1909. This was reduced to 5.1 months in 1910 and to 4.5 months in 1911, indicating that by reason of longer experience and greater knowledge in the proper treatment of patients—together with more skill and care in admitting curables—the sanatorium managers are attaining success in shorter time than in the first years of the institution.

There's another side presented by the figures in the report. In 1909 there were 367 applicants rejected, in 1910, 501, and in 1911 no less than 544, or nearly fifty per cent. of all seeking admission. They were doubtless diagnosed as

incurables and, therefore, could not be legally admitted; but where did they go? If something over 1,500 patients went from the sanatorium to their homes in the past three years, cured or improved, and centres of educational work, then about 1,400 others who had to be rejected as incurable went home to continue as centres of infection, unless some other provision was made for them.

The Glen Gardner sanatorium seems to be doing the work assigned to it by law with as much success as similar institutions in other States, and with greater economy than most of them. Meanwhile those who cannot receive the benefit of treatment there, because they are incurable, are waiting for the counties to provide the hospitals which they sadly need; hospitals which will not only take proper care of them while they live, but will protect their friends and associates against infection from disease.

Farmingdale Tuberculosis Preventorium.

Jacob H. Schiff, of New York, has given a second \$5,000 and his wife \$1,000 for the new buildings, which leaves only \$4,000 to be raised. The new buildings, now nearly ready, bring the capacity of the preventorium up to 172 children at a time, or about 700 a year. In over two years, with 365 children, not one has been confined to bed a single day. The tuberculosis condition of their homes is improved before their return. The work of the preventorium is free and non-sectarian. If sufficient money can be raised two additional camps, each to accommodate 32 children and to cost \$12,000, will be built. A later report states that the required amount, \$150,000, has been raised.

Marriage.

BROWN—BROWN.—In Newark, N. J., February 3, 1912, Dr. Richard J. Brown to Miss Grace E. Brown, both of Newark.

Deaths.

BRAKELEY.—At Dunellen, N. J., on February 12, 1912, Dr. Peter Winter Brakeley, aged 68 years.

Dr. Brakeley was born in Belvidere in 1843. After graduating from the Belvidere schools he entered Princeton College, from which he graduated in 1867. Two years later he graduated from the University of Pennsylvania Medical Department and then for one year served as an interne in the Presbyterian Hospital in Philadelphia. He then located in Dunellen and continued active practice there until four years ago, when he retired. Before Dunellen was incorporated as a borough he served as president of the Township Committee, and after incorporation he was elected Mayor and served several terms. He served a term as postmaster, by President Roosevelt's appointment. He was for some years president of the local Board of Health and also on the Board of Education. He was vice-president of the First National Bank of Dunellen.

He is survived by his wife and five children.

HECHT.—At Somerville, N. J., February 12, 1912, Dr. John P. Hecht, aged 54 years.

At the Somerset Hospital, February 12th, 1912, Dr. J. P. Hecht, of Somerville, died about 3 A. M., while there to attend an accident case. Dr. Hecht had been summoned about 2 o'clock and was taken ill on his arrival at the hospital. Dr. W. H. Long, who accompanied him, noticed that the doctor was short of breath and administered the usual cardiac stimulants, but he grew worse and expired in a few minutes.

Dr. Hecht was born at Easton, Pa., August 1, 1957. He attended the public schools there and entered Lafayette College later, finishing his collegiate course at Gettysburg.

He was graduated from Jefferson Medical College in 1880. He was a student of the late Dr. S. D. Gross, of whom he was fond of speaking. Soon after graduation he settled at Raritan and about eleven years ago came to Somerville, where he was extremely active in all professional work, particularly in the Somerset County Medical Society, having been its president and for a long time its efficient secretary. He was the president of the Physicians' Association of Somerville, a very active member of the local Anti-Tuberculosis Association, plans for a meeting of which he was arranging at the time of his death. He was active in the affairs of the New Jersey State Society, a member of the Academy of Medicine of Northern New Jersey and of the American Medical Association.

The Somerset Hospital profited to a large extent by his interest in its affairs. He was surgeon to that institution and ever active in promoting the efficiency of the hospital. He was also local surgeon to the Central Railroad of New Jersey.

At special meetings of the staff of the hospital and of the Somerset County Medical Society it was the sense of these bodies that a great loss had been sustained by his death.

Dr. Hecht was of a genial disposition, sterling integrity and much loved and respected by his professional brethren and the public.

His skill and judgment were much appreciated and no one in the county was more frequently called in consultation or attendance by his professional brethren.

The following minute was adopted by the Somerset County Medical Society held February 13th, 1912:

The members of the Somerset County Medical Society wish to place on record the sorrow they feel and express their deep sense of loss to the death of their fellow practitioner, Dr. John P. Hecht, which occurred February 12th, 1912, while at his post of duty.

Long identified with the active work of this society, much of the time an officer, he will be greatly missed in its councils. We wish to express our appreciation of his knowledge, forethought and skill as a physician and also of his kindly disposition and genial manner. Each one feels that he has lost a true friend and that the society has suffered a loss which will be felt a long time.

Resolved, That a copy of this resolution be published in the local papers and The Journal of the State Society, and a copy sent to the family, and that this resolution be spread upon the minutes.

(Signed) A. L. Stillwell, W. H. Long, J. Harvey Buchanan, Committee.

MOORE.—At Pawnee, Oklahoma, February 21, Dr. William M. Moore, aged 40 years.

Dr. Moore was born in New Brunswick, N. J., in 1872; was educated in the public school. Graduating from the High School, he commenced the study of medicine under Dr. C. M. Slack, whose daughter he subsequently married. He entered Bellevue Hospital Medical College and graduated from it in 1896. He practised with Dr. Slack a few years; subsequently opened his own office and secured a large practice. In 1908 he removed to Pawnee, Oklahoma, and took charge of a large sanatorium there.

The doctor retained his membership in the Middlesex County (N. J.) Medical Society, which he most faithfully served three years as secretary. He was also a member of the Medical Society of New Jersey and of the American Medical Association. He is survived by his wife and one child.

PIERSON.—At Orange, N. J., February 5, 1912, Mrs. Isabel Fiske Pierson, wife of the late Dr. William Pierson, in her 82d year.

POTTER.—At Newton, N. J., February 15, 1912, Dr. Emerson B. Potter, in a private hospital in New York, from appendicitis, after a second operation, aged 53 years. He practised medicine in Newton fifteen years.

Book Reviews.

PROGRESSIVE MEDICINE. A QUARTERLY DIGEST of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., December 1st, 1911. Lea & Febiger, Philadelphia and New York.

This number maintains the standard of excellence established by its predecessors and presents the Diseases of the Digestive Tract and Allied Organs, by R. S. Lvenson, M. D.; Diseases of the Kidneys, by John Rose Bradford, M. D. F. R. C. R.; Genito-Urinary Diseases, by Charles W. Bonney, M. D.; Surgery of the Extremities, Shock, Anæsthesia, Infections, Fractures and Dislocations, and Tumors, by Joseph C. Bloodgood, M. D., and Practical Therapeutic Teferendum, by H. R. M. Landis, M. D.

THE SURGICAL CLINICS OF JOHN B. MURPHY, M. D., at Mercy Hospital, Chicago. Volume I., Number 1. Octavo of 133 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Published bimonthly. Price per year: Paper, \$8; cloth, \$12.

This is a new departure in the way of clinical reports as these "Clinics" are verbatim reports, just as delivered by Dr. Murphy, and one can almost see and hear the distinguished surgeon speaking to him. Each volume is to contain about 130 octavo pages and to be issued every two months, thus forming a most attractive and instructive addition to the library of the practitioner.

PRINCIPLES AND PRACTICE OF PHYSICAL DIAGNOSIS. By John C. DaCosta, Jr., M. D., Assistant Professor of Clinical Medicine, Jefferson Medical College, Philadelphia.

Second edition, revised. Octavo of 557 pages, with 225 original illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$3.50 net.

The author connects physical signs with the pathologic findings so as to make the physical diagnosis clear and certain. It is an invaluable book for students and young physicians, at the same time reminding older practitioners of "points" which might otherwise elude them.

NERVOUS AND MENTAL DISEASES. By Archibald Church, M. D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in Northwestern University Medical School, Chicago; and Frederick Peterson, M. D., Professor of Psychiatry, Columbia University. Seventh edition, revised. Octavo volume of 932 pages, with 338 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.00 net.

This work has been prepared for medical students and the general practitioners. Its success is well attested by its numerous editions. There is nothing better in its department.

DISEASES OF THE SKIN AND THE ERUPTIVE FEVERS. By Jay Frank Schamberg, M. D., Professor of Dermatology and Infectious Eruptive Diseases in the Philadelphia Polyclinic and College for Graduates in Medicine. Second edition, revised. Octavo of 573 pages, 235 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$2.00 net.

The author discusses in this work those diseases of the skin which resemble and may easily be confounded with the acute eruptive fevers. The differential diagnoses are well stated and calculated to be of great aid to the general practitioner.

THE PRACTICAL MEDICINE SERIES, COMPRISING ten volumes on the year's progress in medicine and surgery, under the general editorial charge of Gustavus P. Head, M. D., and Charles L. Mix, A.M., M.D. Volume IX., Skin and Venereal Diseases and Miscellaneous Topics, edited by W. L. Baum, M. D., and Harold N. Moyer, M. D. Volume X., Nervous and Mental Diseases, edited by Hugh T. Patrick, M. D., Prof. Neurology in Chicago Polyclinic, and Peter Bassoe, M. D., Asst. Prof. Nervous and Mental Diseases, Rush Med. Coll. Series 1911 Year Book Publishers, Chicago.

OPERATIVE OBSTETRICS, INCLUDING THE SURGERY OF THE NEWBORN. By Edward P. Davis, M. D., Professor of Obstetrics, Jefferson Medical College, Philadelphia. Octavo volume of 483 pages, with 264 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50 net.

The busy practitioner will find in this volume a description of all the operations he is likely to be called on to perform in his obstetric practice. The procedures are narrated so clearly and the illustrations are so numerous and distinct that the author's ideas are grasped immediately.

MINOR AND EMERGENCY SURGERY. By Walter T. Dannreuther, M. D., Surgeon to St. Elizabeth's Hospital and to St. Bartholomew's Clinic, New York City. 12mo vol-

ume of 226 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$1.25 net.

This little work is limited in scope and adapted especially to the wants of the hospital interne and emergency surgeon in his daily work. It well fills its place.

Personal Notes.

Dr. Edward A. Ayers, Branchville, had an interesting communication in the Newark Evening News last month on methods of mosquito extermination, criticizing the Duffield bill.

Dr. Samuel E. Armstrong, Rutherford, entered on his duties as county physician last month.

Dr. Oliver R. Blanchard, Jersey City, has been reappointed a member of the local Board of Education for three years.

Dr. Stanley R. Brown, Elizabeth, has been appointed by the Board of Aldermen a health commissioner for four years.

Dr. William Buerman, Newark, on February 3d, addressed the Philonian Society of Newark on the need of a municipal bureau of research to secure more efficient administration of the city's government. He spoke of duplication of efforts in caring for tubercular patients. At the same meeting Dr. Julius Levy spoke on "The Child, the Parent and the State," and Dr. Theodor Teimer on "The Physical Environment of the Child."

Drs. S. G. Bushey and M. K. Mines, Camden, have been re-elected members of the city Board of Health.

Dr. Henry H. Davis, Camden, has been re-elected president of the Camden Board of Health.

Dr. Grafton E. Day, Collingswood, was elected a director of the Y. M. C. A. organized February 4th.

Dr. Britton D. Evans, Morris Plains, at the regular Monday evening dance of the inmates of the State Hospital, on Lincoln Day, gave an address on the life and character of Lincoln. He then prolonged the dancing an hour on account of his "interruption" of it.

Dr. Robert B. Gilman, Jersey City, recently went to California, where he will probably spend two or three months.

Dr. Edward Guion, Atlantic City, was recently elected president of the New Jersey Health Officers' Association.

Dr. Henry H. Jancway, New York, member of the Middlesex County Medical Society, recently demonstrated an apparatus for intra-tracheal insufflation anesthesia, at a meeting of the New York Academy of Medicine.

Dr. Julius Levy, Newark, spoke at the meeting of the Men's Club of the Forest Hill Presbyterian Church, January 31, on infant mortality. He said that over 15,000 babies under one year of age died in Essex County last year; 10,000 of these in Newark.

Dr. Marcus W. Newcombe, Burlington, has sold his residence and practice to Dr. James McFarland, of Philadelphia. Dr. Newcombe has removed to Brown's Mills, where he will make a specialty of tuberculosis treatment.

Dr. William H. Murray, Plainfield, has been elected as Plainfield's representative on the

new board of directors of the Union County Tuberculosis Hospital.

Dr. Howard F. Palm, Camden, has been re-elected a trustee of the Camden Cemetery.

Dr. Berthold S. Pollak, Jersey City, has been elected president of the B'Nai B'rth Lodge, District No. 3, comprising the States of New Jersey, Pennsylvania, Delaware and West Virginia. The annual convention was held at Atlantic City, January 28th.

Dr. George E. Reading, Woodbury, has been appointed chairman of the local Board of Trade's Committee on Streets and Highways.

Dr. Leon T. Salmon, Lambertville, has been elected president of the local Board of Education.

Dr. William H. Shippo, Bordentown, has been elected health officer of that city.

Dr. Arthur L. Smith, New Brunswick, has been reappointed by the Mayor a member of the local Board of Education and elected vice-president thereof.

Dr. William A. Westcott, Berlin, was a member of the Camden County Grand Jury.

Dr. Henry E. Woelfle, Jersey City, enjoyed a few days' vacation in Maine last month.

Dr. Gustav A. Becker, Morristown, has been mentioned as a candidate for surrogate of Morris County.

Dr. Richard D. Freeman, South Orange, has consented to give a series of six talks on "First Aid to the Injured" to the South Orange Troop, Boy Scouts of America.

Dr. J. Minor Maghee, West Orange, enjoyed a week's stay at Atlantic City last month.

Dr. Frank C. Ard, Plainfield, delivered a lecture in the Plainfield High School, February 23, on "The Prevention of Disease in the Ear and Eye," under the auspices of the Plainfield Mothers' Association.

Dr. T. R. Paganelli, Hoboken, spoke at the meeting of the Tri-State Chapter of New York, New Jersey and Connecticut alumni of the College of Physicians and Surgeons of Baltimore, held at Bridgeport, Conn., recently. He dealt with the social evil and its attendant physical results.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
California, Dec.....	143	99	44
Florida, Nov.....	62	41	21
Maryland, Dec.....	43	27	16
Minnesota, Jan.....	9	9	0
Ohio, Dec.....	20	17	3
Rhode Island, Jan..	9	6	3
Utah, Jan.....	3	3	0

A United Medical School for the University of California.

Plans for the amalgamation of the various departments of medical instruction under the supervision of the University of California were adopted on December 22, 1911, at the meeting of the Board of Regents. It was decided to adopt the plan of securing paid instructors for clinical subjects, instead of relying upon practising physicians. The principal chairs of medicine, surgery and obstetrics will be held by professional instructors, who will devote their whole time to teaching or research work.

Pennsylvania Single Board of Examiners.

By the new medical practice act in Pennsylvania, a single board, the "Bureau of Medical Education and Licensure," was created January 1, 1912. This displaced the three separate boards, regular, homeopathic and eclectic, which formerly had in charge the examination and licensing of physicians. The new board has seven members, two of whom, the superintendent of public instruction and the commissioner of health, are members *ex officio*. The remaining five were appointed by the Governor, one from each of the regular, homeopathic and eclectic State medical societies. The two remaining members are not to represent the same school of practice. Two members were appointed for a term of one year, two for two years, and one member for three years. Hereafter all members will be appointed for three years.

At a meeting of the board held January 12, work was begun toward registering all the medical practitioners of the State as required by the practice act. The medical schools of the State, seven in number, are to be inspected by representatives of the board. A resolution was adopted requiring that after January 1, 1913, every applicant for license to practice medicine in Pennsylvania must show evidence of having attended at least six maternity cases before graduation. The next examination of applicants for license was fixed for May 20-23, 1912.

Colleges Increase Entrance Requirements.

The entrance requirements of Washington University Medical School for 1912-13 will be two years of collegiate work, including specific work in physics, chemistry, biology, German and English. For the last two sessions one year of college work has been required.

Dr. Paul G. Woolley, dean of the Ohio-Miami Medical College of the University of Cincinnati, states that the medical faculty recently voted unanimously that after June 1, 1913, the entrance requirements of that medical school shall be two years of specific university work.

This makes thirty medical schools which require two or more years of collegiate work for admission. There are also seventeen medical schools requiring one year of collegiate work, making a total of forty-seven which have requirements beyond the standard four-year high school course.

Public Health Items.

Diphtheria Closes Passaic Schools.

Two school children are dead and five others are seriously ill with diphtheria as a result of the contagious disease spreading among the pupils of School No. 3, in the fashionable residential section of this city.—Report February 16.

Typhoid Outbreak at Mt. Holly.

The outbreak of typhoid fever in Mt. Holly assumed a very serious aspect last month, there having been about 25 cases since December 20, being a far greater number than for the past fifteen years.

Jersey City Tuberculosis Clinic.

The first annual report of the physicians in charge of the Jersey City Clinic, submitted to Dr. Joseph F. Stack, of Hoboken, who is secretary of the board of managers and also supervisor of clinics, is a most interesting document. The statistics for January show there were 71 new patients examined at the clinic, 42 males and 29 females. There were 110 visits of old cases, 102 active cases, which are now being looked after; twenty were sent to Laurel Hill Sanatorium; 141 calls were made by the visiting nurse and seven private physicians sent cases to the clinic for treatment and examination. Dr. G. K. Dickinson is president of the board of managers.

A Whole Nation Vaccinated.

Smallpox has been stamped out in Guatemala after a long epidemic, but only by the rigorous and unprecedented vaccination of every individual in the country. The whites have ever submitted voluntarily to vaccination; but the Indians, by reason of superstition, have heretofore always refused to be inoculated. Dr. J. A. Padilla, surgeon-general of the marine hospital and quarantine service of Guatemala, finding the epidemic beyond his control, made strong representations to President Cabrera of the necessity of immunizing the Indians, who were spreading the disease. The president then issued the order for general vaccination. Every physician in the republic was called on to assist, some thousands of dollars were invested in vaccine, and the soldiery concentrated the Indians. For three months the physicians worked daily. For the first time in its history (it is said) all Guatemalan ports are at present free of contagious diseases and passenger traffic is without restriction.

Camden's Water Supply.

From the Camden Daily Courier, Dec. 20, 1911.

The filtration advocates in Trenton are sure there cannot be found about that city an "enormous supply" of artesian water to provide for the wants of the people. They base their belief on borings made in different sections and on the limited supply derived from artesian wells at the State Hospital. In referring to the subject the State Gazette furnishes the information that—

"Camden has a well supply, but Camden has been kept busy recently boring new wells, and it does not obtain an abundance of water, though the consumption there is far below what it is here. There is some apprehension among experts that the Camden supply cannot last."

That will be news to the people of Camden, who have not experienced any shortage of supply from its artesian plant since it was established. Of course the water speculators, those having options on nearby water sources, circulate stories about the danger of the Camden wells failing to furnish a sufficient supply, with a view to creating alarm that might result to their advantage. Steps have been taken for the conservation of Camden's pure water that will insure a sufficient supply for many years to come, and there is no apprehension of a shortage at all. The prediction of former State Geologist Cook that there is under Camden an "unexhaustable lake" of pure water, has been

abundantly verified, strive as the water speculators may to discount it. It is hoped that Trenton may find a similar supply, and it is worth seeking for, as contributory to the public health and as a source of revenue to the city.

Fighting Tuberculosis.

From the Daily State Gazette, Trenton, January 3, 1912.

A vast amount of money is being spent each year to maintain the war against tuberculosis. According to a statement issued by the National Association for the Study and Prevention of Tuberculosis, last year \$14,500,000 were expended in the fight against the "white plague," and much more will be spent in 1912. Much of this money has gone for the maintenance of sanatoria and hospitals. Millions have been spent in the effort to teach the people how to live so that the spread of the disease might be checked.

It is claimed by the medical fraternity that tuberculosis is a curable disease, but positive statistics supporting this contention are not easily obtainable. The great benefit that has resulted from the persistent warfare waged against tuberculosis is to be found in improved sanitary conditions and a disposition on the part of persons susceptible to the disease to care for themselves in such a way that they are able to save themselves from it.

It is a fight that should not be abandoned, even though the time when the malady will be finally conquered is extremely remote.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, January, 1912.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending January 10, 1912, was 2,694. By age periods there were 474 deaths among infants under one year, 198 deaths of children over one year and under five years, and 933 deaths of persons aged sixty years and over.

A great decrease is shown in the number of deaths reported for the month, there being 509 less than the corresponding period last year, and the figures are also lower than any monthly report during the past two years.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending January 10, 1912, compared with the average for the previous twelve months, the averages being given in parentheses:

Typhoid fever, 30 (29); measles, 8 (26); scarlet fever, 11 (18); whooping cough, 16 (31); diphtheria, 46 (52); malarial fever, 2 (2); tuberculosis of lungs, 200 (320); tuberculosis of other organs, 43 (51); cancer, 151 (161); diseases of nervous system, 251 (363); diseases of circulatory system, 366 (381); diseases of respiratory system (pneumonia and tuberculosis excepted), 266 (240); pneumonia, 279 (261); infantile diarrhoea, 50 (211); diseases of digestive system (infantile diarrhoea excepted), 156 (185); Bright's disease, 226 (232); suicide, 26 (35); all other diseases or causes of death, 567 (642); total, 2,694 (3,249).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens received from suspected cases of diphtheria, 678; tuberculosis, 427; typhoid fever, 204; malaria, 15; miscellaneous specimens, 51; total, 1,375.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending January 31, 1912, 266 samples of food and drugs were examined in the State Laboratory of Hygiene, resulting as follows:

All the specimens of the following were found to be above standard: The 14 of milk, condensed; 1 of ground coffee; 1 of ice cream; 8 of lemon extract; 1 of meat; 19 of vanilla extract, and the one each of ginger, mustard and cider vinegar.

The following are the specimens found to be below standard: 19 of the 157 of milk; 23 of the 81 of butter; 3 of the 9 of cream, and the one each of oleomargarine and olive oil.

Forty-one suits had been instituted against persons for adulteration of foods.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 285 dairy inspections were made. The following columns show the counties in which inspections were made and the number of dairies found to be 60 per cent. above and 60 per cent. below the perfect mark:

	Number inspected.	Above 60 %.	Below 60 %.
Essex	15	15	0
Hunterdon	116	29	87
Mercer	11	4	6
Middlesex	6	4	1
Morris	26	22	4
Somerset	53	18	33
Sussex	13	11	0
Union	14	1	12
Warren	31	15	13
Totals	285	119	156

In ten dairies the conditions were such that they were stopped from producing milk for sale. Number of dairies; first inspection, 282. Number of dairies; reinspection, 3. Number of milk depots inspected, 3. Number of letters sent to dairymen, 247. Inspections were made at the request of the following local health boards: Dover, Newark, New Brunswick, Orange, Pennington, Perth Amboy, South Orange.

CREAMERIES INSPECTED.

Clover Hill, Flagtown, Neshanic, Newark 9, Ringoes 2. Total, 14. Number of letters sent to creamery operators, 17.

ICE CREAM FACTORIES INSPECTED.

Arlington 2, East Orange, Hoboken 3, Hopewell 2, Jersey City 4, Lawrenceville, Newark 2, New Brunswick 2, Orange 2, Pennington, Somerville 3, Union Hill, West New York, 2. Ice cream factory licenses recommended, 3. Letters sent to ice cream factory operators, 11.

During the month ending January 31, 1912, 135 inspections were made in 40 cities and towns. The cities in which the largest number of in-

spections were made are Camden 10, Jersey City 17, Newark 13, Salem 7, Trenton 40.

The following articles were examined during the month, but no samples were taken: Milk, 340; butter, 598; food, 1,148; drugs, 30.

Meat inspections: Sheep, 22; hogs, 8; calves, 78; beef, 8.

Other inspections were made as follows: Milk wagons, 82; milk depots, 26; grocery stores, 467; drug stores, 1; bakeries, 50; slaughterhouses, 28; meat markets, 10; butter stores, 3; olcomargarine wagons, 2; egg-breaking establishments, 1; cold storage warehouses, 23; pickling works, 8.

Division of Sewerage and Water Supplies

Total number of samples analyzed in the laboratory, as follows:

Public water supplies, 80; private water supplies, 31; spring water supplies, 3; State institution supplies, 4; proposed public water supplies, 2; special analyses of water supplies, 41; sewage samples, 54.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Dunellen, Gloucester (3), Island Heights, Jamesburg (2), Milltown (3), Millville, Newark, Sewell, State Village for Epileptics at Skillman, White Horse, Wilburtha, Woodbridge.

Sewage disposal plants and systems inspected at Bernardsville (2), Bordentown, Bridgeton, Collingswood, Englewood, Glen Gardner, Grassy Sound, Haddon Heights (2), Kenilworth, Lakehurst, Lakewood, Millville (2), Morris Plains, Morristown, New Lisbon, North Bergen, Orange, Plainfield, Pleasantville, Princeton, Rahway, Ridgewood, Riverside, Roebing, Trenton (2), Washington, Westfield.

Stream inspections on the Cohansey River, Deal Lake, Delaware River, Lawrence Brook, Rancocas Creek, Raritan River, Swimming River, Whippany River.

Stream pollutions reported.....	76
Reinspections of stream pollutions made....	112
Stream pollutions abated.....	58
Notices to cease pollution issued.....	159
Plans for water supply systems approved..	5
Plans for sewage systems, disposal plants and extensions approved.....	7
Cases referred to the Attorney-General....	1

NEW AND NON-OFFICIAL REMEDIES.

The following articles have been accepted by the A. M. A. Council on Pharmacy and Chemistry since December 1, 1911:

Bacillary Milk, Fairchild Bros. & Foster.
Bass Test for Typhoid Fever, H. K. Mulford Co.

Ciose, Fairchild Bros. & Foster.
Dextri-Mallose, Mead Johnson & Co.
Enemose, Fairchild Bros. & Foster.
Gynoval, Farbenfabriken of Elberfeld Co.
Lactampoule, Fairchild Bros. & Foster.
Lactic Bacillary Tablets, Fairchild Bros. & Foster.

Neisser-Bacterin Mixed, H. K. Mulford Co.
Pneumo-Bacterin Mixed, H. K. Mulford Co.
Propaesin, Parmelee Pharmacal Co.
Rabies Vaccine, H. K. Mulford Co.
Scarlatina Bacterin, H. K. Mulford Co.

Salvarsan, Victor Kocchl & Co.

Typho-Bacterin Mixed, H. K. Mulford Co.

Von Pirquet Test for Tuberculosis, H. K. Mulford Co.

Widal Test—Borden's Modification, H. K. Mulford Co.

Lactic Bacillary Tablets—Fairchild, are made from a practically pure culture of the *Bacillus bulgaricus*. They are designed for internal administration in the treatment of intestinal fermentative diseases by the Bulgarian bacilli, with the design of accomplishing the acclimation of the bacilli in the alimentary tract, so as to secure their characteristic action against putrefactive fermentation by the production of lactic acid. One or two tablets before or after meals. The diet should not contain an excess of protoid, but should afford sufficient sugar. Fairchild Bros. & Foster, New York (Jour. A. M. A., Jan. 20, 1912, p. 191).

Salvarsan (Arsenphenol-amin hydrochloride, arseno-benzol, "606") is 3-diamino-4-dihydroxy-1-arseno-benzene hydrochloride, $\text{HC}_6\text{H}_3\text{As}_2\text{N}_4\text{O}_2 \cdot \text{HCl} + 2\text{H}_2\text{O}$, corresponding to 31.57 per cent. arsenic (As). It is marketed in hermetically sealed tubes each containing 0.6 gm. (10 grains) Salvarsan. Salvarsan is a yellow, crystalline, hygroscopic powder, very unstable in air. It is readily soluble in water, yielding a solution with an acid reaction. The addition of sodium hydroxide solution to an aqueous solution of salvarsan precipitates the free base ($\text{NH}_2 \text{OH} \text{C}_6\text{H}_3\text{As}_2\text{N}_4\text{O}_2$) which redissolves when more alkali is added. It is given to adults in doses of 0.3 to 0.6 gm. (5 to 10 grains); for children the dose is from 0.2 to 0.3 gm. (3 to 5 grains). In infants doses of from 0.02 to 0.1 gm. ($\frac{1}{3}$ to $1\frac{1}{2}$ grains) may be used.

For a sub-cutaneous and intra-muscular injection a suspension in a neutral fluid is commonly employed. This suspension is prepared as follows: The weighed amount of salvarsan is triturated with 0.35 cc. normal sodium hydroxide solution to each 0.1 gm. salvarsan. To this liquid a solution of 0.1 cc. of normal sodium hydroxide solution for each 0.1 gm. of salvarsan in 8 cc. of sterile water is added drop by drop until the liquid is exactly neutral to litmus paper. If the neutral point is passed the excess of alkali must be carefully neutralized by a weak solution of hydrochloric or acetic acid. Subcutaneously, salvarsan may also be administered in form of oily suspensions. These suspensions should be injected at once, using a syringe with a very thick platinum needle. For intravenous injection a clear alkaline solution is prepared as follows: The weighed quantity of salvarsan is triturated with 0.7 cc. normal sodium hydroxide solution for each 0.1 gm. of salvarsan and then more of the alkaline solution is cautiously added until complete solution occurs.

This solution is diluted with from 100 to 250 cc. (3 to 8 ounces) of sterile physiologic salt solution (0.9 per cent.) and filtered through a sterile filter. The contents of a tube should be used at once after opening and under no circumstances should the contents of a tube damaged in transportation or any remnants of the powder from previously opened tubes be used Victor Kocchl & Co. (Jour. A. M. A., Jan. 20, 1912, p. 191).

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HEMOTHERAPEUTICS OR THE USE OF BLOOD AS A THERAPEUTIC AGENT; AUTHOR'S TECH- NIQUE OF DIRECT TRANSFUSION.*

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NEW YORK CITY.

The prevalent opinion in Europe is that, at the best, the practice of transfusing blood from one person to another, is useless and therefore has been completely discarded as a therapeutic agent. American surgeons have revived the practice and claim to have obtained results unattainable by any other therapeutic means.

Are European clinicians right in thinking that transfusion of blood is a procedure too dangerous, and the therapeutic value of which does not justify its use? In reviewing some of the answers received by the writer from some of the best surgeons of Europe such as Giordano, Lucas-Championniere, Kocker, Meyres, Mayo-Robson, Kuemmel and many others, it is clear that they think that the technique is not advanced to such an extent as to make the procedure simple, sure and safe. European clinicians were right when they discarded transfusion for two reasons: one was the lack of indications based on real physio-pathological and clinical facts, and the other the technique employed. I will only mention that in olden times transfusion of blood was a very difficult procedure, requiring general anæsthesia, complicated apparatus, by which the blood was taken out of the vessels of the donor, and pumped or forced into the vessels of the recipient; the blood vessels and the blood itself were severely trauma-

tized, and if we only think of the septic surroundings in which transfusion was performed before the antiseptic era, we have to wonder, not at the failures, but that sometimes surgeons succeeded in not losing both donor and recipient. The blood of animals of different species was used with the almost constant result that hemolysis occurred. Infarcts, emboli and infections were the accompanying complications of almost every transfusion, even when done between two human beings; the dangers for both donor and recipient were very great. The indications were cases of sepsis, in which no real antiseptic precautions were taken in performing transfusion, so often adding new infection to the others; certain skin diseases; the thought that by transfusing healthy blood the old could be rejuvenated, the weak strengthened, the temperament of a person changed, and to replace blood lost by hemorrhages. In only the last group of cases surgeons had any success, but the failures and the difficulties were so numerous, that when Kronecker demonstrated that the life of the red corpuscle, the life of the blood in toto, the life of the tissues, and therefore the life of the patient who had lost a great deal of blood, was made possible by injecting into his system a certain amount of physiological isotonic salt solution, direct transfusion of blood has been completely abandoned as a procedure, which was not only too complicated, but one not giving as good results as the simple transfusion of isotonic salt solution.

Clinical results and laboratory experience have well demonstrated that hemo-therapeutics has a distinct and very wide field of usefulness, and American surgeons, especially Crile and Carrell, deserve all the credit of having revived the practice of transfusing the blood from one person to the other and made it practical. Why is it,

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then, that European clinicians do consider the subject so lightly, and think that the injection of isotonic salt solution, is always and in every case a good substitute for the blood and that the risks of the procedure do not justify its generalization? My impression is that European clinicians have stopped to think about transfusion as it was performed many years ago, and without the clinical indications based on the up-to-date knowledge of the blood. European clinicians regard the use of blood as a therapeutic agent, in the same way as some look upon the use of the automobile, basing their judgment on the fact that, a few years ago, one was very often left on the road and only on rare occasions he was able to reach his destination without accidents. Builders have eliminated most of the causes that made automobiles unreliable and their use has been generalized, and although accidents still occur, this happens mostly on account of their misuse. Who would say that automobiles are not reliable, because somebody went through a rough country with a town car, intended to carry a couple of passengers, loaded with five or six persons, and met with some accident? The same thing can be said of hemotherapeutics; it has its indications and limitations, which in part have been defined and established.

What has caused European clinicians not to take seriously the results obtained by American surgeons, is the fact that some of them have allowed their enthusiasm to carry them away from the true and cold facts, in reporting cases cured by transfusing blood from one person to the other, cases which could not have been possibly cured. Enthusiasm is a very bad disease of the medical profession, which is not by any means limited to American surgeons, but is diffused all through the medical world. And I don't think it is fair not to take into consideration the good results obtained by hemo-therapeutics, because enthusiasm has carried some of the surgeons using it a little too far. To have, for instance, pretended to cure pernicious anemia by transfusing healthy blood into the system is a physiological crime and publishing reports of cases cured or improved by this method is certainly unscientific. To have presented old instruments with a little modification as new ones; to have said that vein to vein was a new method; to have given the lay press reports of miraculous cures, and all the details of the procedure, stating, for instance, that half a litre or a litre of blood has passed from one person to

the other, has certainly done more harm to discredit the practice of transfusion than any failure scientifically reported; but I will take the liberty to state that if enthusiasm has carried some of the American surgeons too far and in the wrong direction, enthusiasm has done the same in Europe. One has only to look at the literature of a few years ago and see how transfusion was hailed by the best men of the time as a procedure which would enable the surgeon to save many lives, and improve the condition of many suffering human beings, to see that Americans were outdone. But to come closer to our time, one has only to look at the enthusiasm created by the injection of isotonic salt solution. Some of the very best men in Europe thought that they could wash the system of a patient by injecting normal salt solution, and so be able to rid the organism of pathological products, and this is certainly less scientific and based on even less sound physio-pathological knowledge than to hope, that by transfusing the blood from one person to the other, wonderful and unobtainable results could be obtained. At least there is a poetical side in giving full healthy blood to a person, but the poor isotonic salt solution has not even a poetical side to excuse the hopes based on it. To treat every case of hemorrhage with direct transfusion of blood is as scientific as opening the abdomen for every case of belly-ache. To treat anemia caused by carcinomata, or any other malignant diseases without removing the cause, is as scientific as putting hot poultices on a wooden leg. We must not be influenced by any enthusiasm or any skepticism, but look at the cold facts and see whether there are indications for the procedure of transfusing the blood from one person to the other, or not.

What are the indications for hemotherapeutics based on the up-to-date knowledge of the blood? I employ the word hemo-therapeutics to indicate the use of blood as a therapeutic agent; transfusion of blood is reserved for the procedure by which the blood is so used. Before entering into any discussion of clinical indications, it is necessary to establish the therapeutic value of the blood on sound physio-pathological basis, taking into consideration some undisputed facts about the nature and function of the blood, if we intend to obtain good results and not be disappointed in using this very valuable therapeutic means.

The blood is the result of the very complex work of all the organs of the body;

the result of the activity of each organ as an individual entity, and of each organ in relation with all the others. It contains active principles and cells, some of which are fairly well known, and some of which are only suspected to exist. One fact is doubt-proof—the blood is a very complex tissue and we know little yet of its way of functioning and of its real nature. There are diseases which affect primarily the blood and others, the manifestations, or some of the manifestations of which, are found in the blood, but which have their origin in other tissues of the system, and manifest themselves in the blood because the blood is the result of the work of all the organs, whether they are functioning physiologically or pathologically. We have to find the indications and limitations to the use of blood as a therapeutic agent, according to the work that the blood is accomplishing in normal and pathological conditions of the organism. Therefore, what is the function of the blood in the healthy organism, and how does the blood functionate under pathological conditions?

The blood is the agent of general metabolism, and puts in relation between themselves all the fixed tissues of the body, and binds them together, thereby making a unity of them all. Each organ, each cell, is a factory which needs some raw material to work upon, supplies some special products which are necessary to some organs, and some others which must be eliminated. The blood is the agent of all those exchanges and takes in the system from the external world all the material necessary to the organism. In normal conditions it supplies the medium in which each and all organs work harmoniously and stimulates each and all of them to accomplish their work in the most satisfactory way.

In pathological conditions the blood will rush to the assistance of the cell and organs attacked, will stimulate their powers of resistance by carrying to them more active principles than in normal conditions, and will stimulate all the other cells and organs which produce some principles useful to the attacked ones to increase their output. The importance of the blood as the agent of metabolism is understood by the medical man, and he uses the blood to carry directly to certain organs the active principles which he thinks will help the organism in the fight against disease. All the modern treatment by vaccination, sero-therapy and chemical compounds, is based on the fact that the blood or part of it contains active

principles, which will, when stimulated, help the diseased organism to get rid of the conditions which cause disease, either by acting directly or by stimulating other organs and cells and carry the products of their activity. Pathological conditions, either acute or chronic, or a combination of both, weaken the organism so that its powers of resistance to disease are lessened. The blood does not contain enough elements and active principles to stimulate all the cells and organs of the system, or its elements and active principles have lost part of their power, so that if a sudden pathological condition arises the organism will be greatly handicapped and it is necessary to introduce some new elements, which will either take up the burden of ridding the organism of the pathological products, or stimulate some or all of the cells and organs of the system to a more active work.

The organism is in the same condition as a horse, for instance, which has to drive a heavy truck. A horse strong and healthy may be able to do it, although he will afterward be very tired and partly exhausted; a horse not very healthy and strong, if stimulated by the voice of the driver, and some whipping, will do it also, but the strain having been too much for him he will be so exhausted that either he will be unable to do any work for several days or will die some time after; a horse in even a poorer condition will try to drive the truck and either will be unable to do so, or, if stimulated too much, will fall exhausted and die suddenly. The different ways in which these three horses act depends only on their own condition, but supposing that the work should be done on a very hot, oppressive day, or that the hard work should be repeated too often, or that the animal had not enough rest, or had poor and insufficient food, even the strongest and healthiest horse would be unable to drive the truck, or, if stimulated too much, would fall exhausted and probably die. Disease is the truck too heavy for some persons and sometimes too heavy for any one on account of concomitant circumstances, or of the weight itself. I will rapidly review some pathological conditions which are benefited by direct transfusion of blood.

Hemorrhage.—For clearness sake, I would like to establish three degrees of hemorrhage. In the first, the loss of blood has not been very severe, the vascular system drains the fluid which is loose in the tissues, and the patient, besides a slight feeling of thirst, does not experience any incon-

venience. In the second degree, the loss has been more severe. The vascular system will drain all the liquid which is loose in the other tissues, but this will not be sufficient to replace the lost blood, and unless liquid from outside is introduced into the system very promptly, death would occur. In the third degree, the loss of blood has been so severe that, although all the fluid loose in the tissues has been drained out, death will occur almost immediately, because the vascular system cannot work with what has been left.

In the first degree generally nothing has to be done but to give an occasional drink and rest. In the second, according to cases, it will be advisable to give the patient, either by stomach, rectum, hypodermoclysis or intravenous injection, a certain amount of liquid to replace the loss, and the organism will supply again in a short time the lost solid elements of the blood.

Of greatest importance is the third. It is here that I think we have to study whether the injection of isotonic salt solution can in every case substitute the blood or not. It is supposed that the injection of normal salt solution will not only replace the liquid which has been lost through hemorrhage, but that the liquid injected will stimulate the hemopoietic organs to reproduce the elements and active principles which have been lost. It is well known and generally admitted that hemorrhage causes shock, and shock causes an accumulation of blood in the abdominal viscera, leaving the superficial vessels and the heart almost bloodless. Every one who has experience with such cases knows that such condition is not relieved, but often aggravated, by transfusion of normal salt solution. Why does this happen? After a hemorrhage the organism will replace as soon as possible the living elements of the blood, active principles, red corpuscles, white corpuscles, etc. What does that mean? That the organism needs not only the liquid part of the blood, but that there must be a certain proportion between the solid and the liquid elements of the blood, which proportion is so essential that after a severe hemorrhage, where a great number of the elements and active principles of the blood have been lost, the hemopoietic organs will work, I should say, overtime and produce a great number of the lost elements, so that after a few days the number of the elements, the proportion between the elements of the blood and the plasma is almost the same as before the hemorrhage had occurred. The general

metabolism has laid aside all other functions and has given all its attention to reproduce the essential elements of the blood. I call the special attention of the reader to this fact, because on the rapid reproduction of the elements of the blood is based the theory that the injection of isotonic salt solution is good enough in every case of hemorrhage, because the system will replace immediately, or as soon as possible, the lost elements. We know well the fact that the vascular system could not make isotonic salt solution circulate, that is, if we should bleed completely an animal, we could not replace the lost blood with normal salt solution; the heart would stop beating. This means that the blood contains active principles which stimulate the vascular system and there is a limit of danger for any hemorrhage in itself.

In the normal human being the blood is supposed to be about one thirteenth the weight of the body. A loss of thirty grams of blood is dangerous to the new born, of one hundred to two hundred grams to the child one year old, of two thousand to twenty-five hundred grams to the adult. If the loss of blood be too great, even if we replace immediately the liquid part lost by transfusing isotonic salt solution, there will not be enough active principles to stimulate the vascular system, so that the liquid injected will not circulate at all, or only for a very short time, because the hemopoietic organs are unable to build up immediately the necessary elements of the blood. Let us not forget that the severity of the hemorrhage, the resulting shock and danger of life, depend a great deal on the condition of the patient, whether he could be compared to the first, second or third horse. Admitting the power of the organism to replace the lost active principles and blood elements, we suppose there exists a healthy condition of all the hemopoietic organs and cells of the body; if such a condition does not exist it is plain that the injection of isotonic salt solution will not be sufficient, even if the hemorrhage has been only one of the second degree, something that can take up immediately the burden of general metabolism must be supplied to the patient. This condition is met with every day in our clinics. A woman anemic and generally debilitated, has a ruptured ectopic pregnancy; the loss of blood is perhaps not very dangerous *per se*, but is so on account of the condition of the patient, so that the surgeon, fearing to add shock to hemorrhage, will not operate immediately, in order to give

time to the organism to recuperate as much as possible. In the meantime the woman's condition will not improve, because of the very poor power of resistance and inability of the hemopoietic organs to replace the lost elements, although normal salt solution has been supplied very liberally; she will be unable to stand the operation. That this condition exists is proven by the fact that some surgeons advise to postpone and others to perform the operation immediately, and so long as this difference of opinion exists, it means that each side has lost many lives. The same thing can be said of any other hemorrhage, either caused by disease or the rupture or cutting of blood vessels.

There are two pathological conditions well appreciated, although little known, in which the blood oozing out of the tissues and of some of the smaller blood vessels, does not coagulate as it does when these conditions are not present; I mean hemophilia and hemorrhage occurring after operations on the biliary tract. I group these two conditions together, because I think there is a great affinity between them, as I hope to demonstrate by further research on the subject. Of great clinical importance is the fact that chemical medication and injections of isotonic salt solution are of very little use, and good results have been obtained by injecting blood-serum subcutaneously. To use serum taken from animals is not devoid of danger, because sometimes it has caused hemolysis and toxic symptoms, and serum from another person is sometimes not effectual, even if repeated and large quantities are injected, this being due probably to the fact that the blood must be so traumatized in order to extract its serum, that some of its active principles are lost or deteriorated. Whatever the pathology of the condition is, it is a fact that it is a condition pertaining to the blood, either because the nerve terminations are not stimulated to make the cut blood vessels contract, or because the blood lacks some of the principles which cause coagulation of the blood when the same leaves a cut blood vessel. These conditions are present in the blood of the normal human being, and therefore transfusion of normal human blood is based on sound physio-pathological principles and the clinical results obtained by the writer and other surgeons, completely justify the procedure.

I will only consider two other pathological conditions, asphyxia and sepsis. In asphyxia we have a condition in which the hemoglobin of the red corpuscles cannot

perform its duty of oxygenating the blood, because it has combined with carbon monoxide, and the combination resulting, carbon-monoxide-hemoglobin, is incompatible with life. CO-hemoglobin is a very stable compound and even in the presence of oxygen it is not decomposed, because it is a more stable combination than would be the combination of oxygen with hemoglobin. If only a small part of the total number of red corpuscles came in contact with CO and, therefore, are lost to the function of oxygenating the blood, giving the patient oxygen will help him, because the hemoglobin of the corpuscles which are free from CO will readily combine with the pure oxygen. But, on the other hand, if too many red corpuscles are lost and must be eliminated, it is clear that the condition is a very dangerous one. The blood has lost a number of its most important elements and must replace them as soon as possible; the spleen is one of the most important hemopoietic organs, but in asphyxia it is put to a double task, because it has to eliminate the useless and, therefore, noxious asphyxiated red corpuscles and supply new ones. If we bleed to a certain extent our patient and replace at the same time the blood extracted by transfusing healthy blood from another person, its chances of complete recovery will be very bright, when there has been no lesion to the central nervous system.

In sepsis we have a condition in which the affected organism is unable to stand the attack of the invading micro-organisms, by routing them as soon as they enter its system and before they have done too much damage, either by destroying tissues, or leaving too many poisonous products. The body is trying to fight the invading micro-organisms by multiplying its white cells which are like the army and navy of a country. In case of need every able-bodied man would go and join the army or the navy in order to help protect his country; the body in septic cases does exactly the same thing; it calls on all its white cells and sends them wherever the enemy is. Very often the health of a patient is very poor, and, therefore, it is like the country which has very few able-bodied men, very little money and very little war apparatus, and, of course, it becomes a very easy prey for the invading army; but supposing that a nearby strong power should come and help the weaker country, by sending its own army and navy, the result of the war would be quite different; the weaker country would be able to fight successfully the in-

vading enemies. The nearby strong country would be a person who is willing to supply to the septic one his own healthy and strong blood.

In the writer's mind transfusion must be considered specific when the blood, either on account of very severe hemorrhage, or any primary pathological condition of its elements, is unable to do the work which the general metabolism requires the blood to do. In these cases transfusion is a specific, because it supplies the body with new, living blood, the elements of which will immediately take up the burden of the general metabolism, making the continuation of life possible, and this cannot be accomplished by any other therapeutic means at our disposal. The limitation of the use of blood as a therapeutic agent is that we have to use blood from another person, because by using blood from an animal of different species we have two inconveniences. One is that certain animals have corpuscles which are of a larger size than the corpuscles of human beings, therefore are unable to pass through the smallest capillaries, and the fact that the blood injected from animals of different species cannot live in the new medium in which it is transfused, because hemolysis occurs. So in cases of severe hemorrhage, not forgetting that its severity must be judged not only according to the amount of blood lost, but specially according to the conditions of the patient; in hemophilia and to prevent or treat post-operative hemorrhages occurring after operations on the biliary tract, pancreas and pylorus; in asphyxia; in preparing patients whose poor condition would make operative interventions too dangerous, transfusion of blood must, at the present time, be considered specific; no other therapeutic means will give equal results. From two cases I had I think that transfusion will be very valuable in checking severe hemorrhages from ulcers of the intestines in patients suffering from typhoid fever; also to improve the condition of patients suffering from sepsis. When the above mentioned conditions are not very severe and can be improved by isotonic salt solution or other therapeutic means, transfusion should not be employed.

There is no indication for direct transfusion in cases of secondary anemias. The studies for enlarging the field of hemotherapeutics must be directed to enable the surgeon to use the blood of lower animals. Now transfusion of blood from one animal to another of different species causes hemolysis; if this could be avoided, I think that

we could prepare some animals, the elements of the blood of which are of the same size as the elements of human beings, with special sera, vaccines or drugs, so that their blood should contain some special active principles which could be directly transfused in the system of human beings. It would be possible, perhaps, to immunize an animal against certain diseases, and by transfusing his blood to a human being, immunize also the latter or cure him, when attacked by the disease against which the animal had been immunized.

A very serious obstacle to generalize direct transfusion of blood is that another person must be secured and this has at times been difficult on account of the inconveniences and dangers to which the donor had to subject himself. I hope that I have removed almost all obstacles on that score, because with my method there is no danger for the donor, and as vein to vein can be used as well and as successfully as artery to vein, there is no necessity of sacrificing such an important part as the radial artery; the incision in using veins is hidden by the clothes and can be made almost invisible by an accurate approximation of the cut edges; a healthy person can stand well the loss of from half to one liter of blood. Under these circumstances I never had any difficulty in finding a donor among the relatives; in some cases more than one person offered himself as donor. The procedure is very easy and any surgeon should be able to perform it. Nevertheless, as easy as the procedure is, I strongly advise to try it on animals before it is attempted, for the simple reason that numerous little details which present no difficulty to the experienced, sometimes, specially in emergencies, may, when not mastered, so complicate even the easiest procedure, as to make its performance impossible. The advantages of the instrument will not show, when used on the blood vessels of a cadaver, for the obvious reasons that the conditions which render direct transfusion difficult, such as the flow of blood and the contractability and retractability of the blood vessels, are not present.

The instruments required are, besides the one to be described, a couple of small thumb forceps with blunt ends, a few small artery forceps, a grooved director, two pairs of scissors, or two knives, fine catgut and needles for suturing the skin.

All the instruments and methods presented to the medical profession have the very severe inconvenience of necessitating, as



Fig. I.—Instruments necessary for the procedure of transfusion with Soresi's method.

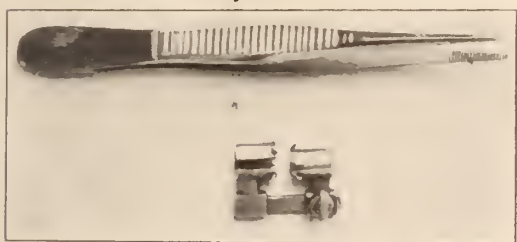


Fig. II.—Actual size of Soresi's instrument and thumb forceps.

the first step of the procedure, the cutting of the blood vessels. I am firmly convinced that the future of direct transfusion of blood will be based on its easy, sure and always safe technique, not forgetting that the blood vessels and the blood itself are the parts of the body which can least stand any traumatism. I said the blood because, taking, as in some of the methods presented, the blood out of its natural vessels, even for the fraction of a second, is a very severe trauma for the blood. I would never

consider a safe method one which should necessitate taking the blood out of its natural vessels, when it is possible to have it run from the blood vessels of the donor to the blood vessel of the recipient, putting the intimas of the two in direct contact, so that they form a new continuous blood vessel.

The instrument which I beg to present does away with the necessity of opening the blood vessels until they are ready to be brought together and the blood can flow immediately from one to the other. The surgeon is thus enabled to work on the blood vessels while the blood is circulating in them, that is, while the lumen is naturally open because it is full of circulating blood; therefore, the blood vessels, not being contracted and retracted, are easily grasped and secured by the instrument. Then the intima can without any difficulty be so everted that the intima of the two blood vessels can easily be brought into direct contact. With any other method (sutures, canulas, bridges, etc.) the blood vessels must be cut as the first step of the operation. In the one to be described, this first step of the others becomes the last one; hence its simplicity. The instrument is composed of two small metal cylinders which are put and held together by means of a small bar and a screw. Each cylinder is opened on its longitudinal axis by a simple hinge, and at one end, a little below the edge, is encircled by a crown of six hooks, the points of which are turned toward the other end as shown by the illustrations. The hooks are very sharp and must be kept so by filing them with a fine file if necessary. To make the procedure of transfusion clear it will be divided into three stages.

First Stage.—Isolating the blood vessels. After having as described later, and shown in the illustrations, isolated the blood vessels, a piece of dentist rubber dam, some rubber tissue, a flat retractor, or something answering the purpose, is passed under them in order to prevent the hooks of the instrument catching the tissues round the wound.

Second Stage.—Placing the cylinders around the vessels and cuffing them over the hooks. Take one of the cylinders, open it, lay the blood vessels in it, then close it. With a thumb forceps the blood vessel is easily cuffed over the hooks of the cylinder. It is advisable to begin the cuffing of the blood vessels from the two hooks near the edges opposite the hinge, so that the instrument is closed by the blood vessel. The

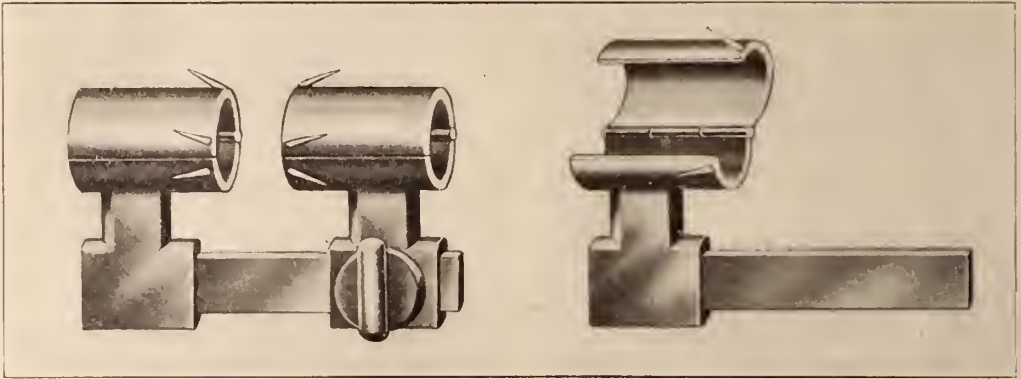


Fig. III.—Sore's instrument for direct transfusion

Fig. IV.—Showing how instrument opens on a hinge.

same is done with the other cylinder and the other blood vessel; the two halves of the instrument will be put with the bar and the screw toward the operator, so as to make twisting of the blood vessels impossible.

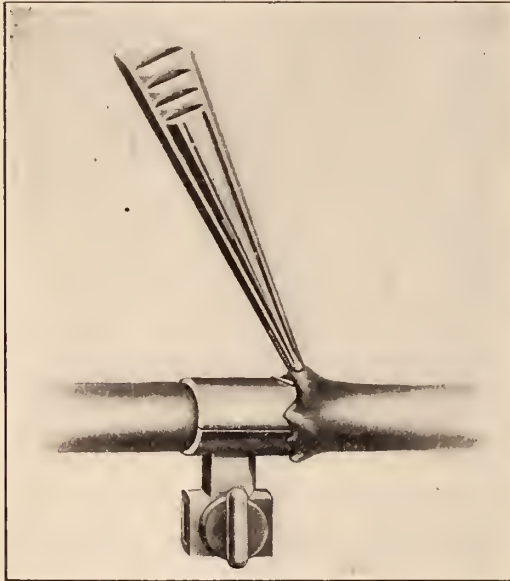


Fig. V.—Showing how blood vessel is cuffed over the hooks while the blood is still running in it.

Third Stage.—Opening of the blood vessels and making the Anastomosis. The limbs of both donor and recipient are now closely approximated. The vein—when the artery and vein are used—is first cut about two millimetres from the edge of the cylinder and is clamped and afterward ligated, the other cuffed over the cylinder is examined to see whether the intima is well everted. In case some part of it, either on account of not

having cut close enough to the edge of the cylinder, or because some of the hooks did not catch well, is not perfectly everted, this can be quickly and easily done with the thumb forceps. The vein so prepared is covered with a piece of gauze soaked in warm normal saline solution, so that air cannot enter the open lumen of the vessel. The artery is then cut in the same way while the assistant squeezes the proximal part between the thumb and the index finger. The segment of the artery below the cylinder is now clamped and afterward ligated. The segment over the cylinder is rapidly examined and in case some part is not properly everted, this is done with the thumb forceps as recommended for the vein. The two ends of the artery and vein everted over the cylinders are now approximated, the little bar of one of the cylinders is introduced into the corresponding hole of the other cylinder; the assistant now releases the pressure on the artery, so as to allow some blood to run through and be absolutely sure that the blood is running freely. The two cylinders are then closely approximated, the screw tightened and the operation is complete. The blood will now run freely from one blood vessel to the other as if it were a single continuous blood vessel. The procedure is the same when using vein to vein; the same instructions given for the artery holding good for the vein from which the blood is flowing. *It is necessary to keep the exposed blood vessels covered with gauze soaked in warm saline solution, keeping it warm by pouring on warm solution at frequent intervals.* I must warn the surgeon against a very serious mishap which may occur. If the blood is running too freely from the giver, there is danger of acute dilatation of the heart of

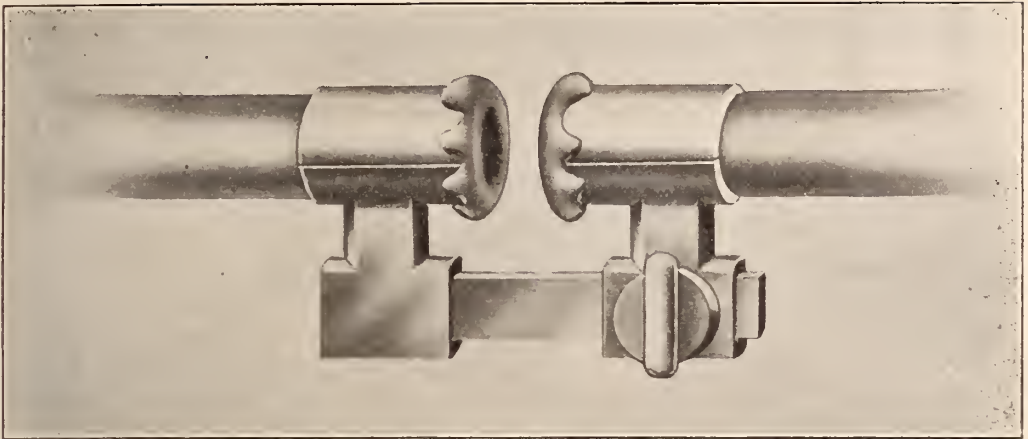


Fig. VI.—Showing how blood vessels look when intima is everted over the hooks and ready to be put in contact.

the recipient and syncope of the donor. This accident has happened to me in my experimental work, and may happen to any one using this method, unless, when he thinks that the blood is running too fast, he makes a little pressure on the artery or the vein with his finger, so as to reduce the velocity of the blood stream. To one not well accustomed to the surprises of transfusion, this will appear strange, but I feel it to be my duty to caution strongly against it when using the instrument just described, and especially when dealing with patients who have had severe hemorrhages and who, on account of the dryness of their tissues, really suck the blood from the donor.

The most practical way of learning whether transfusion is going along satisfactorily or not, is to test the hemoglobin of the recipient every five minutes, and observe that the pulsation of the blood flowing from the artery is continued in the vein, when artery to vein method is used. The pulse of the donor must be examined at frequent intervals, his head kept low, and he be laid down on a table well padded in order to make him as comfortable as possible, so as to avoid stretching or changing of position. The heart of the recipient should be examined every five minutes by percussion and auscultation, and a constant watch be kept on both donor and recipient in order to notice any change requiring assistance. Practice alone will teach the surgeon all the little details which cannot satisfactorily be described.

A word should be said about the attempts to measure the quantity of blood passing from donor to recipient. In theory it seems that if this could be done, it would be a great

advantage. Transfusion is done in order to improve the blood of the recipient, and therefore the moment to stop transfusion must be left to the judgment of the operator, and no one can positively state what definite quantity of blood is required; the necessary improvement must be ascertained by the hemoglobin test and by the condition of the patient as to heart beat, respiration, etc. A limit to the duration of transfusion also implies the capacity of the donor to furnish the blood, and this condition must be ascertained by continuous examination, which may necessitate stoppage even before benefit has been derived by the recipient. By selecting a good subject as donor, no troubles however will be met with on that score, and but little inconvenience has been reported by numerous surgeons who have performed transfusion. To determine in advance the amount of blood to be transfused would be the same as if the physician prescribing, for instance, digitalis in a very severe case, should satisfy himself with a definite quantity and not be guided by the effects on the patient.

The method just described eliminates the most difficult steps of the other methods of transfusion. In every one of them as the first step of the operation, the blood vessel must be opened, and on account of the known property of the intima to roll on itself and so block the lumen, and owing to the fact that the cut blood vessels retract, often a great amount of traumatism is done, and coagulation over the point of anastomosis occurs. The suture method has apparently only the hypothetical advantage of avoiding mechanical devices. In reality every surgical instrument is a mechanical

device; in the suture method many instruments are necessary to accomplish the suture, which is very difficult and not safe.

Over other instruments and the suture method, the one I have described has the following advantages: It eliminates hooks, needles, serrefines, or other instruments which traumatize the blood vessels, and the point of anastomosis is directly between intimas which have not been submitted to any traumatism, therefore there is no possibility of blood clotting, as can be demonstrated by letting flow some blood from the blood vessels when the two halves of the instrument are put together, that is, when the bar of one half has been introduced in the corresponding hole of the other half, but before approximating them tightly by

done. With the instrument just presented this cannot possibly occur, because not only the serrefines are not used and the intimas are brought in direct contact, but the surgeon can be mathematically sure that the blood will flow from the donor to the recipient by doing as indicated above, so that the entire procedure is really safe, easy, simple and very rapid. I never had blood clotting, leakage or any other trouble which would retard the anastomosis of the blood vessels. I never had any accident that would stop or slow the flowing of the blood from one vessel to the other once the anastomosis was accomplished, and it never required more than five minutes to perform it, after the blood vessels were isolated. This I verified in numerous experiments on



Fig. VII.—Transfusion from vein of the forearm (donor) to saphenous vein (recipient).

turning the screw. I want to emphasize this, because I think it is due to this fact, that the instrument is most valuable, and the procedure simple, safe and sure. In any method, suture or mechanical devices, the blood vessels to be anastomosed are prevented from bleeding until the anastomosis is completed; that is, the blood is not allowed to flow until then. It is clear that by such disposition it is impossible to know whether there is any blood clotting, where the serrefines have clamped the blood vessels, or between the two serrefines, or in the different canulas, bridges, etc. Any one who has transfused blood has experienced the sad occurrence, that after having successfully completed the anastomosis, the blood does not flow from the vessel of the donor to the vessel of the recipient, and it is found necessary to start again with the result that the blood vessels will be so traumatized that transfusion has to be aban-

dogs and in numerous transfusions on human beings. I have made anastomosis between the carotid artery and the internal jugular in dogs, and the blood has been found running without leakage after three days. At the last International Medical Congress in Buda-Pest, I presented a dog with an anastomosis between the carotid and internal jugular, dating twenty-four hours, and the blood was running freely without leakage.

Only one size instrument made to fit the radial artery of an adult has been used in my experimental work, and on human beings, and unless one has to deal with an extremely small artery, which would then be unfit for transfusion, it will be found appropriate for every case. If the blood vessel with the blood circulating in it should appear too large for the instrument there will be no harm, but a certain advantage of being easier to cuff it over the hooks. The



Fig.—VIII.—Transfusion from radial artery to a vein of the forearm.

size of the vein has no importance; that is, it is not necessary to worry if the vein is larger than the artery; the vein should not be too small, and it is always possible to have a vein of good size, even in small children, by using the great saphenous. The preparation of the two blood vessels of the donor and the recipient is so well illustrated in the accompanying drawings that I do not think I need to spend many words. In children it will always be better to use the saphenous vein because the other superficial veins are very small, and therefore it would be very difficult to anastomose the vein or

the artery of the adult with the small vein of the child. When blood is transfused from vein to vein between two adults, any vein of the forearm is good. It is always better to employ the largest vein obtainable because transfusion will be an easier procedure with a larger than with a smaller vein, and the veins should be well isolated for about five or six centimetres. When blood is transfused from artery to vein, the radial artery should be selected on account of its accessibility and size. The radial artery is easily exposed by an incision of about seven or eight centimetres made in



Fig. IX.—Same with limbs more closely approximated.

the wrist, which should be well extended and rest on a sand bag. When the deep fascia is reached, it is lifted up with forceps as it is done when opening the peritoneum, and the grooved director introduced through a small incision which is continued over it. The artery must be well freed for about four or five centimetres and, if present, every lateral branch ligated not too close to the main trunk. The vein is exposed for about eight or nine centimetres and also well isolated. In every case local anæsthesia with a weak solution (1 to 500) of cocaine is sufficient, the only pain the patient may feel being when the blood vessels are cut; no adrenalin should ever be used on

disease transmissible through the blood, and that is a point which I make very strong, because I think that we have to consider that the life of the donor is in a certain way more important than the life of the recipient. The donor is a person who is himself strong, full of life and lucky not to be ill, and I do not see any reason why, even if well paid or a direct relative, he should risk his own life for the sake of the person who is dying or whose chances of life are lessened. So that if the recipient had a recent attack of malaria or syphilis, I should say that transfusion should not be attempted, because the donor is very liable to get infected himself.



Fig. X.—Transfusion from vein to vein; on top left arm (donor); below right arm (recipient).

account of its action on the contractibility of the blood vessels. One thing that can never be urged too much is to make the donor as comfortable as possible before transfusion is begun.

There are some contra-indications to transfusion which belong, some to the donor and some to the recipient, so that when we choose the donor we should choose a person who is generally strong, healthy and young, being free from arteriosclerosis and any disease transmissible through the blood, as malaria, syphilis, etc. He should be a subject who can stand well a certain amount of bleeding, and if transfusion is not done as an emergency, I think that he should be prepared and put in the very best condition by rest and plenty of nutritious food for a few days preceding the transfusion.

The recipient should not himself have a

The only inconvenience that the surgeon can experience in performing transfusion with the method above described is that the blood of the donor and the recipient are not compatible with each other, and hemolysis occurs. The danger of hemolysis can be lessened and almost abolished, if, in preference to any one else, a direct relative, preferably on the maternal line, is chosen as donor, because the affinity of the blood is more apt to be perfect. When there is enough time, the blood of the donor and of the recipient can be tested in order to avoid hemolysis, which in any event very seldom occurs.

As a conclusion we have definite indications based on sound physio-pathological principles and clinical facts, for the use of transfusion of blood in cases of very severe hemorrhages, of hemophilia, and to prevent

post-operative hemorrhages which occur very often after operations on the biliary tract; in this group of cases, direct transfusion of blood is really a specific and no other therapeutic means can give equal results. It will be very useful in preparing patients for severe operations when their conditions are poor, the power of resistance lowered, and therefore would be unable to stand the shock caused by operation, the hemorrhage resulting from the same and the danger from infection; in cases of asphyxia if done in time.

If we could avoid hemolysis we could certainly use animals, the blood of which contains elements of the same size of the elements of the blood of human beings, and prepare them in such a way that by introducing into their system some special serum, vaccine or drug, their blood would contain some special active principle which could be directly transfused from the animal to the human being; in these possibilities lie the great future of hemotherapeutics.

In regard to artery to vein or vein to vein methods, at the present time I am unable to give specific indications. The advantage of artery to vein is that the surgeon can know with mathematical certainty that the blood is flowing from the donor to the recipient by the fact that the arterial impulse is felt on the vein beyond the point of anastomosis; the great disadvantage is that an artery must be sacrificed. The advantage of vein to vein is that the procedure is even easier and a donor is more easily found; the disadvantage is that the only sure indication that the transfusion is proceeding satisfactorily is the hemoglobin test, which is made by comparing every few minutes the color of the blood of the recipient with any of the hemoglobin scales used in the laboratory. A sign which is present when using either method, is the improving condition of the patient; improvement that at times is so remarkable and rapid as to appear to be almost miraculous. The more I use vein to vein the more I think that, with some experience, surgeons will prefer it. When transfusing blood during an operation a special screen could be provided, so that the donor does not see the work of the surgeons and is not frightened by it.

I will be glad to furnish any additional information to surgeons desiring the same and will be pleased to perform direct transfusion for any hospital patients in need of it.

75 West 55th street.

DISCUSSION.

DR. FRANK D. GRAY, of Jersey City, discussed Dr. Soresi's paper. He said that transfusion of blood, while a minor operation, might be life-saving, and he thought that every member of the profession who has to meet the emergencies ought to be prepared with a knowledge of the technique and the possession of sufficient apparatus to perform this operation on the spur of the moment. It has its limitations, and should be used only when there is occasion to replenish an actual decrease in the blood elements. Saline transfusion's field is in acute shock, when there is no diminution in the blood elements, but merely a reduction in vascular tone. The saline solution has a stimulating effect on the vasomotor system, and this, together with the increase in volume, restores the vascular tone. Saline infusion is much simpler than transfusion of blood. It does not, however, restore the blood-elements, and its effect is transitory.

As to the technique, Dr. Gray said that the original method, end-to-end anastomosis, is difficult and tedious, and should not be considered. Mechanical devices have shortened the operation. The first of these was the canula invented by Crile; but this requires the threading through it of an artery or vein, which is difficult. It is solid, and not split or divided, like the canula of Elsberg. Brewer uses tubes of varying sizes and with bulbous ends. There is a disadvantage in direct anastomosis, either by suture or by means of mechanical devices, in that it requires the close apposition of the arms of the donor and the donee, thus causing a strain on the vessels. This disadvantage can be avoided by the Brewer tubes or a free dissection of both vessels for an inch or an inch and a half. There is, however, a disadvantage in the use of the Brewer tube, viz.: the possibility of the formation of a coagulum. Brewer advised dipping the tubes in sterile paraffine; but if the lumen is not thoroughly coated with the paraffine, the coagulum is likely to form. In order to be sure that the tubes are coated properly, it is best to immerse them in melted paraffine until all the air bubbles cease to rise; then one knows that the lumen is filled with paraffine. One may then give the tube a shake, wipe off the outside; and it can be used without this danger.

Dr. Gray, however, preferred the technique of either Elsberg or Soresi. He had considered the Elsberg device practically perfect, and thought that it had two advantages over that of Dr. Soresi. Elsberg's apparatus is a split canula. The halves are attached to two arms, which can then be separated or approximated. The canula is slipped around the exposed blood-vessel, and is capable of being separated to a calibre larger than the largest radial, and of being brought down to a calibre smaller than that of the smallest. Thus the vessel can be occluded, and there is no blood loss. With the Elsberg canula are three tiny hooks, which are introduced at equally distant points around the artery before it is divided. Then traction on the hooks brings the blood-vessel back over the canula, where its coats are caught by small projections on the circumference and held. The vessel of the recipient does not have to be isolated, as is the case with the other instru-

ments. This cuffed artery, in the grasp of the canula, is slipped into a slit in an exposed vein, and a ligature is fastened around the vein, which holds it in place. Then relaxing the pressure of the canula allows the blood to flow. There is no trauma of vessel walls in using either apparatus; but one does not have to isolate both vessels in the Elsberg technique, and this is a saving of time.

Dr. Gray had brought the instruments used in this operation to show the members of the society the Crile clamp, the Elsberg canula, and everything but the Elsberg hemostat, because he believed that the members of the profession generally were not familiar with them. He said that it is very important, for the sake of the recipient to keep close watch of the condition of the circulation, because donating too much blood may produce acute cardiac dilatation. Before beginning the procedure, an accurate outline of the heart-dulness should be traced on the chest of the donee. This should be checked up from time to time, and any increase of cardiac dulness should be a warning to suspend the procedure. During the last year, Dr. Gray had saved three lives by this operation. He had not found so much difficulty in getting willing donors as one would think. In one of these cases, a ward patient who was nothing to the person whose life was at stake volunteered. In another, a nurse offered, but was not allowed by the superintendent of the training school to give her blood. The ambulance surgeon did so, however. In the third case, the mother did it.

TREATMENT OF SYPHILIS IN GENERAL PRACTICE.*

BY CHARLES L. DEMERITT, M. D.,
HOBOKEN, N. J.

This is a subject of the highest social, as well as professional, interest. The civilized part of the human race is gradually realizing that of all the problems confronting it, the improvement of public health is absolutely the most important. And one of the most pressing needs in public sanitation is the control of syphilis. The general public has a pretty fair idea of the devitalizing and destroying effects of syphilis on our species, but unfortunately for themselves and fortunately (?) for us, they do not know that these disasters are largely due to improper and inefficient treatment of the disease in its early stages.

If anything like accurate medical statistics on syphilis in its relations to the whole populations of countries were possible, they would certainly show that the majority of cases of syphilis are treated by practitioners of general medicine, and that many,

probably most, of the cases so treated get too little mercury, and that for too short a time. This is not a pleasant criticism to make of one's own profession, but its truth must be evident to a man who devotes special attention to syphilis. It is my candid opinion, based on careful history taking in cases that have gone through general practitioners' hands, that the greater part of the surgical, obstetrical, pediatric and neurological ravages of syphilis are due to the failure of our profession as a whole to appreciate the responsibilities toward the control of this hydra-headed disease. And this means not only failure to treat rightly—it means failure to enlighten our syphilitic patients as to their condition and to impress on them the importance of continuous treatment.

I believe that the public should be taught the dangers of venereal diseases, and that this teaching should begin at or about the age of puberty in our public schools. I believe in teaching our young people the advantages of continence in early life. And I believe in such movements as those of the societies for venereal prophylaxis and hope such organizations will grow in numbers and influence. But, also, I realize that in spite of everything, prostitution and promiscuous sexual relations will continue, in some degree at least, while human sex instinct remains what it now is, the one unchangeable moral trait of the race. And I insist that the most effective work against the ravages of syphilis is, and will long continue to be, the early treatment and cure of the disease.

Prompt and effective treatment means that by the early eradication of mucus and cutaneous lesions the syphilitic is quickly rendered incapable of transmitting the disease to his or her fellow beings; cure means that he or she will not procreate hereditary syphilis. So then, the family doctor, who treats the majority of syphilitics, has a heavy responsibility to face.

The financial side of the question is also one of some consequence, and I have no apologies to make for bringing it up here. The proper, honest, effective treatment of syphilis is a public service of immense value, and whatever the doctor gets out of it is apt to be far too little when the importance of the work to the State is considered. But the overworked and underpaid general practitioner of the present day will find that syphilitic cases, if given proper attention, may be made an easy and com-

*Read before the North Hudson Academy of Medicine November 29, 1911.

tortable source of revenue. In my experience, I think there is no class of patients who so appreciate honest, painstaking treatment, or who pay so willingly for it when convinced of its value, as intelligent men and women who have had the misfortune to contract syphilis.

Many doctors dislike syphilis, and sometimes this seems to be based on a fear of personal contamination. They frankly state that they do not want syphilitics coming to their offices. Now "there is no accounting for tastes," as the old woman said when she kissed the cow, and we cannot criticize doctors in large communities who turn these cases away with the honest explanation that they do not want them, for in such places there are other men ready, anxious and prepared to treat them right. But country doctors cannot usually throw their venereal cases to specialists, and there is a good deal of syphilis in the country. And any doctor, whether he be of the city or of the country, who accepts a case of syphilis and treats it after the methods of forty, or four hundred, years ago, is co-partner with the syphilitic in a crime against society.

There are, at present writing, two certain and approved general methods of treating syphilis:

I. Salvarsan with mercury and iodides.

II. Mercury and iodides without salvarsan.

As regards salvarsan, I think we should be guided by the recorded experiences of observers in our own country, rather than by the glowing accounts that emanated a year or so ago from Germany. The consensus of American opinion seems to be that salvarsan does not replace mercury; that it is very useful in causing quick disappearance of external symptoms, but that it is not permanent, and must be followed up by the usual mercury and iodide routine for the usual length of time. Moreover, its administration in general practice presents serious difficulties. Intramuscular injections, according to reports, are so often followed, not alone by pain, but by serious local damage as well, that they would seem to be an inviting of malpractice suits. Intravenous injection avoids the worst of these sequelæ, but it is a delicate procedure, calling for considerable surgical skill, and will not appeal to the average "all around" doctor whose one head and one pair of hands already seem too few for the innumerable details of his daily work. Moreover, the superiority of salvarsan in

rapid elimination of skin and mucous lesions, when compared with injections of the soluble salts of mercury, is not so great as generally believed. If the action of the soluble salts, notably the cyanide, were better known, if, to speak boldly, it had been as widely advertised as the latest joint product of German science and German commercialism, we might have heard less of the cant term "miraculous," so generally applied to salvarsan at its debut.

I do not want to be understood as arguing against the use of salvarsan by such men, be they special or general practitioners, as can afford the time and trouble requisite for its administration. I only take the ground, expressed by many high authorities, that it is not suitable for general use. And I shall try to show that in mercuric cyanide we have a specific that will render its use unnecessary, except in those very rare cases that mercury does not control easily.

Mouth treatment with mercury is comparatively slow, may cause gastro-intestinal trouble when pushed to get rapid control of symptoms, and we have to depend on the patient's own initiative for its regular taking—the latter is a weak point in all chronic diseases. But it is useful to fill in intervals between courses of injections, and in many cases may be the main reliance after a thorough course of injections have got the disease fairly under control. For mouth treatment I use almost exclusively a pill, containing gr. s.s. of protoïd of mercury and gr. ʒ of powdered opium. The balance between the mercury and opium is so nicely struck in this formula that gastro-intestinal trouble is scarcely ever noticed. I give anywhere from three pills a day to one pill every third day, according to the stage of the disease and the effect desired, using the larger dose for rapid control in such few cases as insist on mouth treatment.

Inunctions are effective, but so dirty and inconvenient that the average patient will not care to bother with them, when once convinced of the ease and quick results of injections.

In the injection method we have to choose between insoluble and soluble preparations. Of the insoluble injections suspensions of metallic mercury, calomel, and the salicylate are most used. Lambkin, of the British army, whose experience has been enormous, uses mainly a suspension of metallic mercury in palmatin. Dose for dose the insoluble preparations are most ef-

fective. But to give them without causing much irritation and pain special care is required in preparation and use. For instance, Lambkin's suspension must be kept on ice in summer, must be heated to a certain consistency before using, and is troublesome to prepare. And salivation is most apt to occur with insoluble injections. The insoluble preparations need not be injected oftener than once a week.

Of the soluble salts such as the bichlorid, biniodid, cyanide, etc., the cyanide should easily have the preference. It is least irritating and least corrosive. A comparison of atomic weights shows that its mercury content is the highest. I use the well-known solution of 1 per cent. cyanide and 1 per cent. cocaine. It is almost painless, and while it sometimes produces slight indurations, I have never had an abscess from it. I use two or three injections per week, and the quantity injected is from $1\frac{1}{3}$ to 2 c.c. (mxx to xxx), equivalent to from 13 to 20 milligrams (gr. $\frac{1}{2}$ to gr. $\frac{1}{3}$) of the cyanide.

The advocates of the insoluble injections claim that to be effective, injections of soluble salts must be given "daily or nearly every day." The experience of those who use the soluble salts is that every second or third day is amply sufficient. Early secondary symptoms, as cutaneous syphilides, mucous patches, etc., are usually found to disappear inside of three weeks of the injection treatment, improvement often being noticed within a few days of a single injection. As samples of the effect of the cyanide I will cite the two following cases, which are in no way exceptional. They are taken at random and are just fairly representative of the cyanide treatment.

I.—Male, age 28. Came to me with multiple chancres of corona, and secondaries of two days' duration, consisting of macular syphilides of trunk and thighs, a few papules on the palms of the hands, marked congestion and slight soreness of the fauces, and slight enlargement of the occipital and mastoid glands. Marked inguinal adenitis was also present, the glands being hard, semi-movable, but with no sign of suppuration. Treatment, intramuscular injection of 20 milligrams of mercuric cyanide twice a week. At the end of one week the skin lesions were gone, also the throat symptoms. The chancres were greatly improved in appearance, resembling ordinary clean granulating ulcers, and reduced in size. There was decrease of glandular enlargement, slight in the inguinal but marked

in the mastoid and occipital glands. At the end of two weeks all but one of the chancres were healed, and that one almost so. Slight soreness in left buttock from last injection. At the end of three weeks the only visible trace of syphilis was a slight enlargement of the inguinal glands.

II. Female, age 19. Labial chancre of between three and four weeks' duration. Secondaries had just appeared, consisting of a few macules on chest and abdomen, papules on palms of hands and soles of feet, sore throat and two or three small mucous patches on the vulva. The post-occipital and submaxillary glands were slightly enlarged. Treatment, same as in preceding case. At the end of the first week the mucous patches and macules had disappeared. Traces of the papules on the palms and soles remained. Submaxillary glands about the same, post-occipital glands barely perceptible. Throat normal. Chancre only slightly reduced in size, but looking much cleaner. At the end of the second week the chancre had healed, a moderate induration marking its site and the sub-maxillary glands were slightly enlarged, while the post-occipital could barely be detected. There were no other symptoms. At the end of the third week there was a slight induration at the site of the chancre. At this time (having had only six injections) the patient stopped coming to me. Two months later she came to me for a follicular tonsillitis. She had no treatment during the interval and lived the life of a "demi-mondaine," but she was entirely free from any external manifestations of syphilis.

As a sample of the treatment of an average case I submit the following course for the first six months:

20 semi-weekly injections.....	10 weeks
2 weeks' rest	2 "
4 weeks mercury by mouth..	4 "
2 weeks iodide of potash.....	2 "
2 weeks' rest	2 "
8 semi-weekly injections.....	4 "
2 weeks' rest	2 "
	—
	26 "

I do not advocate any one routine for all cases however, for to treat syphilis successfully we must treat our cases individually. After six months of treatment on lines similar to the above, we are in a position to judge somewhat as to the patient's responsiveness to treatment, and the further two years or so of treatment may be varied somewhat to suit the needs or con-

venience of the case. In some cases there are strong reasons, based on the manner of life or financial status of the patient, in favor of mouth treatment, and then internal use of mercury may be begun and continued alternating with iodide of potassium after the first course of injections. But I strongly favor one course of injections in the beginning at least, and always advise such patients that the benefit gained thereby in rapid control of the disease is well worth the sacrifice of personal convenience or inclinations.

The technique of the intramuscular method must be exact. Injections are made with glass hypodermic syringes of ordinary size and of the "Luer" or "Sub Q." type. I use fairly stout steel needles $1\frac{1}{2}$ inches long. Before using, the needle should be carefully examined. If there are any rust spots on it they should be removed with fine emery paper or crocus cloth. If the point is dull it may be delicately sharpened with a small whetstone. Blunt or rough needles will cause pain in injecting and soreness after. If screw needles are used the rubber washers supplied by the makers will often be imperfect, and I find it best to replace them with others made by cutting short sections from a small rubber catheter.

The syringe and needle are connected and tested with water for leakage. They are then disconnected and boiled in plain water (not soda solution), reassembled and filled. Injections are made into the buttock, with the patient leaning over a table. The skin is cleaned with wood alcohol and the needle with the syringe attached driven into the muscles for from 1 to $1\frac{1}{4}$ inches. The injection made and the needle withdrawn, a piece of adhesive plaster is placed over the puncture, as there is sometimes an oozing of blood or of the solution. The syringe is again disconnected and boiled. The needle is dried with a towel, its wire obturator is heated in an alcohol or Bunsen flame and run through the needle to dry its interior, withdrawn, oiled and replaced. I prefer to wear rubber gloves while making the injection and handling the needle subsequently. Heavy gloves, large enough to be drawn off the hands without turning them inside out are the best for office work of this sort. They can be sterilized while still on the hands by a quick dip in boiling water and subsequently rinsing in a mercury solution.

It may seem to have described an elaboration of details for a simple procedure, but

they take little time when one is habituated to them, and they conduce to the comfort of the patient and the safety of the physician.

PREGNANCY AND NEUROPATHOLOGY.*

BY SIEGFRIED HUSSERL, M. D.,
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My interest in this subject has been aroused by a case that occurred in my practice about six years ago. It was a case of systemic disease of the spinal cord, combined with pregnancy. Previous to that I had not heard nor read about a similar case, and the perusal of considerable literature shows many cases of functional, but only a few of systemic, diseases of the spinal cord in pregnancy.

One has to consider the subject from two points of view: First, influence of nervous diseases upon pregnancy; second, influence of pregnancy upon nervous diseases.

In 1904 I treated a patient that was suffering from spastic spinal paralysis; it was a typical case, and these were in a few words her history and symptoms at that time:

Age 33, healthy appearance, digestive function good, no subjective complaints. Syphilis negative. Mother died from cancer of breast; father is living and is well, so are three sisters and two brothers. Patient was always in good health, had one normal confinement, attended by a midwife, and one operation, two years after birth, for lacerations in uterus and perineum. After this operation, which was allegedly performed without anesthesia, she stayed in bed for ten days, and claims that after getting up her right leg seemed to be weaker than the left, so that she had to drag it along in walking. This weakness gradually grew worse and soon affected the left leg too. Although she never had pains, she was treated for rheumatism, without any results. When I saw her first, seven years ago, I found a typical case of spastic spinal paralysis. Her gait was characteristic, the upper part of the body seemed to move ahead of the lower part. She could not walk without putting first her arms forward, to get hold of a chair or table, before she moved her legs, which were dragging along the floor. There was a motory paralysis of the legs, very much exaggerated

*Read before the Academy of Medicine of Northern New Jersey, November 25, 1911.

kneejerk and foot phenomenon. No disturbance in bladder or intestinal functions, no sensory disturbances nor trophic changes.

One day, to my own and the patient's surprise, I made the diagnosis of pregnancy and was wondering how the case would run and terminate. That was nine years after the first pregnancy. Everything went along smoothly, there was no progress in the spinal cord disease during, nor for two to three months after, pregnancy. The birth itself was normal and spontaneous; child normal, 8 pounds, puerperium normal.

Status Præsens.—Since about three months after birth, her condition grew gradually worse, her limbs could not be dragged any more and she is confined to a rolling chair. About two years ago she also lost the use of her right arm, while the left seems to keep up well. The general condition is good, especially digestive functions; but there is lately occasional dyspnoea.

In gathering information for this paper, I have found no report of the same disease combined with pregnancy, and therefore consider my experience extremely rare. Systemic cord diseases in women, as is generally known, are more scarce than in men, even those where syphilis is the generally accepted primary cause, as in tabes. Besides it is possible that just on account of the syphilitic history of many of them, sterility or repeated miscarriages did not offer frequent chances for observation. We know that tabes, for instance, shows a relation of about seven males to one female. Considering, however, that the sexual functions of the female, especially menstruation, are interfered with in the last stage of the disease only, there are in literature but eight cases reported of pregnancy and birth in tabes, one of them just recently in the *Centralblatt fuer Gynaecology*, by Dr. Jacob, of Moscow, which is of great interest. His patient was 36 years old, had 8 children; 4 were born dead, in the 5th, 6th, 7th and 9th month of pregnancy; of the 4 others only one is living and is six years old. Her symptoms of tabes started 7 years before her 9th pregnancy; 9 years after she married and was infected. She had disturbances of bladder function and constipation; no sexual desire, no sensation during coitus, nor a sensation of emptying her bladder, and very little feeling of defecation. She entered the hospital after the bag had opened, which alone indicated to her the beginning of the birth. She had not a single labor pain, although the hand

on the uterus could perceive the periodical contractions through the relaxed abdominal wall. Suddenly she felt pressure in the rectum, whereupon the head passed; the placenta followed spontaneously after 10 minutes. No hemorrhage; normal involution. Child 7 pounds, pale, but no symptoms of lues.

In this case it is interesting to note that the patient gave birth, without pain. In fact she would not have entered the hospital had the bag not opened. The birth lasted 2½ hours.

The other cases of birth in tabes are described similarly, as being painless and of short duration. The explanation is that, in the degeneration of the posterior columns, the sensory connection between uterus and spinal cord is damaged and the contractions of the uterus are not perceived. Although the reflex arch between uterus and the accelerating centres of the lumbar segment is interrupted, the uterus by force of its autonomy is capable of overcoming the obstacle, since the ganglia in the uterus and the paracervical and paravaginal ganglia produce sufficient contractions to open the cervix without abdominal pressure.

The same author quotes two cases of traumatic lesion of the spinal cord through a fall. In both cases there was a complete paralysis of the legs, the child's movements could not be perceived by the mother after the trauma, but both had a painless birth and normal children. So that Mirabeau coined the expression: "The tabetic is the ideal parturient—a sad privilege indeed."

These cases bring out the fact that abdominal pressure is not essential for a normal expulsion; furthermore, they show in what an excellent way nature has supplied the uterus with a complete nerve apparatus. At the same time these observations prove the correctness of the physiological experiments on animals, which have shown, like the classic experiment of the German physiologist Golz, that the uterus, after complete isolation from the central nervous system, could conceive and expel its contents at maturity. However, there is a dependence from the spinal cord as well as from the brains, which control a regulation of the uterus contractions. The main centre is in the lumbar segment, which increases contractions, while a centre in the medulla retards or completely abolishes the same. Even psychic conditions, as fear or excitement, may exert a distinct influence upon the pregnant or parturient uterus.

At the same time, however, the import-

ance of the abdominal pressure must not be underestimated, since probably in tabes, the lack of abdominal force is more than substituted by the lack of resistency of the lower birth-canal, through its sensory disturbances. We know how the reflexory contractions, through pains in the lower birth canal, retard the final development of the head, and this fact explains why, in the few recorded cases, where pregnancy was complicated by dystrophia muscularis progressiva, the birth was exceedingly slow, not only on account of lacking abdominal pressure, but in contrast to tabes, on account of increased sensitiveness of the lower birth-canal. How far-reaching the influence of abdominal pressure goes, may be illustrated by the well-known case, where a woman, wanting to be delivered in presence of the husband only, who was on a trip, for six hours intentionally inhibited the reflexory innervation of the abdominal pressure, and after arrival of the man, gave birth to the child after a couple of pains.

Besides the central nervous, there are peripheral organic complications of pregnancy, not frequent, but sometimes overlooked, the neuritis gravidarum. The attack is generally not severe, but may occasionally lead to paresis of different groups of muscles with following atrophy. Mostly they disappear with or after birth. I observed a case in a woman of 34 in her third pregnancy (about ten years after the second), with a severe neuritis of the left arm and shoulder, that started 3 days after birth and lasted almost one year. There was apparently no direct cause for it in the pregnancy, which was uncomplicated as well as the birth, but she has hysterical stigmata and uric acid diathesis.

Dr. Meyer, in Copenhagen, in recent statistics of his clinic, finds neuritis in 1.7 per cent. of the confined. He considers it important to recognize this complication early, in order to get therapeutic results, and mentions especially neuritis of the leg, that may be diagnosed as phlegmasia alba dolens.

Dr. Bromaine says that the hypo- and hyperesthesias in puerperium are the results of puerperal neuritis, that are easily overlooked, as long as the patient lies quietly or has other pains connected with birth. He found them mostly to appear 48 hours after birth, to affect usually the plexus lumbalis, to be bilateral and disappear as a rule on the eleventh or twelfth day. He assumes auto-intoxication as the primary factor.

Extensive studies and case reports exist about the relation of functional nerve diseases to pregnancy.

Almost all authors do assume that during pregnancy an amount of toxins of varied nature, larger than in the non-pregnant state, is circulating in the maternal blood, and for that reason a certain degree of intoxication must be considered peculiar to pregnancy. We know of the disturbances of the nervous system, which we see in pregnancy almost every day and which we may call physiological: headache, toothache, neuralgia of the trigeminus, nerve pains in the limbs, spells of weakness, dizziness or even fainting, all of which may not have, as far as we know, a pathological base. The same is true about the perversity of taste and odor in some cases of pregnancy. All these symptoms are liable to increase severely, if the equilibrium between the formation of poisonous material and its disposal is disturbed, either by a sudden overwhelming of the maternal system with an excessive amount of toxic substances or on account of deficient elimination. Toxins begin to accumulate in the blood, and symptoms affecting the nervous system appear promptly. Besides we have to consider those women, who have been suffering from nervous diseases, before they entered into the state of pregnancy, in the neuropathic or hereditarily predisposed. Much of our knowledge of this subject rests upon theories, whose value the future may decide. How much functional changes of the nervous system or some form of toxemia, or both, play a roll in the aetiology of these complications of pregnancy, has to be cleared up by further studies.

There is *c. g.* hyperemesis, whose aetiology is not finally settled. Runge, a prominent German authority, says: Surely in many cases, hyperemesis develops on a nervous base; it is a functional neurosis, which is amenable to psychic treatment. He points to the fact that it is mostly a complication of the well-to-do, which fact strengthens his theory. There is no doubt that many cases of hyperemesis have been cured or improved by psychic treatment. The different theories that have developed in the efforts to explain hyperemesis may be summarized as follows:

(1) As consequences of neuropathologic disturbances that have existed before pregnancy; (2) Reflexory disturbances, originating in the genital organs; (3) Intoxication of pregnancy; (4) Eventual changes of the uterus.

It is most generally accepted that it is a reflex-neurosis, with the uterus as the base of the reflex. This theory is based on the prompt results that are observed by artificial abortion in hyperemesis.

Among the pre-existing functional nerve diseases, epilepsy has an important place. While the influence of epilepsy upon pregnancy seems to be of little account, except as a hereditary factor, the influence of pregnancy upon epilepsy is more serious.

Dr. Carpenter reports a case of epilepsy, where attacks during pregnancy became so severe as to cause death of the patient, but abortion did not occur. Still the traumatism produced by epileptic seizures may cause premature labor and abortion. In the *Journal of Obstetrics*, Dr. Brown Miller says about the influence pregnancy exerts upon epilepsy: "In a certain proportion of cases the toxemias of pregnancy might influence very unfavorably the epilepsy, even to producing the status epilepticus. The difficulty of making a diagnosis between status epilepticus and eclampsia is great, but the proper diagnosis is necessary, as the treatment is radically different." His conclusions are:

1. In women with epilepsy, when pregnancy apparently caused the convulsions to become more frequent or more severe, one should always consider the necessity of terminating the pregnancy.

2. In cases of pregnancy in epileptic women, one should watch with extreme care for indications of toxemia or the premonitory signs of eclampsia, and should put an end to pregnancy at appearance of symptoms of much less gravity, that would indicate this procedure in women, who were not the subject of this disease.

In regard to hysteria, authors differ widely, considering the influence of pregnancy upon hysteria. While many advise marriage and gestation, expecting a relief of the hysterical attacks, others, on the contrary, believe that not only does pregnancy fail to relieve hysteria, but that the attacks, especially in the first month, become more severe and frequent. Dr. P. Mueller has recorded many cases in his book: "The Diseases of Women," and concludes that in general the influence of pregnancy upon hysteria is bad. He has seen severe cases with convulsions and paresis, but birth itself is mostly normal and without hysterical paroxysms.

In the same book Dr. Mueller has collected statistics about another functional nerve disease, chorea, which seems to be a rare

but dangerous complication of pregnancy. He records 81 cases with 26 deaths. Similar statistics appear in the *Lancet*, June, 1895. Chorea occurs mostly in primiparæ, in the first part of the pregnancy. The danger to the mother's life seems not so much in the chorea as in its complications, the coincidental rheumatism and endocarditis. Since birth mostly stops the attacks, in severe cases the artificial interruption of pregnancy is indicated.

Another rare complication, but not as dangerous, is tetany of the pregnant. Dr. Frank, in the *Monthly for Obstetrics*, observed since 1905 twelve cases. It shows a tendency to reappear in every subsequent pregnancy, affects mostly multiparæ in the latter half of pregnancy, also appears during birth, sometimes coincidental with the uterus contractions. The Trousseau phenomenon and the peculiar so-called obstetrical position of the hand, are always present. The prognosis is good, the convulsions mostly disappear after birth, but cases of death are on record, and here, too, in severe cases, induction of labor in the interest of the mother will be necessary and further conception prevented. Dr. Frank advances two theories as an explanation of tetany of the pregnant: (1) The pregnant woman has either a priori, a small or pathologic parathyroid gland, respectively epithelial bodies. These bodies are able under normal conditions to neutralize the toxins, but become inefficient during pregnancy. This theory is supported by the fact that tetany of the pregnant is mostly observed in places where tetany generally prevails, as idiopathic tetany. Or, secondly, we would have to presume that in some women, the production of toxins during pregnancy is much increased, the normal epithelial bodies being unable to neutralize them, and tetany results.

A comparatively frequent companion of pregnancy and puerperium appear to be the psychoses. We know that in many pregnant women the psychical equilibrium is affected, in degrees, within wide limits in respect to duration and intensity. These changes of the mental attitude toward themselves and their surroundings show all possible gradations from the minor psychic disturbances, considered to be within physiological limits, to conditions, which are pathologic. Increased irritability, quick change of humor, sometimes inclination to melancholy, may be frequently observed. In many cases of that class the feeling of life produces a favorable change, and a feeling of

responsibility and increased interest for the new-born replaces that of fear and helplessness. Some cases, however, continue with an increase of symptoms and develop finally into a psychosis. This is the case in women, that are a priori, psychopathic or tainted by heredity. Here the pregnancy, with its train of disturbances, may form the first impulse for the outbreak of insanity. This is mostly of the depressive type. The birth is ordinarily not influenced by the psychosis; the incidents, connected with birth, remain mostly unnoticed by the mother, and little interest is shown by her for the newborn. On the other side, some of the cases are well influenced by the birth, especially those that started in the first half of pregnancy. If a woman was insane before pregnancy has set in, the prognosis for the psychosis is not favorable.

Dr. Levy, of Geneva, says in a report on that subject in the *Centralblatt fuer Gynaecology*: "The normal pregnancy per se does not cause insanity, and if gravidity is complicated with psychosis, one has to investigate under what conditions pregnancy has set in. If these are unfavorable, they alone have to be blamed for the psychosis, not the pregnancy." His conclusions are:

1. A physiological act like pregnancy does not produce psychosis.

2. The psychopathic heredity, or a complication like hemorrhage or inanition may accelerate psychic disturbances.

3. Auto-intoxication as cause of psychosis is an imaginary factor.

Dr. Mosher, of Albany, gives statistics of one case of psychosis to 660 births. He reports 11 cases that were received in the Albany hospital in the last seven years. Of these 8 were cured, 1 is under treatment and 2 are incurable.

The psychoses in puerperium may be classified: (1) As those that are taken over from pregnancy; (2) The puerperal psychosis, which sets in ordinarily on the fifth to tenth day after birth, and at last the lactation psychosis, which occurs mostly 3 to 4 months after birth. The puerperal psychosis appears mostly as mania, beginning with restlessness, sleeplessness, delusions and followed by great motoric excitation. It lasts ordinarily 6 to 7 months. In regard to therapy, it is important that psychosis sometimes is the only manifest symptom of puerperal infection.

In summarizing the subject, we find that in organic as well as in functional nerve diseases, pregnancy, quite generally is not a serious complication. If we draw

conclusions from my case of spastic spinal paralysis and the cases of the quoted authors, it seems that organic diseases of the spinal cord do not influence pregnancy or birth unfavorably, and vice versa, pregnancy and birth do only to a certain degree exaggerate the symptoms or influence the progress of the spinal cord diseases. Epilepsy, chorea and tetany may form an indication for artificial interruption of pregnancy in the interest of the mother, insanity and epilepsy, if the psychic inferiority of the progeny is taken into consideration. This thought leads to the question of marriage of the nervous woman. The decision will depend greatly upon the circumstances that surround the individual case, but also upon the point of view, the physician may have as sociologist or humanitarian. In a recent book, "Marriage of the Nervous," by Dr. Redlich, of Vienna, the following is suggested: "In light cases of hysteria, marriage may be permitted; in severe cases, with hysterical attacks, paresis, psychic disturbances, marriage shall not be permitted unless treatment for a long time has been instituted previously and successfully. In epilepsy marriage should absolutely be prohibited, even if the disease has been latent for a time. In organic diseases of the brain and spinal cord, consent may be given in the stationary forms; in progredient cases, one will have to point out the possible effects of the disease on the progeny."

As I mentioned, much depends upon the point of view of the individual as well as of the century. More than 2,000 years ago, Greece exposed its crippled and defective children on the mountains of Taygetos, in order to improve the race. This was not only a cruel, but also an unscientific and illogical, method of forcing the survival of the fittest. Modern science celebrates triumphs in prophylaxis, sacrifices lives and fortunes, to improve the hygienic standard; why not start with the elimination of susceptibility and inherited defectivity? We detain criminals and incurable alcoholics, and threaten them with sterilization to save their progeny the curse of hereditary predisposition. If the conclusions of some medical men, hygienists and social economists are correct, the time will come when we may be justified in sterilizing the hysteric, epileptic or psychically defective woman.

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EDEMA OF CHILDREN.*

BY ERNEST G. HUMMEL, M. D.,
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True edema of children is often confounded with a condition of hardening of the skin in children which is known as sclerema, or, as sclerema usually occurs in the new-born, sclerema neonatorum. The two conditions are essentially different. Confusion between them sometimes exists because, first, the conditions may occur in association, when they are probably dependent on a single cause, and second, because of the terminology used by German authors by whom the edema of infants, especially the idiopathic or essential edema is called scleredema, a word which might readily be associated mentally with the word "sclerema."

In older children the general causes of edema are the same as those when edema occurs in adults—heart and kidney diseases especially, occasionally liver and lung diseases. The so-called idiopathic edema of infancy as a rule is not attended with albuminuria or may not be dependent on heart disease. As already mentioned, it must carefully be distinguished from the condition associated with actual hardening of the skin and subcutaneous tissues to which the term sclerema has been applied.

Various theories as to the primary cause of edema have been propounded. In adults edema is usually dependent on diseases of the viscera, in infants visceral disease is not so readily demonstrated. Martin Fisher in a report of experimental work on the general subject of edema (*Edema*, New York, 1910) assigns to such causes as circulatory disturbances, alterations in the composition of the blood, increased permeability of the vessel walls, osmosis, etc., and has demonstrated that the primal factors in the causation of edema are changes in the tissues, leading to a demand of the tissues for oxygen, of which they are suffering a deficiency. In the presence of a supply of water to these oxygen-hungry tissues, edema is the result. This theory explains why edema occurs in such blood diseases as leukemia, etc., causes which occasionally give rise to the affections in children.

The theory of Martin Fisher gives rise to the surmise that general edema of the new-born may be due to some disturbance

of metabolism, a theory that has hitherto not been given the consideration it has deserved. Of course, when the heart or kidney disease can be traced, the edema of the new-born is no more mysterious than that of adults. The cause of the nephritis is, however, usually very difficult to trace, and the heart disease will always be found to be associated with respiratory disturbances and insufficient oxidation. In both cases there is some interference with the oxygen supply, or in kidney disease, with the food supply at least, to the tissues, so that the primary processes at work resolve themselves into chemical processes. It is reasonable to suspect that some of these chemical processes may occur when the substance producing the lack of oxygen is autogenous or self-producing, and at the same time not dependent on disease of the heart and kidney.

It is interesting in this connection to refer to a case reported by D'Ewart in the *British Medical Journal*, Part I., 1910, p. 504. The physician was called to see a child a few days old, suffering from severe edema of both eyelids associated with edema of the extremities. By accident he learned that the child, who was bottle-fed, was accustomed to ingest a mixture to which the nurse had been in the habit of adding a certain amount of common table salt. The doctor ordered a withdrawal of the salt, and in a short time the edema disappeared.

The above case is also interesting as an example of the influence of the withdrawal of common salt on the subsidence of an edema—in recent years a salt-free diet for cases of edema has been recommended and applied with good results.

To chemical influences may be ascribed some of the cases of angioneurotic edema that occurs in older children and in adults. In these cases it is supposed that the nervous system is at fault. The nervous system probably acts, nevertheless, by influencing chemical processes at the seat of edema, or the disturbance of the nervous system may primarily be dependent on metabolic disturbances. In this connection may be mentioned the fact that the edema attending urticaria and such phenomena as anaphylaxis is also in all probability to be regarded as ultimately chemical or chemico-physical in nature.

Symptomatology.—The idiopathic condition is very rarely present at birth, but usually manifests itself within the first few days. The appearance of edema is much the same as that of adults. The skin is uniformly tense, moist and glistening. The

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color is waxy yellow or bluish. The skin feels cool and pits on pressure. The calves of the legs are usually affected first, the fluid spreading to the thigh, the genitalia and the foot. Very rarely are the trunk, the upper extremities or the face affected. The general temperature is low, the cardiac activity decreases, the pulse may fall as low as 80 to 60 per minute, the respiration becomes superficial, slow and irregular.

In addition to some of the above symptoms signs of visceral disease may be present; i. e., the urine may contain albumen or casts, the heart may be congenitally asthenic, or the circulatory system poorly developed, or a valvular lesion may be present. It is especially in these cardiac cases that exudations into the various cavities occur.

Differential Diagnosis.—The conditions must be distinguished from sclerema, a condition of the new-born that it resembles very much. In sclerema, which is apt to be associated with marasmus and other wasting diseases, there is a boardlike hardness of the skin, and subcutaneous tissue, which is absent in edema. In sclerema, the affected members present a rigidity which does not relax when the child is lifted; this condition is not present in edema.

Edema must also be distinguished from the myxedema which may accompany cretinism. In these cases, the non-pitting of the swollen areas, and the presence of the various stigmata of cretinism will serve to distinguish these cases from edema.

Prognosis.—The idiopathic edema of the newborn is almost invariably fatal. Occasionally a simple cause for the condition (as the salt in the case of D'Ewart's) can be elicited, and the child relieved. In cases dependent on organic visceral disease, the treatment is that of the underlying condition. As a rule, this treatment will be unfavorable, so that no false hopes as to the child's recovery should be held forth to the family.

Treatment.—In organic edema the treatment is that of the underlying conditions. Heart disease should in appropriate cases be treated by the recognized cardiac tonics (digitalis, strophanthus, strychnine, etc.). Disease of the kidney should receive appropriate treatment. The presence of albumen in the urine points to an organic basis. In all cases diuretics are indicated. In the idiopathic forms little can be done except to ensure to the child a great degree of warmth, with the idea of keeping up the bodily temperature—conserving its bodily heat and promote general nutrition.

OPTIMISM IN MEDICINE.*

BY WILLIAM L. PYLE, M. D.,
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One needs to practice medicine but a short time to learn that a large proportion of those who come to him need no drugs. But when I *do* contemplate the desires of this great class, that Crocket has termed the nervous unfit, and whose classification has been recently put on a sane and healthy basis by Professor Huckel, I am always reminded of that sublime and beautiful painting of the woman surrounded by ocean and mist, clinging to the rock of ages. In describing to you their complaints these people are expert symptomotologists and run the gamut of their woes, like an expert on the piano or harp. You have all met them. From the internist to the surgeon, from the neurologist to the gynecologist these people roam, always sincere but regaling with lurid accounts of horrible or far-reaching disease and with a bizarre diagnosis which is both ludicrous and pathetic.

But let us be fair and remember that they are in *earnest* in their seeking and render unto them service adequate not only to their desires but needs. Much to the discredit of the physician, they do not always find the panacea longed for with us and wander to other fields for cure. Let us follow them, for a moment, in their wanderings and I am sure the lesson will come home to you of just what is their most pressing need.

If you will glance over our daily papers and notice the advertisement of the flourishing quack you will notice the word "cure" is first in his promises. Cancer, incurable tuberculosis and all long-standing chronic disease has no terror as far as the advertisement guarantees; in other words, he appeals to the first desire of a credulous public.

You are all familiar with the picture of that bushy-haired denizen, standing before you erect, with his right index pointing to the heavens and underneath these words, "There is hope." Be it said of *him*, however, that his little granules do no active harm, as the smallest child can usually take an entire bottle with impunity, but the time wasted by a loving, trusting mother, waiting for results, is often the golden opportunity lost when much can be done to pre-

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vent the savage inroad of disease. The Faith Curist, the Seventh Day Adventist, the Christian Scientists have differences, but for our purposes work along in the same line. God is the All-Powerful who cures, even if He creates, and through His Son Jesus Christ, all disease, "if it exists," is eradicated from the body, as well as sins of the soul—if we only have faith, "our faith can make us whole." The Emmanuel Movement is somewhat different from the preceding in that the hypnotic element is brought more strongly into play. Its leaders claim that only cases are taken that are recommended to them by physicians, and that their cases are selective ones, that the average physician has neither the time nor often the ability to treat. Be this as it may, there is the suffering neurotic taken to the brilliant church with its bright lights, the joy of salvation, the past forgotten, and the sub-conscious mind directed by an apostle of the Master. Some of their work may, indeed, be meritorious, but I believe, however, that it is left to the human intelligence of the present time to work out the correlation between physical and mental states, and to show what development of each contributes best to the withstanding of the strain of our complex civilization and the furthering of the human race.

We must recognize, however, that by faith and prayer and the affirmation of its great, inspiring and uplifting truths, we can furnish the strongest possible stimulus in mental action and that the type and character created by true religion—that is faith, patience, fearlessness and cheerfulness—is the best type to resist disease and the best foundation for the restoration of health, because the subjects, mental and spiritual characteristics act more healthfully on all bodily functions. No one at all informed can doubt that there is something in the new psychotherapy, that disease can be cured by treatment of the mind. Personally, I believe that the clergyman should specialize on his own faith and should leave the practice of medicine to those who make it their life study.

The bone of St. Ann has long been the shrine for the lame, the halt and the blind. Here again we have the brilliantly lighted church with its candles and crucifix with the hypnotic suggestion afforded by stacks upon stacks of discarded crutches and braces. No wonder the suggestion impresses deeply a mind long jaded by physical suffering. The harm done by the premature discarding of physical support must be far greater

than that which the spiritual can impress on the physical and I have often wondered that a wise church ever gives to it its encouragement. Emblems of faith and creed, seen in our sectarian institutions or hospitals, have their value for the faithful, but should not take the place of legitimate medicine as is sometimes done. It is natural for each healing cult to believe that it alone has the secret of the universe, but when a method is used that is but dimly understood, a certain amount of fanaticism is necessary in order to sustain belief. If we ask what, precisely, is the nature of the most common element in all these systems we shall certainly come to the conclusion that the central thought in them is belief. Whether the sick patient surrenders his case entirely into the hands of the absent treating "scientist" or for a short time allows the mind to be passive to an examining physician, the case is the same.

Probably the Osteopaths will resent, as they always do, any interpretations of their methods, but I have met no class so strongly impressed with their own power to heal, and doubtless much of this is twisted into their subjects. There is another class of practitioners that I fain would leave unmentioned for personal reasons, but justice to the subject demands it. He is more in name than in fact, but nevertheless does exist. I refer to the dilutionists in medicine. How any reasoning rational mind can practice medicine with centesimal drugs where the crude can be given with impunity and claim results has always been beyond my comprehension, unless it be by optimistic therapeutics. The practising physician, be he ever so deep and learned in his profession, can never attain that highest confidence of the public unless he is an optimist, is enthusiastic in his work, has the courage of his convictions, and that rare tact and ability to enthuse into his patients his personality. Niceties in differential diagnosis appeal to the average mind, even though it be an intelligent one, very little, especially if the explanation is to the patient and such questions as "Shall I get well?" "How long shall I be sick?" "Can you relieve me?" far overshadow the question "What is the matter with me, doctor?" For this reason the physician who gets busy with his patient, doing something, whether it be an important therapeutic procedure, a relief from pain, or even a placebo, gains the first confidence of his patient, which is often so important, until a further study of the case can be made.

On the strength of the emphatic assurance of a physician, a sick patient can perhaps at once do what before was impossible. There is nothing mysterious about this. An idea has been made more dynamic through reinforcement by belief. The highly sensitive nervous system is at the mercy of any untoward event. It can be depressed and injured and must often wait for some outside force to restore it. It is impossible for any one to resist the play of ideas upon the condition of the body. It must then be within the power of everybody to invite from many sources ideas which suggest strength, health, activity, optimism and balance.

The possession of a temperament that is quiet, confident and serene is the secret of success of many a physician, for by its judicious use he has a wonderful power over the less perfectly balanced mind. Lack of it is often the source of failure, even though intellectual equipment is all one should ask.

Etiology, pathology, morbid anatomy, symptomatology are essentially important in the study of disease and little can we afford to decry the best we can do in a differential diagnosis, getting our aides from all sources at our command. Our patients, unfortunately, *assume* this knowledge in us, not knowing that disease comes to us ever so masked and protean in form, and naturally expect a treatment from us as complete as his resident host requires. Unfortunately, we are not as wise as the proverbial serpent, but we can be harmless as the dove. For this reason it is my contention that our treatment should not only be prompt and material, but psychic as well.

You all, no doubt, have had the experience of calling two consultants to the same patient. The first was rather nihilistic and allowed his pessimism to dominate, but so scientifically accurate in his pathology, so true in his diagnosis and so gloomy in his prognosis that you could only say "This is all true." But it is no wonder that our patient immediately sought another consultant. The second one, although having the advantage of all that was done before, was just as accurate, just as painstaking, but in his search for the truth was more guarded and he only gave out those lines of hope where experience and research told there was the most chance. It is needless to say which consultant did the most to prolong life and make the rest of an existence much happier.

Verily, we live in hope, and die of despair.

So much has been done by all our medical colleges to make scientific diagnosis perfect and each physician vies with his fellow in the niceties of his technique, which makes differentiations and distinctions prominent in all the different diseases we have to treat; but what has been said about the psychic attitude of the physician, who shoulders all the various diseases and at the same time bears with the changing, complaining personality whose racked and worried mind varies proportionate to his temperament.

Life has its tensions, moods, irritations, dissatisfactions. These give ideas and back of these ideas are emotions. There is a tendency to rehearse misfortunes or wrongs which is always done with a waste of energy. When these can be found, optimistic suggestion will be found a ready means to control it. Such methods are not put forward as cures for all the ills of emotional life, but are used by every one in a way, but they need to be more fully understood, their psychology known, and their practical possibility should be included in the repertory of means of self-control and cure by every physician who helps carry the burdens of our unfortunate patients.

We often meet patients who want to know the "truth," meaning by that, all we know that is bad and all the inferno we ever experienced in their particular distress. But even they can be directed out of their gloomy despair by the wise and psychic therapist. Far be it from me to carry this optimism beyond the bounds of the cautious or the conservative, for we must have a loophole through which human fallibility may escape the blame should our case not assume the aspect that we anticipate. But this caution need not dampen our optimism nor dull our cheerfulness nor destroy that life-sustaining hope which we extend to our patient in his heroic battle to thwart the Grim Reaper.

As an illustration of the importance and need of the medical profession studying disease along the lines of psychotherapy, Dr. Huckel calls attention to the fact that medical statistics show that the prevailing diseases of modern times are of a nervous and functional character; that a large part of them are entirely mental or hypochondriacal in various forms; that many are mentally induced; that a large number are partly physical and partly mental, and only a small percentage are truly and simply physical. This leaves a large field for the operation of the curative agencies of the

faith healers, patent medicine, Roman shriners, Indian medicine men, and popular superstition, which by the *faith* they inspire into their subjects, remove the cause of the disease and allows Nature full sway to effect a cure.

Thus cures can be explained as follows: First, the healing power of Nature; second, the effect of ordinary mind force on bodily functions; third, mental suggestion which experiences show stimulates or vitalizes the cell-minds affected by the lethargy of disease to throw off their burden and again perform their natural function. None of us as yet fully comprehend the influence of mind over matter, nor the influence of the higher psychic over the lower centres of metabolism. True optimism in therapeutics tend to raise and exalt our activities and who can tell how great the opsonin excited or how strong the anti-body created which may exert an unexpected beneficial effect on the very centre responsible for the ills we are seeking to remedy. Optimistic suggestive inquiry, with confident reassurance, should characterize each and every interview of the physician. Especially in that great class of cases known as the nervous unfit, before the patient has an opportunity to re-begin the usual recital of discomforts, the doctor should be careful to remark casually on the improved appearance and better color and at once to ask tactfully and carefully after each and all specific complaints, if they are not better. A broader and deeper conception of the complaints of our patients will carry the diagnostitian beyond the consideration of local expression as always an evidence of local disease, into the realm of mental control where the seat of injury is often found in the loosening of that tie which normally binds the higher psychical centres with the lower ones of metabolism.

Our patients are entitled to every means of relief at our command—dietetic, medical, surgical and hygienic—but shall we stop there, and abandon that wide field of psychotherapy so full of promise for the future? One of the most astonishing developments of our time is the idea of mental healing, or the control of the body by the mind. This is shown not only in the mind cures and faith cults, but in the most conservative schools of the regular physicians, where it has taken deep hold, but in no other field of the present-day thought is there so much absurdity, bad faith, ignorance and superstition.

All safe and helpful therapeutic meas-

ures belong to the medical profession and our failure to add mental therapeutics to other treatment is largely responsible for the numerical success of the clans, classes and types of which I have spoken, whose tenets are neither scientific nor Christian, but whose ranks swell with their false doctrines using this principle, so long well known by the medical profession but only recently put on a sane and healthy basis.

We should not be faddists or over-zealous enthusiasts on optimism, but earnestly strive to advocate common sense in the doctrine of cheerfulness and hope.

If what has been said strikes clearly the note of optimism let it contrast with the bugle note of pessimism which so surely reverberates and intensifies in its carrying power from patient to patient. Permit me to close with a quotation from the great Trudeau, of Saranac Lake fame, as no words of mine express so adequately the value of optimism as an asset to our everyday stock in trade. He says that "it is a product of a man's heart rather than his head; of his emotions rather than his reason; and on that account is rather frowned on by physicians whose scientific training naturally leads them to depend entirely on the qualities of the intellect and look with suspicion on any product of the emotion. Optimism is a prominent factor in everything a man may achieve in life. It is a mixture of faith and imagination, and from it springs the vision which leads him from the beaten paths, urges him to effort when obstacles block the way, and carries him finally to achievements, where pessimism can only see failure. Optimism means energy, hardship and achievement; pessimism, apathy, ease and inaction. Optimism may, and often does, point to a road that is hard to travel or to one that leads to nowhere; but pessimism leads to no road at all. The doctor, whether he be a scientist and his life wholly given to scientific investigation in a laboratory where reason and intellect reign supreme, or whether he be wholly a practicing physician or surgeon in daily contact with suffering humanity in its struggle with disease, will need all the optimism he can cultivate if his life is to be as fruitful in results as it can be made. The practising physician must have optimism if he is to develop a full degree of efficiency in meeting the terrible emergencies of acute illnesses or the long-drawn-out struggle with lingering and hopeless disease and at the same time inspire his patients with a degree of optimism which means *everything* to them

in the ordeals they have to pass through. Perhaps the most brilliant and striking examples in our time of the value of optimism each representing one of the two extremes of the medical profession, that is, experimental science and practical medicine and surgery, are Pasteur and Grenfell. Optimism is the one thing that is in reach of us all, no matter how meagre our intellectual equipment, how unpromising our outlook or how obscure and limited our careers may be. It is, indeed, a precious asset and is of the highest type to which the doctor may attain."

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EYE STRAIN.*

BY TALBOT R. CILAMBERS, M. D.,
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This paper starts with a prelude of interest to the general practitioner, viz.: that he practice rudimentary ophthalmology, including refraction. The idea has against it the fact that many general practitioners do not care to bother and would do it under protest. The science of medicine has developed so greatly that the worker finds his studies quite sufficient to occupy all his time. Yet, the young practitioner starting out in general practice has considerable spare time which might be profitably employed while waiting for patients.

The House of Delegates of the A. M. A., last June, recommended that medical colleges have a curriculum for eye diseases and refraction. They approved the acts of the registration boards of Michigan, Vermont, Utah and Nebraska which require physicians to manage simple refraction errors before licensure. And it was suggested that every M. D. hang in his office a Snellen test card and have a copy of Jaeger's test types. Of course, the difficult cases of refraction and the operations would be left to the specialist.

The great trouble, acknowledged by the colleges, has been that too little serious at-

tention has been exacted of students for the study of eye defects.

Having the general practitioner refract would be a cure for what has come to be a rape on the medical profession by the optician. The doctor satisfies the patient before he sees the optician. There are certain physicians who have been in the habit for years, of referring patients to the oculist and there are others who never do. The former have the best name in the community and have the best practices. Many come to the oculist after having taken quantities of medicine and much medical treatment who have found quick relief on the cure of eye-strain. Simple refracting is quite within the range of the M. D., and *he* would be quicker to recognize danger signals neglected by the layman. The outrageous prices charged by the refracting optician as a class and often for incompetent work is known to you all. The refusal to believe in the importance of eye-strain has been the source of much unnecessary harm. A new book, "The Blues," really a book on Neurasthenia, has only one page out of 258 on eye defects. Dr. S. M. Paine says there is no machine nor organ that can lose its balance more easily than that of the eyes and there is nothing more easily adjusted than a pair of emmetropic eyes free from paralysis or lesions.

Should eye-strain sufferers be referred to the oculist or allowed to seek aid from the optician? The latter is a merchant and any good merchant is anxious to make a sale. No one may deny his superiority if he does a thriving business. It sometimes happens his business instincts carry him away and he fails to appreciate the fact that in giving a person advice to wear the glasses which he provides, he is doing a great good or a terrible harm. In the latter case the damage may be very serious. The retina is a prolongation of the gray matter of the brain and can only be intelligently studied and treated by the medical profession. G. T. Stevens—Eighth Study on Nervous Affections—says: When a true relation between adjustments of the eyes and the condition of the nervous system is fully appreciated, an immense advance will have been made in the material reduction in the prevalence and importance of a great class of affections which are at present not only not decreasing, but even with the advance of medical knowledge actually increasing, under the best efforts of modern medicine." In children, denutritional diseases, nervousness, dislike for study, morbid habits, night

*Read before the Jersey City Practitioners' Club, February 13, 1912

terrors and sick headaches, have been relieved by properly applied spectacles. Beginning presbyopia is a difficult time, as some of you know. Does it not seem best to relieve by glasses what the balance of energy before was able to manage but which now proves a hardship, and place the body in the position of habitual resistance, rather than wait to cure by drugs and medicines?

Dr. L. Connor, of Detroit, claims that if the general practitioner should do his part, there would be more friends for the medical profession; that the technique of the profession would be improved and otherwise dormant faculties would be developed; the financial returns to the profession would be large; the general practitioner would be on the watch; intricate cases would be referred to the specialist; the general practitioner refuses to listen to ophthalmic papers, but if interested, he would be ready for pleasant and profitable discussion and aid in building up the organization of the medical profession and retain in the profession the full powers of ophthalmology. There would be great gain to ophthalmology if papers were read by the general practitioner as well as by the specialist. Incipient nephritis and other diseases would be discovered early and many puzzling cases be speedily unravelled. Very many people refuse to consult the specialist, but would willingly submit to the general practitioner. Onodi, Khunt and others have shown that ciliary, retrobulbar and other neuralgias ascribed to the eyes have been due to trouble in the ethmoid, frontal, sphenoidal and maxillary sinuses. Blindness has been dispelled, according to Coakley, by operation upon adjoining sinuses. Lautenback: "The meridian of astigmatism is changed from time to time by diseases of the nose and nasal sinuses." Such conditions are more likely of discovery at the hands of the physician than by the layman. The fitting of glasses to defective eyes is preventive medicine and failure to use them is the direct cause of organic disease in some cases. There would be fewer converts to Eddyism, faith cure, Emmanuelism and rest cure (which is simply resting of the eyes) if eye-strain were more generally recognized and attacked. In the adult, neurasthenia, breakdown, headache (certainly 80 per cent.), mental abnormalism, dyspepsia, absurd premature senility and possibly surgical diseases are relievably by the cure of eye-strain.

There are 180 million eyes in the United

States and probably one million are using only one eye. There are 140,000 general practitioners and 3,000 specialists. It would be manifestly absurd to expect them to care for all cases and there are, as we have shown, several good reasons why the general practitioner should do his share. An enormous value would be saved to the profession and to the people.

Dr. A. G. Pohlman, of Indiana, assumes the human eye is subject to abnormality because of domestication from an aboriginal form. He says civilized man is a domesticated aborigine and, therefore, subject to the same changes to which any domesticated animal is subject. He notes the pilot fish with the eye axes at 180 degrees, its strong internal rectus and short external rectus. Birds and the lower forms of mammals have monocular vision. The hare, dog, cat and monkey have a gradually diminishing degree of divergence. The upright position calls for the highest order of arrangement. The monkey may see near for a short time only. The convergence of man is ontogenetically a trained effort and, like any trained effort, is best when trained early. Sight-seer's headache is not due to strain of the elevator muscle but to tire of the internal rectus which has to overcome the marked divergence in the raised position of the eyes. There is a tendency to divergence in all mammals and exophoria is an inheritance from a lower form. All wild animals are hyperopic and unastigmatic. With domestication, the same errors are found in them as in educated man. Roberts, of California, found a number of cases where errors of refraction had been properly corrected and vision was good, but there was exophoria which, when corrected, peace and happiness followed—a condition which was wanting with the hyperopia only corrected.

A large number of aberrant physiological processes are directly or indirectly due to slight imperfections of measurements and shapes in the eye-ball, orbit or eye muscles, and eventually they are found among those complaining more or less seriously of migraine, headache, functional diseases of the cerebro-spinal, cardio-vascular, renal, digestive and reproductive systems, diabetes, lateral curvature of the spine, kyphosis, nervous and mental diseases, such as insanity, much criminality, hysteria, epilepsy and even suicide.

Dr. George T. Stevens shows three poses of the head due to eye muscular unbalance. First, the line of the body is correct. Sec-

and, with the head thrown back there is a bulging of the abdomen forward, and out of 100 cases, not one escaped appendicitis and others had visceral derangement. Third, with pose of the head forward, there was tendency to flat chest and tuberculosis.

Gould reports a case where there was —.37—.25 c. 165 and this correction worn, did what extended trips, sea voyages, bronchitis, etc., failed to do. It cured nervous prostration, sleeplessness, headache, menstrual flowing, failure of memory, kleptomania and, in fact, made a mental wreck in six weeks gain eleven pounds.

In 1895, Chalmers Prentice, M. D., of Chicago, wrote a book entitled "The Eye in Its Relation to Health." I shall quote him freely. He says we were misled in that when the function of vision was perfectly performed, we rested in the belief that the eye was perfect, but it did not occur to us that some eyes might be using an excessive amount of nerve impulse to sustain that perfect vision. Long years of effort are made by defective eyes to perform the function of vision. When necessary, the nerve centres enervate to their utmost powers the various eye muscles, causing a change in shape of the lens and cornea, stretching muscles which were too short and vice-versa. Then after years of this effort, imperfect eyes are really made more imperfect and difficult to correct by the fitting of glasses.

Eye-strain or abnormal innervation of the eye muscles depletes the nerve centres and it also gives rise to brain irritation of varying degrees. Dispositions are altered by it. Character is forcibly changed. The mental faculties are impelled into channels of work that are anomalous. All alterations of function are primarily central in the nervous system. Every organ in the body has its special work to perform. Every little living cell, be it bone, nerve, muscle or any tissue, has its function termed assimilation. A cell of adipose possesses the power to attract to itself C. H. and oxygen, or matter of its own kind sufficient for its need. The blood does not select, it only carries the elements for their individual complex requirements. Each organ of the animal economy has its special centre in the nervous system which presides over it. A few of these centres have been located. Thus normal secretions are the outcome of normal functions performed by normal impulses and vice-versa. An electric plant for 50 arc lights has an electric motor in-

stalled in place of one of the lamps; and the 49 lamps left have an insufficient amount of juice to supply their demands in order to perform their functions. The same thing occurs in the animal economy from overtaxing with the addition, that the nerve centres may be excited to an irritable condition in which they generate an excessive amount of nerve force local or general. Thus the excessively fat or excessively muscular individuals. Abnormal innervation thus causes neuro- or neuro-sthenia. An ocean steamer makes twenty knots and lasts for years. Increase her speed 1, 2, 3, or 4 knots by an increasingly extravagant use of fuel, and the strain is tremendous, cutting down the life of the vessel and at the same time, causing great discomfort by the racking vibration. It is just the same with the function of vision. In normal use, there is required a vast amount of motive force or nerve impulse. When defects in the eye or its appendages are present, there is a still greater demand for nerve force. The nerve centres are intimately associated and any radical change in one is felt through all.

The nerve centre for vision is the most acute and the most constantly used of the special senses. Sight produced through the agency of that imponderable force light, may awaken an impression in all the other senses. The musician runs his eye over the written music and he hears it. We see an accident to another and suffer pain. The mother communicates deformity to her offspring. In reading a book, and looking at the illustrations, we live in the very atmosphere of the scenes depicted, feeling, tasting, smelling and hearing the various suggestions of the author.

In a given instance, one candle light is sufficient for normal sight. Increase the light twenty times and the feeling of sight is overtaxed and disturbed. The excessive amount of useless work, even in a normal eye, wears on the delicate centres beyond necessity and they become centres of irritation and convey disturbed conditions to other centres of the nervous system. Harmonious sound is enjoyable for two or three hours, but continued for several hours it becomes annoying. There is a limit to all our senses. The function of the visual centres begins on arising from bed in the morning and continues unremittingly till the eyes are closed at night. No other sense could endure such constant use.

To define an object as having form, it is necessary that a great number of impres-

sicns be simultaneously received in the nerve centres. An object perceived by the sensitive part of the retina of one eye must for normal vision be seen by the same sensitive part of the other eye. It has been estimated there are 400 million sensitive points in the retina. When one thinks of the numerous things seen by the trained eye at a glance one cannot but wonder.

When the two eyes are fixed on an object, a single impression is obtained because each of the corresponding parts seen is supplied with a nerve filament that leads to a common or single sensory centre. But when these rays fall on different or non-corresponding parts in the two eyes, they meet with nerve filaments from two different centres and two impressions result. There is then a strong effort made to fuse the two. Some of the muscles verticalize and some horizontalize as necessary for fusion.

Health is normal or hygienic physiological function. Disease is localized abnormal innervation and *always central in the nervous system* where there is a lack or excess of motive force. Tumors are due to abnormal innervation. A lesion is always a result and not a cause. The electric current passes through the cable under the ocean, conveying intelligence from one continent to another. It moves ponderous machinery. Although unseen, it is a mighty force. It is the same in the animal body. The motive force or nerve current is the first or most important thing in its existence, for all things are done through its agency and nothing is accomplished without it.

Eye-strain is lack of balance in the nerve impulses of the eyes and this often exists when the muscle balance is apparently perfect. Diseases of the eye, like those of the body, are localized abnormal innervation. Abnormal innervation of the eye causes disturbances of the nerve centres which are again reflexed to the eyes disturbing their nutrition and function. Prentice holds that in glaucoma, and he is not alone in the belief, that where iridectomy has failed, there is a strain on some one of the long muscles and operation here would be as certain as on the ciliary muscle where that alone is involved.

There are predisposing and active causes of disease. Microbes are a predisposing cause. If the organs are properly innervated, the presence of the microbes does not disturb. But, if the nerve force be at a minimum, they will become active and in-

terfere. In a community all are exposed to the same poison germ, drink the same water, breathe the same air. Some are afflicted and some are immune. Some cases of parotitis have the inflammation transferred to the testicle or ovary, and some do not. There is a central station receiving afferent notice of disturbance and sending efferent impulses to the part concerned or its adjacent parts, showing the effects of the disturbance. When it was the fad to remove ovaries, many cases reported no relief of symptoms for which the operation was done. A famous surgeon of New York said he had been deprived of a good many operations when his patients have been relieved by the use of glasses. Rheumatism of the leg would be relieved by amputation of the leg, but the rheumatism would expend its fury in other places. Habitual constipation shows the failure of the bowel to receive sufficient nerve motor force from the centre to allow it to perform its normal actions of absorption, secretion and muscular action. Constipation is sometimes the only prominent local symptom in general nervous derangement. I know from personal experience that the excessive secretion of Hcl in the stomach may directly follow central nervous derangement caused by worry or tire. Thus an abnormal impulse produces an abnormal product. If great relief has been obtained through correction of abnormal condition of nose, pelvis and other parts of the body, we ought to expect as great if not greater relief from correcting the abnormal innervation through the visual centres, because they are more acute than any other of the senses.

The eye has seven muscles, three sets of opposed muscles and the ciliary. If all work properly and co-ordinately with the same sets in each eye in a person and the mediæ and the retina are healthy, perfect happiness reigns. This is a condition which never exists. In every person there is a discrepancy somewhere. The axes of vision deviate so far perhaps, that it is impossible for the nerve impulses to pull them into line and strabismus exists. The deviation may be in, out, up, down or in combinations of these. In high degrees, when single vision fails, the nerve centre abandons control and one of the eyes suppresses its function of vision. Vision may be good and yet the eyes are far from normal. Extra nerve impulses to any single muscle or sets of muscles may be sufficient for years to mask the originally too long or too short

muscle. A blind eye is always deviated. After death, under narcosis, sometimes in sleep, the eyes are found deviated, *i. e.*, the eyes fall into the position which the relaxed muscles allow. A perfect brain requires a perfect body. The existence of some irritating cause as in the eye centres may produce abnormal efferent impulses completely changing the mentality and even the morality of a person with an otherwise healthy brain. Thus, a man whose life was generally correct would occasionally go on drunken sprees. After death during one of these sprees, his eyes were found with the axis of one 20 degrees off. Conversely, Lautenbach reported several cases of lithæmia with astigmatism *vs.* the rule, which were changed to with-the-rule and made more comfortable by treatment directed against the uric acid diathesis.

The immediate relief of pain which follows the application of glasses is an indication that we are proceeding in the right direction. It is not an infallible sign of speedy cure which may take months or years. It takes time to rebuild what has been many years in breaking down. Dr. Gray, of Glasgow, insists that the greatest cause of tinnitus is overwork and worry. It is exactly similar in eye-strain. The enfeebled and irregularly overworked parts of the nerves must be rested. A muscle may be too short with symptoms wholly manifest, partly manifest or latent. And (4) spasm may cause the eye to manifest the reverse of the pathological conditions. A certain noted actor has extreme up and outward strabismus for distance, but the instant he reads the eyes work in unison. In this case there is no constant strain, no continued waste of nerve force, no unremitting source of brain irritation; therefore, he suffers no disturbance of the nerve centres and no correction is absolutely called for except for æsthetic reasons. In other similar cases, correcting glasses may accomplish repression of the eye-strain and at the same time bring both eyes to co-ordinate for both N. and F. A case is reported by Dr. Stanley, of Brantford, Ontario: A man of 40, seen first, October, 1889, with urine specific gravity 1.052, unquenchable thirst, making ten quarts of urine in 24 hours; broken sleep; restless, anxious and nervous; dry and scaly skin. No hyperopia, even after four days' use with atropine mydriasis, V.=20/20ths. Ordered +I. for distance, which gave only 20/50ths, and +4 for N., which caused absolute suspension of accommodation at

13 inches. (Artificial myopia.) Without going further into the case, this idea of repression was continued, together with some operating on muscles and judicious use of prisms after discovery of some latent unbalance which did not show to ordinary tests. The thirst was gone, and only 7 pints of urine; feet warm; skin moist; cheerfulness came and sleep was refreshing. July, 1890, urine was 1.016, absolutely no trace of sugar after 9 months' treatment. Such cases require patient study and a proper drawing of conclusions from intricate tests. They prove that abnormal innervations yield to repression. Tonic spasm is most stubborn and resists for months, but when it does relax, there is marked relief. In ciliary cramp, an emmetrope may suffer because of too much night work. Impaired general health may be a predisposing cause of ametropia. In health, the eye performs its work instinctively and not reluctantly. In hyperopia and astigmatism the ciliary muscle must be inordinately contracted to perform the ordinary amount of work. In myopia the ciliary muscle is not called on for much service in near work and is, therefore, weakened and cramps on hard work. If myopia is corrected early, the ciliary muscle may regain its normal function and then only cramps on overwork. The cramp is relieved by the cyclopegic. Where the ciliary muscle is hypertrophied, there is no cramp for near work because it is permanently contracted but distant vision is poor and because of the permanent convexity of the lens, the eye is practically myopic and requires a minus lense for distance. There is here no accommodation. Generally the cramp of the ciliary muscle is not constant and only gives pain on beginning or letting up of the spasm. The treatment for the condition is the use of weak cyclopegics, gelsemium or hydrobromate of hyosine.

Normal eyes under absolute relaxation of the muscles should always be in a perfectly parallel plain for distance. When the optic axes are not parallel, the condition is due to either an anatomically short muscle or one contracted by spasm, except of course, in paralysis. Very often the diplopia is due to the reverse of the manifest error. For instance, a short external muscle is really insufficient and undeveloped for it has never had normal action. And the opposite muscle is over-developed. Prism exercises here do restore a balance, but at the expense of the nerve centres. Where there is a spasm and the eye turns

in a direction opposite the small muscle, prism exercises will bring some relief, for they repress in some measure the abnormal innervation. When the shortness of a muscle begins to show itself we know the nerve centres have wearied of holding the eyes in place and begin to suspend their labors. In order to rest them we should use prisms in a direction opposite that prescribed in gymnastic exercises. And thus establish a repressive strain in the opposite direction. This relieves the excessive nerve impulse in the muscle opposite the short one. The number of degrees of deviation in the optic axes can never determine the amount of eye-strain. The more manifest the muscular defect is, the less will be the strain and nerve centre disturbance, for there are periods of rest, but no periods of rest ever come even during sleep, to nerve centres that are sustaining absolutely latent eye-strain.

Abnormal innervation of the ciliary muscle is very common. It surrounds the lens like the rim of a spectacle lens. When it contracts around the lens, it increases its convexity and magnifying power. In hyperopia the focus is behind the retina. If the lens gives perfect sight for distance an effort of this muscle is required to increase the refractive power for all distances nearer than 20 feet. This is called Accommodation. There are two kinds of hyperopia—latent and manifest. The latent is sometimes difficult to determine and one reason is spasm of the ciliary muscle, which, while it exists, calls on the nerve centres for an excessive amount of force for ordinary pursuits. This same excessive nerve stimulus after a while changes the hyperopia into myopia, and then there is great central irritation and disturbance. In hyperopia the nerve impulse which causes the ciliary muscle to contract and increase the refraction of the lense is abnormal, yet it performs a normal function. Whereas in myopia the function and impulse are both abnormal. The circular fibres in hyperopia are hypertrophied. They are hypertrophied in myopia previous to its becoming axial, after which they atrophy and the eye begins to elongate. Hereditary and acquired myopes are generally of studious habits and the tendency is always to increase and not diminish the eye defect. What shall be done to prevent myopia in children? Efforts should be made to repress ciliary overwork. In the public schools of Philadelphia Risley reported 88 per cent. of congenital defects and after

20 years of correcting asthenopic eyes, the percentage of myopia fell 50 per cent., saving much partial or complete blindness from choroidal atrophy, detachment of retina, etc. (Read article by S. H. Brown in *Medical Times*, February, 1912, on this subject.) Duane, of New York, in 1902, wrote of the prophylactic treatment of myopia. He gave full correction for N. and F. and ordered great care to be taken for proper illumination, good paper, proper height of desk, restriction of night work, frequent rest of the eyes, out-door life, plenty of sleep and frequent re-examination to increase the power of the lenses if the myopia should increase.

Astigmatism is where refraction of the eye is different in various meridians and is often due to muscular action.

Esophoria and exophoria depend upon the lack of the delicate balance between opposing muscles to keep the eyes working harmoniously. It is often puzzling to find out which is the prime offending muscle. Medicinal mydriasis or fogging, together with experimental work with prisms, gradually reveals the weak or the over-acting muscle. During these tests constitutional defects respond to the eye treatment. The heart and other organs show improved function. Sometimes improved conditions are immediate but transitory. In which case there is need for further changes or perhaps the very reverse of the treatment employed.

Douglas C. McMurtrie, secretary of the American Association for the Conservation of Vision, says:

"Improper illumination is responsible for much harm, brilliant light sources which are visible cause eye-strain and permanent injury. All lights of any character should be properly shaded so that the illumination is diffused. In places where the eyes are used to any great extent, as in schools and factories, particular attention should be paid to the condition under which eye work is done. In many schools it has been found that the proportion of pupils with defective eyesight increases as the children advance in the grades. This is, of course, a matter of grave importance. Good eyesight is vital to the best efficiency in any line, and it is poor policy to permit it to be injured unnecessarily."

To sum up: Avoid excess work, worry or tire. Have proper illumination with diffused light. Remember efficiency requires use of eyes to correlate eye and hand. Avoid vain efforts at rest by having eye

defects submitted to the care of an oculist.

Clinical Reports.

SOME CLINICAL OBSERVATIONS ON KIDNEY FUNCTIONAL DIAGNOSIS.*

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The prognosis of surgery of the kidney and prostate, depends on the proper functional diagnosis of the kidneys, separately or together. If one kidney is to be removed, the condition of the other kidney must be known. If a kidney is to be left in place and its recovery expected, its ability to carry on the work must be known. The continued back pressure from an enlarged prostate causes more or less damage to the kidneys; therefore, it is very important to know the ability of the kidneys to carry on the work following the shock of such an operation.

In former years the functional capacity of the kidneys was determined by the examination of the urine for albumin and sugar, specific gravity, pus, blood and the quantity of urea. While these are all important, in the last few years, since cystoscopy and ureteral catheterization has been more generally used, several other tests for kidney function have come into prominence.

In this paper I intend to give a brief explanation and the clinical results of a few of these tests.

Cyoscopy, considered by Casper one of the most important functional kidney tests, depends upon the freezing point of the urine of one kidney compared with that of the other side. It depends on the principal if the lowering of the freezing point of a liquid by solution of solids in that liquid. The freezing point of normal urine being about 1.50 C. below the freezing point of distilled water, at least 10 cc. of urine are necessary for a determination. The thermometer, which is marked in 1-100 of a degree, is immersed into the urine and the freezing point is determined in the following way: While the urine is constantly stirred, the mercury column drops 4 or 6 degrees below zero. Suddenly, when the urine crystallizes, there is a sudden rise of

the column, and it will stop at some point. This sudden rise is due to the heat which is generated by the chemical change of crystallization. The point where it stops is the absolute freezing point. The following case will illustrate such a determination.

A female, aged 36, history of pain in the right side for past five years. Urine from the bladder showed pus and blood, urine from the right kidney showed pus and blood and freezing point was .06 degrees C. below zero. Microscopic examination of urine from left side was negative, freezing point was 1.30 degrees below zero, which is about normal. Operation showed a destroyed right kidney, nothing but a fibrous wall remaining, with dilatation of the pelvis, and a stone projecting into the ureter. The kidney was removed and she has made a perfect recovery and is well now.

A second case was a female, aged 30, history of pain in left side for two years. Urine contained pus and blood, microscopic examination of urine from right side was negative, freezing point 1.75 degrees below zero. No urine obtained from left side. Although a catheter was passed easily up to the kidney, X-ray showed a stone in the left ureter. Operation showed a normal kidney and a deposit of calcium oxalate crystals in wall of ureter. A probe was easily passed down to the bladder. Because of the extensive destruction of the ureter, the kidney was removed. She has made a perfect recovery and the other kidney was tested by indigo carmine nine months after operation, and was found to be a normally functioning kidney.

This case shows two very important factors in kidney diagnosis; first, a reflex suppression of urine sometimes occurs after introduction of a catheter into the ureter, operation having shown a normal kidney and a patent ureter, and examination of urine from bladder before ureteral catheterization showed pus and blood. Second, that X-ray does not always clearly show a stone, and, third, a urine with a freezing point of 1.75 degrees C. is from a normal kidney.

The next test, which I think is becoming important, is made by the use of phenol-sulphone ptolein, 1 mg. in solution in distilled water is injected intramuscularly, and then the ureters are catheterized and the urine is collected in a tube, containing a 5 per cent. solution of sodium hydroxide, and the interval of time of the appearance of the red color, caused by the change in the indicator, produced by the alkali, is rated. In a normal kidney the color should appear

*Read before the Physicians' Club, Newark, on February 9, 1912.

in about seven minutes. The amount of phenolphthalein that is excreted the next two hours is then determined by a colorimeter. This test is particularly important in prostatic cases, where catheterization of the ureters is not necessary, reflex anuria being sometimes produced, as shown in the discussion of my cases before. The following case will illustrate a determination for a prostatic case. This man catheterized himself and infected his bladder and developed a severe pyelitis. He later developed complete retention and cystotomy was necessary to relieve his condition. He was sick for eight or nine months, prostaticectomy being finally advised. Phenol test showed kidneys somewhat damaged, but still able to do 60 per cent. of their total requirements. His urine was constantly full of pus and necrotic tissue and streptococci, and during the severest time of his illness, his temperature was 104, pulse 130-160. In spite of all this, favorable prognosis was given, because his kidneys were functionally good. He made a complete recovery and is well now, four months after his operation.

The indigo-carmin test, in my experience, has been easy to apply, very practical, and with no bad effects. A tablet of .08 is dissolved in 20 cc. of sterile water, and then boiled to insure sterilization. The whole quantity is then injected deep into the gluteal muscles, and the orifices of the ureters are watched for the appearance of the blue, and the interval of time is noted. It should appear in 5 to 10 minutes from a normal kidney.

The following case will illustrate diagnosis by this method:

Female, aged 27, appendix removed three years ago. She now has a large fluctuating mass in right side. Microscopic examination of urine negative; urine from left side microscopically normal, no urine obtained from right side. Obstruction to catheter on left side near the bladder. Indigo-carmin appeared on left side in 6 minutes and was dark blue in 10 minutes. No blue appeared from the right side for 35 minutes. Operation showed a large dilatation of kidney pelvis. After the kidney was removed there was a complete closure of the kidney exit. Patient made a perfect recovery and is well now.

A second case was in a female, aged 32, history of pain in left side for several years. Obstruction to catheter in left side, 12 cm. from bladder, kidney on left side freely movable. Blue appeared from both sides

in 8 minutes; dark blue in 12 minutes. Operation for nephropexy showed a normal kidney. I relate this case to demonstrate a perfectly normal kidney, shown by this method and proven by operation.

A third case is a female, aged 38 years, no history of pain but loss of weight, enlarged kidneys on both sides, especially right. Pus could be seen coming from both sides. Blue did not appear from either kidney for 35 minutes after injection. Right kidney pelvis incised and drained. Patient died 12 days after operation. This case showed both kidneys to be insufficient, and in a case like this it might have been better not to operate.

A case similar to this one was in a woman about 40 years old. Her urine contained a large amount of pus and bacteria of all kinds. It was impossible to distend her bladder with more than 3 ounces of water. Indigo-carmin did not appear for 35 minutes after injection. The woman was not operated on, and died about a month after the examination. Autopsy showed double pus kidneys with very little normal kidney tissue and a fibrous and contracted bladder.

Female, aged 44, pain in left side for past 10 years. Urine contained albumen, large amount of pus and blood. Indigo-carmin appeared from right ureter in 9 minutes, and very faintly from left in 25 minutes. The pelvis of the left kidney was opened, a large stone was removed, and the pelvis drained. Although the kidney was somewhat destroyed, it was left in place because of the faint blue color, which appeared in 25 minutes. She made a perfect recovery, her wound was closed when she left the hospital, and now her urine is perfectly clear. A further test has become impossible thus far, because the patient fractured her thigh. In this case, the diseased kidney was diagnosed to be able to carry on its work to some degree, which was proved, in that it recovered after the cause was removed.

Female, aged 38, pain in left side for three years. Urine contained so much pus and so many bacteria that it was thought inadvisable to catheterize the ureters because of the danger of infecting the good kidney. Blue appeared from right side in 6 minutes and dark blue in 12 minutes. Blue did not appear from left side. The left kidney was removed and found to be entirely destroyed, with a large stone in the pelvis. She made a perfect recovery and is well now, 7 months after operation.

I have four other cases which are exactly similar to this last case, and which I will not try your patience to detail.

In my experience, the indigo-carminé test has been very valuable for the following reasons: In the first place, the ureters do not have to be catheterized and there is, therefore, no danger of infecting the only good kidney, and no reflex anuria is produced. Reflex anuria would be very misleading, and a suspicion of it will necessitate further examinations. The test is simple and requires very little apparatus and gives a good functional diagnosis as shown by cases.

While the experience which I have detailed to you is not very voluminous, the result has been such that the operator may go to work with a great deal more confidence than by the former methods, and the diagnosis and prognosis are more accurately determined, while the method in itself is not painful.

Paralysis of the Right Third Nerve Following Ethmoidal Operation.

Dr. H. J. M. Wright, in Proceedings of the Royal Society of Medicine, reports the case of a man, aged thirty-six, who was first seen in April, 1911, with a history of nasal polypi for about eight years. Following an intranasal ethmoidal operation on the right side he developed an orbital hematoma and complete right third nerve paralysis. The pupil is now, six weeks after the operation, smaller and reacting, and the ptosis is less, but the condition is otherwise unaltered. Vision of the right eye is unaffected.

Case of Pregnancy Acromegaly.

Reported by Dr. R. Marek, Prossnitz, in *Zentralblatt für Gynäkologie*, November 25, 1911.

The patient was 26 years old and a primigravida. Until the eighth month of pregnancy she remained well. Then the patient noticed that her gloves and shoes became too small. Typical acromegalic thickening of the toes and fingers was present and also infiltration (not edema) of the skin of the legs. Distinct prognathism occurred, so that the lower teeth projected in front of the upper ones and nose and lips were markedly thickened and coarsened. Moreover the urine showed positive sugar reaction. Headache, extreme lassitude and muscle pains were complained of. In other words, all the classical symptoms of acromegaly except contraction of the field of vision. After labor all the symptoms slowly regressed and disappeared.

It is well known that during pregnancy the hypophysis shows signs of increased activity. Mild changes, such as coarsening of the nose and lips, are not uncommon, but a well developed complex, such as the one reported, is of extreme rarity.

Marek believes that ovarian medication is in-

dicated, for he considers the hypophyseal changes secondary to ovarian inactivity, a physiological concomitant of pregnancy. Further pregnancies must be watched with care, for this rare change may grow progressively worse, similar to the progressive changes in osteomalacia.—*Amer. Jour. of Surgery*.

Cardiac Failure Without Cardiac Dilatation.

Dr. T. S. Wilson reports, in the *British Medical Journal*, three cases of muscular failure of the heart without marked enlargement and without valvular disease. The first case showed heart weakness with diminution in the size of the cardiac area from damage to the heart muscle from the toxins or micro-organisms of acute rheumatism. In this case the left ventricle was rather weaker than the right, and the latter showed a slight amount of the adolescent type of dilatation and a pulmonary artery murmur. The second case was one of the muscular failure of the heart, without evident dilatation, due to malnutrition presumably from atheroma of the coronary arteries. In this case the left ventricle was more affected than the right. The third case was exceptionally interesting owing to the limitation of the fatty degeneration to the right ventricle as well as from the absence of physical signs of cardiac failure except those associated with a relative emptiness of the heart and great vessels, and the weakness of the cardiac sounds, especially those heard over the right ventricle.

Sarcoma of the Ovary in a Child Three Years Old Associated with Premature Puberty.

Reported by Drs. Savariand and Guibal, Paris, in *Annales de Médecine et Chirurgie Infantiles*, December, 1911.

The child presented a large, rapidly growing abdominal tumor. Guibal considered the tumor one of ovarian origin chiefly because the child presented striking evidences of precocious puberty. The breasts were well developed, and there was a growth of pubic hair. Intellectually, also, the child was very precocious. The authors consider these manifestations as evidences of hyperfunction of the ovary. The operation established the diagnosis. It is very interesting to note that the evidences of precocious puberty disappeared shortly after the operation. The child was free from recurrence thirteen months after the removal of the enormous tumor.

Surgery in Nervous Patients.

The importance of mental rest, combined with carefully supervised hygiene after operation, including such exercise, massage, etc., as may be advisable or available in each case, is capital; and no greater error could be made than to suppose such a person on the way to recovery merely because the repair of the surgical procedure has progressed favorably to healing, and under no circumstances should they be permitted to resume their ordinary activity until, in the judgment of their advisor, they have a sufficient nervous balance to enable them to withstand the strains which are unavoidably present on their resuming a normal activity.—L. N. Lanehart in the *Medical Record*.

Reports from the County Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The regular March meeting of the Atlantic County Medical Society was held at the Hotel Holmhurst on Friday evening, March 8th, with the president, Dr. David A. Berner, in the chair.

The secretary announced that as the result of the increased membership the society was now entitled to another permanent delegate, when Dr. Edward Guion was duly elected.

For the committee on nurses' directory, Dr. Conaway made a report advising the consolidation of the two directories. This recommendation was adopted and the report showing a balance of sixty-one dollars for the treasurer ordered accepted.

Dr. Samuel Stern, of Atlantic City, reported a case of pellagra, which was discussed by several members.

Dr. William Wadsworth, of Philadelphia, the guest of the evening, presented a paper on "Medical Evidence," which was rather unusual but highly instructive and was freely discussed by the members and guests.

The society was particularly pleased and honored by the presence of Dr. Abraham Jacobi, of New York City, president-elect of the American Medical Association, who made a few well-chosen remarks and also took part in the discussion of the program.

Dr. J. A. Hart, of Colorado Springs, and Dr. W. A. Bullock, of Atlantic City, were present and made members for the evening.

At the conclusion of the program the members and guests, about thirty in number, were invited to partake of a buffet luncheon.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society held a regular meeting Tuesday evening, March 5th. The scientific part of the meeting was an address by Dr. J. Berthune Stein, of New York, on "The Treponema Pallidum (Spirochaeta Pallida) of Syphilis," with lantern illustrations which were remarkably excellent and elucidated with great clearness the microscopic features of this organism and its differentiation from others. The ultra-microscope was also used in demonstration and the methods of staining given. On recommendation of council it was voted that "hereafter the diplomas of applicants for membership need not be sent to council, with the other credentials required, unless requested, but may be inspected by a member of council at the owner's home."

The William Pierson Medical Library Association held their third scientific meeting at Orange Tuesday evening, March 10th. Dr. Lewis Gregory Cole, of New York, delivered an address, with illustrations by stereopticon, on "Radiographic Gastro-Intestinal Diagnosis." This lecture, in the newness of the subject treated and the excellence of its presentation, maintained the reputation this association has won for giving us papers on up-to-date scientific topics which those who go and hear appreciate, and those who fail to accept their invitation learn afterward was an opportunity lost.

The speaker gave evidence of experience, and convictions growing out of it, in the application of the X-ray, aided by bismuth ingested, to gastro-intestinal diagnosis which prompts recognition of some things, in the form, position and muscular changes of the stomach, which may necessitate revising, not to say rewriting, our anatomies and physiologies. Probably the most important statement made was that on the assurance of the speaker that any pyloric cancer can be thus detected, even when very small and before it gives any symptoms. Any difficulties, however, in studying the functions of the stomach, with our modern means at hand, splendid though the efforts and their results are, cannot obliterate the record, with its unexcelled brilliancy, of the achievements of the lone army surgeon, Beaumont, in the woods of Michigan, a thousand miles from any medical college or laboratory, and his brave persistency in following his subject: Alexis St. Martin, long journeys home and back, to discover new facts about the stomach. But, even without the difficulties which Beaumont met, let us have any new facts possible!

The Essex County Pathological and Anatomical Society met Thursday evening, March 14th, with the following program:

Demonstration of amyloid infiltration of the kidney, Dr. Guy Payne; demonstration of a case of Dermatitis Blastomycetes, Dr. Wallhauser; report of a carcinoma of a supernumerary breast, Dr. Edgar A. Ill; report of a carcinoma of the stomach, report of a tumor of the uterine wall, Dr. Edward J. Ill; sarcoma of uterus, demonstration of two malignant mixed tumors of the testicle (lantern slides), Drs. O'Crowley and Martland; report of a case of sarcoma of the femur, Dr. Randall; report of a case of infection with the Megastoma entericum (Grassi), or Lambli duodenalis (Davaine) (lantern slides), Dr. Martland; a clinical and pathological discussion of interesting brain lesions, by Drs. Eagleton and Martland, which comprises the following: The results obtained by decompression in relieving the symptoms for three years in a large infiltrating telangiectatic glioma of the prosencephalon; death from sepsis, due to streptococcus empyema of the sphenoidal sinuses, with thrombosis of the cavernous, petrosal and lateral sinuses; death from meningitis suppurativa, due to pneumococcus empyema of the sphenoidal sinuses.

Members of the society are invited to present anatomical material without previous announcement.

The Academy of Medicine of Northern New Jersey met Wednesday evening, March 20th, to hear the "anniversary discourse" delivered by Dr. Frank S. Meara, of New York. His topic was "The deals of the Profession of Medicine" and the address one which every member of the Academy should have heard. About 110 members and guests, thirty being ladies, were present. It stimulated the hearer to not merely take shelter under ideals erected by others, and of which we sometimes vainly boast, but to live up to them, in the spirit of "noblesse oblige." We were greatly favored in the occasion. A copy of the address was furnished for publication in the Journal. The Nominating Committee reported, naming all the present officers for re-election.

The Public Health Education Committee of the county society, closed the season of lectures for the people on March 5th. Dr. Alice Hamilton, of Chicago, spoke on "Industrial Lead Poisoning," and a very unusual address it was, in the speaker's knowledge of her subject by personal investigations, in the excellence of its presentation, and in revealing how insidious this poisoning is in unexpected occupations. It is suggested that our own members alone be given an opportunity to hear her next year.

Dr. John H. Richard, of New York, spoke to the Medical League Monday, March 4th, on "Vaccines from the Standpoint of the General Practitioner."

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held March 5th, 1912. It was well attended, with Dr. George M. Culver, president, in the chair. Dr. F. D. Gray reported two cases of intra-abdominal malignancy that showed very few symptoms. One was of a woman who had a palpable tumor which proved to be a sarcomatous growth, with considerable metastasis; the other, a man, complained of discomfort in hepatic region; a laparotomy showed considerable carcinomatous deposits in the liver, the same originating from the pancreas, but the head of the pancreas was not involved and there was no jaundice. Neither of these patients lost any weight.

The paper of the evening was by Dr. H. W. Brower, on "Fractures of the Patella." The same was discussed by Drs. Gray, Spence, Dickinson, Rector and G. M. Culver.

A communication from the A. M. A. was received by the president, asking him to appoint a committee to arrange for lectures on public health during the month of May, in public schools, churches and labor unions. The committee was appointed, consisting of Drs. H. H. Brinkerhoff, F. D. Gray and Joseph Koppel.

The next meeting of the society will be held on April 2, 1912, in Lincoln Hall, Jersey City.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The annual meeting of the Morris County Medical Society was held at the Mansion House, Dover, on March 12, 1912. The session followed dinner which began at 2:00 P. M.

Owing to the absence of the president, Dr. Theodore W. Bebout, the chair was filled by the vice-president, Dr. G. A. Becker.

Dr. Emma C. Clark made a personal canvas of the members present for help in the campaign for the betterment of public health which the national committee is organizing for the last two weeks in May. The councillor of the district, Dr. Thomas N. Gray, of East Orange, who was present, was among those who volunteered their services.

The following officers were elected:

President, Dr. G. A. Becker, Morristown; vice-president, Dr. J. B. Griswold, Morristown; secretary, Dr. H. W. Kice, Wharton; treasurer, Dr. James Douglas, Morristown; reporter, Dr. E. Moore Fisher, Greystone Park. Executive committee, Drs. W. F. Costello, Dover; F. H. Glazebrook, Morristown. Delegates to the

State Society, Drs. E. Moore Fisher, Greystone Park; Frederick E. Knowles, Boonton. Alternates, Drs. George H. Foster, Rockaway, and F. W. Owens, Morristown. Member of the Public Health Committee, Dr. Cuthbert Wigg, Boonton.

The following were elected to membership: Dr. Frank M. Mikels, Greystone Park; Dr. James Frederick Horn, Flanders; Dr. Mark E. Scott, Morristown.

Dr. James Douglas read a letter from Hon. W. E. Tuttle, Jr., of the House of Representatives, Washington, D. C., asking for the names of physicians in Morris County, as he wished to send them, through the Surgeon-General, some publications of the Public Health and Marine Hospital Service. As the doctor has forwarded the list, most members had received these interesting pamphlets.

Dr. J. W. Farrow, of Dover, read a paper on "Some Suggestions to Medical Witnesses." The doctor said that a medical witness was called to testify to either medical facts or professional opinions. That he had a legal right to be silent on what he considered professional secrets or on any subject that may incriminate himself. The witness should assert himself as a disciple of the truth and if he gives medical evidence, must be logical and state only what is based on proven facts. While a witness may be competent to testify as to medical facts and not be an expert if he is called upon to give opinions, that is, to explain or pass judgment on facts brought out by material witnesses, he becomes an expert.

If a witness who has testified as an expert is unable to answer questions which would show he knows and can elucidate the matter before the court, he becomes little more than a quack and should not feel unjustly used if this is brought out during cross-examination. An expert should be able to translate medical facts into plain language and to define medical terms so that they can be understood by the judge and jurors. If a medical witness was obliged to reveal professional secrets it would tend to keep many persons from seeking aid when it is necessary.

In reply to the question usually asked at the close of direct examination, "Is this all you know of the case?" the witness should answer that it is all he thinks is essential, but that if he recalls anything that is relevant he will mention it. Then if he does mention any other facts on cross-examination he can deny any attempt at concealment of the truth the examiner may make.

The witness should wait until the court decides wherever objections are raised. If he answers quickly and his answer is stricken out, it does not help in the regard the jurors should have for his testimony but may discredit it. A medical witness may ask permission to elucidate a point that appears contradictory or obscure. He should, however, under no circumstances lose his temper but should keep calm, self-possessed and preserve his dignity, as this will always improve his standing as a gentleman with the jury and give added weight to his testimony.

After a brief discussion by Drs. Ryerson, Flagge, Foster, Brewster, Becker, Douglas and Fisher, in which the fact that a medical witness might demand expert fees if asked an opinion, was pointed out. Dr. Farrow was tendered a

unanimous vote of thanks for his well-prepared and interesting paper.

The next regular meeting will be held at Morristown on the second Tuesday in June, at twelve o'clock noon.

MERCER COUNTY.

Frank G. Scammell, M. D., Reporter.

The Mercer County Component Medical Society held its March meeting in the Municipal Building on the 12th inst., with President Edgar L. West in the chair.

Dr. H. B. Costill gave a very interesting discourse on "Fractures and Their Treatment." He also showed the most improved instruments for the surgical treatment of fractures.

The lecturer was assisted by radiographs made by Dr. Charles H. Holcombe and gave added interest to the meeting.

Dr. G. N. J. Sommer exhibited a patient with a compound fracture of the upper third of the humerus, the result of gunshot injury, and treated by wiring, with a perfect result.

The subject of fractures and their treatment being one that every member is so deeply interested in, the discussion at some length was participated in by Drs. Ackley, Mackenzie, Holcombe, West, Barwis, Moore, Sommer, Schoening, McGuire and Costill.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The regular general meeting of the Passaic County Medical Society was held in the Braun Building, Market street, Paterson, on Tuesday, March 12, 1912, at 9 P. M. Dr. Yates read a paper on "Medical Economy," a copy of which has already been sent to the State Journal. Drs. Bender, Whalen and Cotton were elected to membership in the Passaic County Medical Society.

The following amendments to the by-laws were passed:

Amendment to Chapter IX., entitled: "The Principles of Medical Ethics."

Section 2.—Changed to read as follows:

"No member of this society shall contract with any corporation or business firm, lodge, benevolent society for professional services.

"Any member of this society who shall, after February 13th, 1912, enter into any new professional contract or who, after February 13th, 1913, shall work under any contract, shall be deemed guilty of unprofessional conduct and shall be expelled from the Passaic County Medical Society.

"Nothing herein shall be considered to apply to an agreement of gratuitous service to any public hospital or other public charitable or benevolent institution or from giving free service to the worthy poor who are unable to pay, or to agreement for life insurance examinations. This does not apply to city, county or town physicians or health officer or from serving under political appointment."

The following addition to Article V. of the constitution was passed (at the end of the article the following to be added):

"An Historian shall be elected annually.

"Section 9.—The Historian shall compile and record in a book reserved for the purpose, a history of the organization of this society, preserve a record of its membership and any not-

able facts or achievements in the personal history of each; also all important acts of the society, and shall also preserve a copy of all memorial resolutions passed by this society on the death of its members."

Dr. Florence A. Bullen resigned from the Passaic County Medical Society.

The application of Francois J. T. Was was referred to the Board of Censors. Drs. O'Grady, Paton and Tattersall were reinstated as members of the Passaic County Medical Society.

Owing to the fact that Dr. Elliot, president of the Passaic Board of Health, through the public press and otherwise, has expressed himself as opposed to vaccination, Dr. Welch, of Passaic, offered the following resolution, which was passed unanimously:

"Whereas, Before the discovery by Jenner of vaccination as preventative of smallpox, whole cities and kingdoms and even continents were devastated by this dreadful disease, the death rate being appalling, the Jesuits computing that 3,500,000 of the natives of Mexico died of this plague in the sixteenth century, while governments of Europe were in consternation over returning visitations of a scourge that killed off more than all the great wars of centuries, 400,000 lives being lost annually; and now, after one hundred and eighteen years from the first vaccination, it still appears in the unvaccinated; and since November 1st it has been world-wide, and has been reported in Quebec, Paris, Bombay, in many parts of Italy, in Mexico, Lisbon, Spain, St. Petersburg, Canton, Hongkong, Santiago, and many smaller places. In Palermo there have been about 400 deaths from it since December 24. In Warsaw, 185 died of it in November. In Bangkok, 626 died by December 30. In Santiago, in November, out of 685 reported cases, there were 343 deaths, and in different places the mortality ranged from 42 to 80 per cent. And,

"Whereas, Vaccination is now practised in all the civilized countries of the world, and particularly is it required in young children, as it is among these that smallpox has ever been most deadly. It is a point of good citizenship in parents and guardians to submit the young to this procedure for their own protection and for the security of others. In Germany it is the law of the land that all children shall be vaccinated before the second year of infancy, and again between the eleventh and twelfth year of life. It is not pretended that every one vaccinated will be immune, but it is an established fact that should contagion occur, only a mild form of varioloid will result. And since the death rate of smallpox under vaccination has fallen, in four generations, from 53 to 80 per cent. down to 2½ per cent., only an irresponsible or prejudiced person could inveigh against it. The probability is that, if all persons had been vaccinated for three generations, smallpox would have been totally obliterated by now from the diseases of the world, but where some are vaccinated and others are permitted to go free, these latter become a menace to society in times of contagion. And this is a matter the State endeavors to remedy, but without making the observance mandatory as it should. And,

"Whereas, It is currently reported in the press that there are a number of agitators who inveigh against the sanitary precaution of vaccination as a preventive of smallpox, and by their clamors have drawn many otherwise well-meaning citi-

zent to look with disfavor upon this necessary procedure. And because there is not at present any epidemic of smallpox in the favored cities and communities of our Commonwealth, the past loathsome and deadly visitations of this disease have become forgotten, and the cause of the immunity is disregarded; therefore, be it

"Resolved, By the members of the Passaic County Medical Society that we look with disfavor upon any suggestion tending to permit the presence of children in our public denominational or private schools who cannot show a certificate of successful vaccination; be it further

"Resolved, That a copy of this resolution be respectfully sent by the secretary to the school boards throughout the county."

The following nominating committee was appointed by the president and approved by the society: Drs. Alexander, Yates and Lucas.

The meeting then adjourned.

Passaic City Section.

The regular meeting of this section of the Passaic County Medical Society was held in the Smith Academy, Passaic, on Thursday, March 14, 1912, at 9 P. M. Dr. J. W. Weinstein, of New York, delivered an address on "Diagnosis and Therapeutics of Gastric Diseases." I will send you a copy of his paper for publication in the Journal. (This will appear next month.—Editor.)

The subject of vaccination was then brought forward for discussion. In the discussion nearly every member took part. Finally the following resolution was passed:

"Resolved, That this section of the Passaic County Medical Society requests that the Passaic County Medical Society instruct its Committee on Legislation to have a bill compelling vaccination introduced in the Legislature at its next session, providing there is not such a statute in effect now, and that a copy of these resolutions be sent to every medical society in the State of New Jersey."

The resolution was carried unanimously. The meeting then adjourned.

Tri-County Dental Society.

This society, which includes among its members dentists from Morris, Warren and Sussex, met at the Miller Building, Morristown, March 21, 1912. They kindly invited the members of the Morristown Medical Club, Morris County Medical Society and the Tri-County Medical Society to hear a paper on "Extragenital Manifestations of Syphilis," by Dr. J. B. Stein, of the New York College of Dentistry and the College of Physicians and Surgeons of New York.

As a means of more clearly demonstrating many of these lesions, slides were shown of models in the Hospital of St. Louis, at Paris. These were on aluminum plates and depicted graphically the original colors. Among other illustrations of syphilis in all periods of the disease around the buccal cavity with those of tuberculosis malignancy and leukoplakia that might be mistaken for syphilis, were shown.

Stress was thrown on the marked contagiousness of the disease in all stages and the fact that several true chancres might be present in the same person at one time emphasized.

This history of the search for the Suppenoma

Pallida was given as well as an account of the corroboration of its being the causative agent in syphilis. Every case that was suspicious should be referred to physicians for positive diagnosis and treatment if necessary. Many cases were overlooked by the patient because of the absence of pain and the innocent acquirement of the disease by those infected.

Dr. Otto Lowy, of Newark, in opening the discussion gave a brief description of the Wassermann reaction as a sure means of diagnosis in suspected syphilis and referred to treatment by means of salvarsan. Special stress was laid on the necessity of free public discussion and the enforcement of prophylactic measures to combat a disease that is so dangerous in resulting complications.

Physicians from Morris County who were present were asked to join in the discussion, after which the society adjourned to Day's for dinner.

Montclair Medical Association.

Members of this association held their annual dinner in the Montclair Club March 25th. About thirty physicians from Montclair, Bloomfield, Verona and Upper Montclair were present. Dr. J. Corwin Mabey, of Montclair, secretary and treasurer of the association, presided in the absence of Dr. Henry Wallace, of Glen Ridge, who is president. Dr. George G. Stewart, of New York, made the principal address. He spoke on the "Surgical Treatment of the Thyroid Gland." Following his talk there was a general discussion by the association members on the subject.

Manhattan Medical Society.

Professor William A. White, superintendent of the United States Government Hospital for the Insane, in Washington, speaking to the members of the Manhattan Medical Society in Reisenweber's, New York City, March 22d, on the subject of "Mind in Medical Education," criticized physicians for their neglect of the psychic element in disease. In his plea for a closer study of mind in medical courses Dr. White said that this factor had lost the profession much practice.

"I don't want you to forget," he said, "that the vogue of a great deal of pseudo-medicine, the patent remedies, the hosts of charlatans and mountebanks, are thriving in a department of medicine that the legitimate practitioner has neglected, and they are thriving to no small extent because of that neglect."

"The good results that they obtain, and no one can deny that they do obtain good results sometimes, are obtained by the effect of their practices upon the minds of their patients, and all this is going on while the general practitioner refuses to busy himself with such matters as psycho-therapy and the medical schools neglect to teach the structure and the functions of the mind. Here is a field in which medicine has not availed itself of its opportunities."

On criminals Dr. White said that "practically the entire problem of criminals is a mental problem." Crime and the social evil, he said, are ineffectually attacked by society in the finished product instead of being lessened by removing in childhood the frequently slight ailment causing them.

New Building for the N. Y. Academy of Medicine.

The New York Academy of Medicine is busily engaged in a campaign to raise through public subscription the money necessary for its proposed new building, to be erected on the site of the present building, No. 17 West Forty-third street, and on the property immediately to the east and north. A committee, of which Dr. L. Emmet Holt, vice-president of the academy, is chairman, was recently appointed to take charge of the subscriptions from outside the profession. The committee which has been collecting from members recently reported to the president, Dr. William M. Polk, that the fund had reached \$125,000.

This amount, most of which was contributed directly by fellows of the academy, will nearly cover what remains to be paid on the lots at No. 15 West Forty-third street and No. 10 West Forty-fourth street, and is practically pledged to that purpose, Dr. Polk said the other day, leaving all the money to be collected from the public for the erection of a suitable building to cover the ground. About \$500,000 will be needed, and the building will be begun the instant that the \$300,000 mark is reached.

It has been foreseen for four or five years that the academy, daily growing in scope and membership, would have to enlarge its quarters. The greatest pressure was felt in the library of the organization, now the largest medical library in this country, with the exception of that in the Medical Museum in Washington. It comprises nearly 100,000 bound volumes and half again as many pamphlets. Dr. Polk, in speaking of this phase of the question, pointed out that the New York Public Library made no effort to keep up with the medical literature of the times, relying on the library of the academy to furnish this important service to the public. For this reason the doors of the academy's library are opened to the student of medical questions for five hours daily, except on holidays and during the hot season.

The Academy of Medicine was founded early in 1847, and from then until 1875 held its meetings in various halls in the lower part of the city, finally coming into a building of its own, at No. 12 West 31st street, a typical brownstone residence, enlarged through the generosity of Dr. Abram Du Bois to answer the contemporary wants of the institution. It was not long, however, before the growth of various sections of specialists within the academy and the affiliation with it of other medical and scientific bodies made patent the need of a larger building. The way to this was paved with a donation of \$25,000 and a legacy of \$70,000. This building, the present home of the academy, was opened on November 20, 1890. It was five stories in height, contained five large rooms for the meetings of the various societies, numerous smaller rooms for sundry purposes and library facilities for 90,000 volumes. It was then considered a marvel of accommodation. Now, however, the library has far outgrown its shelves.

No less than thirty-five societies hold regular meetings in the halls exclusive of the meetings of the national medical societies when they are held here and the meetings of the academy itself. Of these there are two regular meetings monthly, and eleven sub-sections, meeting from once to twice a month. Among the recent mat-

ters discussed before the academy's general meetings have been the quarantine situation, the call for medical missionaries and the alcohol question.

The committee in charge of raising public subscriptions includes Dr. Holt, chairman; Dr. Joseph D. Bryant, Dr. William M. Polk, Dr. Abraham Jacobi, Dr. A. M. Jacobus and Dr. R. L. Sayre. With large contributions will go the privilege of naming halls or libraries devoted to special subjects.

U. S. Army Medical Corps Good Work.

What the Medical Corps of the United States Army can do in the extermination of diseases peculiar to countries not of the same climatic conditions as the United States has been shown by its work in Cuba and the Canal Zone, but no better illustration can be given than the very efficient manner in which it has practically eliminated beri-beri in the Philippine Scouts.

Much of the efficiency of the Scouts, in the early days of their organization, was seriously impaired by the prevalence of this dreaded scourge, but now, under the watchful eye of the medical officers of the army, the disease has become virtually non-existent, less than half a dozen cases having developed during the past year. Reports show that in 1909 there were 836 cases among the scouts; in 1910, 189, and in 1911, only five.

What "Practitioner" Means in Missouri.

The status of a medical practitioner in Missouri has been defined in a decision by the Supreme Court in the case of a man convicted of practising medicine without a license. Part of the decision is as follows: "The practice of medicine is not confined to the administration of drugs; nor is surgery limited to the knife. When a physician advises his patient to travel for his health he is practising medicine. Broadly speaking, one is practising medicine when he visits his patient, examines him, determines the nature of the disease, and prescribes the remedy he deems appropriate."

Physicians in the French Senate.

Elections were held on January 7, to fill 100 Senatorial seats. Among those elected were sixteen physicians, five of whom are new members.

Prevalence of Phthisis in Alaska.

Nearly 50 per cent. of the population of Alaska are afflicted with tuberculosis, according to the report of Dr. M. H. Foster, of the Public Health and Marine Hospital service. The report states that unless the ravages of the disease are checked both the white people and the natives will be wiped out ultimately. The report also states that eye diseases are also prevalent.

Triplets Arriving one Day Apart.

In Cheyenne, Wyoming, a woman gave birth to one baby each day for three successive days in January. Two boys and the third a girl, all apparently healthy.

Annual Meeting of Medical Society of New Jersey—Spring Lake—June 11-13, 1912.

THE JOURNAL

OF THE

Medical Society of New Jersey

APRIL, 1912

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

IMPORTANT TO REMEMBER—

That our State Medical Society meeting this year will be held June 11 to 13, in the New Monmouth Hotel, Spring Lake. Let every member who can possibly attend make his plans ahead to be there and to stay there all three days if possible.

That the County Society Reporters should have their *annual* reports prepared and sent to Dr. John C. McCoy, chairman of the Committee on Scientific Work, Paterson, N. J., on or before May 10th.

That the Secretary and Treasurer of every County Society should send their reports to State Secretary Chandler and Treasurer Mercer by May 10th, and in order that they may be enabled to do so, every member is earnestly requested to pay his or her dues promptly. Delay means endangering not only the individual member's standing, but also his society's standing and its representation at the annual meeting.

Further announcements will be made in the May issue of our Journal.

We regret exceedingly our inability to insert in this month's Journal some of the

valuable papers we have been pleased to receive. We have had an unusual wealth of material the past few weeks, not only of original articles prepared by our own members, but also from others—outside the State—which we thankfully received as an expression of their regard for the standing of our Journal and the intelligence of its readers.

We express our sincere regret that the promises we had made to authors of papers—most of whom desired reprints at an early date—has compelled us to defer till our next issue an excellent paper by Dr. W. J. Robinson, of New York, on "A National Department of Health and the National League for Medical Freedom; or Organized Medicine vs. Organized Quackery." Also the first anniversary address before the Academy of Medicine of Northern New Jersey, by Frank Sherman Meara, M. D., Ph. D., of New York City, on "Ideals of the Medical Profession." It is a scholarly, practical and admirable address. We will also insert the papers of Drs. Hammond, Martin and Yates, referred to in our March issue, and, if possible, additional ones by Drs. J. Henry Clark, of Newark; F. D. Gray, of Jersey City; F. H. Pierson, of Elizabeth, and J. W. Weinstein, of New York. Also the brief papers by Drs. T. N. Gray, D. E. English and A. C. Hunt, read before the State Sanitary Association.

We omit editorial matter prepared for this month's issue in order to give largely increased space to the "Original Articles" and late important items received. We give, however, editorial matter from other journals which has been awaiting insertion and which will far more than offset the loss. We cannot, however, forbear this opportunity to express our profound regret, with that of all good citizens throughout the country, that Dr. Harvey W. Wiley has been compelled to resign from the position he has held the past thirty-nine years with credit and honor to himself and to the incalculable blessing of the public which he so faithfully served. We are glad that he is to continue

the good work, untrammelled by official interference, as a public-spirited citizen and as editor of *Good Housekeeping*. See page 601.

JOIN YOUR COUNTY SOCIETY.

Dr. J. W. Jervey, president of the South Carolina Medical Association, says in the society's Journal:

By joining your county society, you thereby become a member of the State Medical Association, and then you are immediately eligible for membership in that greatest and most influential of all scientific organizations of the world, the American Medical Association; and by joining that, you become an active and integral part of the magnificent work that great body of modern doctors is doing in this country—not only bettering the condition of every physician who is a member of it, but also freeing a suffering public from fakes and frauds, and impure drugs and foods, which have heretofore flourished and despoiled the people's health and happiness through our previous lack of organization and co-operation. * * *

Every distinguished physician and surgeon in this country is an association member. Almost all of the best and brainiest men in the profession are association members, mixing and co-operating with their colleagues. Look about you, in your own county, in neighboring counties, in the State, in the nation, and realize for yourself if this is not true. Do you think this is an accident? Not a bit of it. Association members grow through association and co-operation, and by their growth attract others to their ranks, who, perforce, and often unconsciously, themselves must grow. And so the greatest of all professions is made greater still, and still its laurels multiply, waiting to be plucked and worn by every worthy member that gains admission to its ranks.

Reach out and participate in the great work of a great profession. Make up your mind to join your County Medical Society, if you are not already a member, or to get reinstatement if you have resigned, and so lend your aid and influence which is earnestly desired by your colleagues, to the further upbuilding of the inspiring cause of medicine, at the same time reaping the benefits which such co-operation cannot, and will not, fail to accord to you.

It will be a personal pleasure to every officer of your county and State associa-

tions to welcome you as a member, and I sincerely trust that you will see your way clear, without delay, to put in your application for membership with the secretary of your county society. It is the sincere personal wish and belief of the president, the secretary and the board of councilors of the South Carolina Medical Association, that you will do this, and do it now; and, further, that by the time of the next annual meeting of the State Association, in April, 1912, every regular and decent practitioner of medicine in the State will be counted in our membership.

The secretary of the same society says:

The medical society in many of our counties to-day, doctor, stands for:

(1) A more cordial fraternal spirit. (2) Better economic conditions of the profession. (3) The owning and controlling of hospitals, laboratories and libraries. (4) Practical programs, which include clinics and other features often.

The State Association has grown greatly in importance in recent years along the following lines:

(1) The attendance is much larger. (2) It maintains a very creditable monthly journal. (3) It secures most of the legislation asked for. (4) Its public health work on pellagra, free antitoxine, free vaccine virus, Pasteur Institute, free anti-typhoid vaccine, has attracted the attention of the entire country.

The American Medical Association has:

(1) Thirty-five thousand members, and seventy thousand constituent members. (2) An unsurpassed journal. (3) Secured higher standards of medical education. (4) By its researches and efforts has greatly enlightened the profession and the public on public health matters.

Doctor, you may get in direct touch with all these interests by simply becoming a member of your county society. Why delay?

Dr. Norton L. Wilson, Elizabeth, repeats his request that physicians will send to him the names and addresses of persons who are totally blind, with the cause of blindness in each case. He is endeavoring to collect the statistics of the causes of blindness. He also desires the names of all physicians in the State who are specializing in ophthalmology.

We regret to announce that Dr. Luther M. Halsey, of Williamstown, who has been undergoing treatment in a Philadelphia hos-

pital but has recently returned home, is still quite ill.

Our Society—How to Improve it.

Since it will be some time before the next annual meeting of the State Society we might indulge in a few thoughts upon the ways and means of bettering the society. In the first place should we not have more members? There are, according to the last A. M. A. directory, 2,650 practicing physicians in the State of Kansas. Supposing 400 are irregular or ineligible, we then have a balance to draw upon of 2,250. Our membership for the past three years has been between one thousand and eleven hundred, which would leave a balance of "outsiders" more than totaling the number of members. We ought to have a large part of them in the society, and it will take individual and collective effort to bring this about. Our State secretary cannot be expected to tour the State in quest of members, but each county society should have a committee on membership whose duty would be to actively canvass their respective counties and increase their membership to include every available physician. Many doctors have not even been asked to join the county society, much less to be shown the advantages accruing by becoming a member. So let's wake up and bring up the membership to a total where it rightfully belongs.—*Jour. Kansas Medical Society.*

Correction.

In our February issue appeared an article taken from one of our exchanges concerning a new hospital to be established in Phillipsburg or Easton. It stated that the Physicians' Protective Association of Easton, Phillipsburg and vicinity was back of the proposed movement. Drs. J. M. Reese, president, and W. G. Fillman, secretary, have issued a statement denying that the association has taken any action in the matter.

Oxygen Injection for Asphyxia.

Editor the Journal.

Dear Doctor:—In the March Journal, page 546, appears a brief abstract quoting Raymond, of Paris, who recommends direct hypodermic injection of oxygen from the tank into the skin in various forms of asphyxia.

It seems to me that such a suggestion should be closely accompanied by the warning that his performance may cause sudden death, should the needle enter a vein. I am not informed as to how rapidly oxygen as a gas driven under pressure directly into the venous circulation would be converted into liquid form by absorption, but under pressure we would be justified in believing that it would much of it reach the cardio-pulmonary circuit as a gas and there act as does air when so placed. I recall as a medical student my injecting air with a hypodermic syringe into a vein in the leg of a dog, then within a few seconds hearing a great clearing of the blood in the heart and pulmonary vessels, followed in a few minutes by the death of the dog. On direct examination the blood showed a frothy appearance, and was mixed with air.

But even though death might not be caused by this mechanical action of oxygen as a gas, the oxygen would act as a poison as soon as its volume in the blood passed the ratio of 20 to each 100 c.c. of blood, and prove fatal when this ratio reached 30. Inventions are not considered perfected until made "fool-proof," and as we all feel a strong leaning to the use of oxygen in various asphyxiae, regardless of experimental discouragements, Raymond's suggestion seems to demand special warning of danger. Respectfully yours,

Edward A. Ayers, M. D.

Consumptives to Dwell in Apartments Built Especially for Them.

The experiment of treating a number of poor families, one or more members of which are tubercular, in their homes by grouping these houses into one apartment specially constructed with a view to furnishing the maximum of light and air is not intended as a substitute for regular hospitals and sanatoria.

The work the New York Association for Improving the Condition of the Poor is planning to do in the "Vanderbilt tenements," in East Seventy-eighth street, will demonstrate the practicability of treating consumptives and checking contagion, even in crowded cities, by proper housing and sufficient food and sanitary supervision. Since the hospital space available for tuberculosis cases is entirely inadequate to meet present demands, such an experiment, if successful, will be of the greatest importance. There are only twenty-four apartments in the building to be used, and these will at once be filled with families already in the care of the association.

Editorials from Medical Journals

Medical Defense.

From the California State Journal of Medicine.

No criticism of the practices of liability insurance companies has been uttered by the State Society or voiced by the Journal at any time since we, as a society, undertook the co-operative defense of our members in alleged malpractice suits. Some of them are mightily open to criticism, however. (In passing let it be noted that the defense has won every suit defended by the State Society since the work began.) It has reached our attention that some solicitors are urging our members to insure, or to keep up their policies in insurance companies, and to that end are making what we may be permitted to call false statements. They use as an argument for keeping up the policy, the false statement that the society will not or cannot put up a bond in case of an appeal from a verdict of the plaintiff. This is absolutely untrue. The State Society will put up the statutory bond when required and do it at least as promptly as any liability insurance company. Last year, in our injunction suit against Kaplan, we were required to file a bond for \$5,000; the bond was filed within an hour. Of course there can be no objection to your carrying insurance if you care to do so and wish to pay this money into the coffers of an insurance

company. But there is no company that will or can give you any better defense than the mutual defense offered by your fellow members of the State Society. Think it over. When the agent makes these peculiar statements to you, write to this office and ascertain the truth of the matter.

Are Children Worth Saving?

From the A. M. A. Journal, Feb. 3, 1912.

Are the children of the United States worth one-eighth as much as the bugs? Hon. Andrew J. Peters, a member of Congress from Massachusetts, asked this rather startling question at Louisville last Sunday at a massmeeting on child labor. Mr. Peters showed that the Bureau of Animal Industry costs the country \$1,654,750 a year, and that the Bureau of Plant Industry costs \$2,051,686. The proposed children's bureau would cost \$29,440 and would investigate child labor, infant mortality and other important phases of child conservation. It is being opposed, of course, by some manufacturers who want to employ babies in cotton-mills, coal-mines and other places admirably adapted for the growth of mind and body and the development of sturdy American men and women. In some quarters the investigation of child labor is regarded as an unwarranted invasion of personal liberty. Certainly! Public schools were so regarded in their early days. No doubt we shall soon have a National League for Juvenile Freedom, secretly financed by the coal and cotton barons, and demanding for the child the right to labor when and where it pleases. In the meantime, if Congress thinks the baby crop is worth as much or one-tenth as much as the fruit crop, a children's-bureau should be established without delay.

Diagnosis in Early Tuberculosis.

From American Medicine, December, 1911

The difficulties of diagnosis in early tuberculosis are acknowledged by the best experts who not infrequently are candid enough to tell the patient that diagnosis is impossible. We cannot even depend on a negative tuberculin test, for it may be positive in cases of fever due to other causes, and negative in the tubercular, particularly advanced cases. Jacobi (Arch. of Diagnosis, Apr., 1911) is quite positive that a diagnosis is often made where the disease does not exist and that these spurious cases swell the reports of institutional and dispensary "cures." Post-mortem signs of apex sclerosis are very generally taken as evidence of cured phthisis and are the basis of the general opinion that most of us get infected and are cured without knowing we were ever tubercular, but as Jacobi now states that pulmonary hyperplasia with secondary cirrhosis is very frequently an independent disease, without any relation to tuberculosis, we must revise our opinions. We are also much more uncertain as to whether the pretubercular stage is a long period of latent infection or of reduced health from other causes—merely a period of greater susceptibility to the bacilli we all constantly encounter and resist. Therapeutically it makes no difference, for the treatment is the same; but it makes a lot of difference as to how we interpret early signs and symptoms and what we tell the patient. We must now look askance at all those finer

distinctions which are so glibly rattled off as indicative of tubercular invasion. It takes a big man like Jacobi to spank us properly and we ought to behave better now. Why not be candid and have a class of "awaiting diagnosis" on our books, and if they get well without a diagnosis, simply label them "unknown" or "probably so and so." Honesty impresses more than undue positiveness even if we merely wish to impress the sick like a quack, but as a matter of fact we make a favorable impression when we say, "I do not know now, but must watch you." The lower orders insist on a positive diagnosis only because we have been in the habit of being positive, right or wrong. They will reform when we do.

The Horse and the Automobile.

From the Medical Record, December 2, 1911.

Dr. Walter Lindley, of Los Angeles, and twenty-four California physicians discuss in the Southern California Practitioner of October, 1911, the inferiority of the horse to the automobile from the hygienic point of view. At the recent California State Board examination Dr. Lindley asked, as one of the questions in hygiene: What are the hygienic advantages of the automobile over the horse at home and in the street? Naturally, from twenty-four medical men a large number of points of superiority of the automobile over the horse were given. Within the limits of an editorial article there is no space to note more than the general trend of these answers. Of course, the menace of horse manure was the feature chiefly dwelt on, and this menace, mainly in connection with manure as a breeding place for flies. Pollution of wells from stables was mentioned. The horse as the disseminator of the tetanus bacillus was referred to, also the danger of horses communicating glanders, the possibility of actinomyces being communicated by the horse, etc. Several answers laid stress upon the fact that additional air and sunshine were enjoyed by those who had automobiles.

It would be interesting to learn from a company of medical men in what respects they might consider the horse superior to the automobile from the hygienic standpoint. No doubt the horse is a menace to health to a certain extent in a city, chiefly by reason of his stable affording a breeding place for flies. On the other hand, the automobile in a city has to answer for the promotion of more noise than was the case before its advent. This, too, affects the general population, perhaps, more than the motorist himself. Whether the automobile has increased nervous complaints to an appreciable degree is a moot point. There is, also, the question of dust dissemination to be considered when discussing the automobile. From the esthetic point of view there is room for comparison, but even from the hygienic standpoint solely the lover of the horse and the votary of the motor car would, doubtless, argue stoutly with regard to the relative merits of the animal and of the machine and each would give cogent reasons for his attitude. Apart from the question of hygiene, however, the superiority of the machine over the horse, so far as the physician is concerned, is so marked and so proved by experience that it is probable no consideration will ever bring back the animal to the service of medicine except as a provider of antitoxins.

Editorials from the Lay Press.

Dr. Wiley's Great Service.

Part of editorial in the April issue of Good Housekeeping:

The championing of the cause of the people's right to honest commodities has been without a compromise in the face of the bitterest opposition that could be brought to bear upon Dr. Wiley by his astute enemies. Every kind of charge, from dishonesty of purpose to actual criminal complicity, has been entered against him, and at times it has seemed to those of us who have been watching the somewhat unequal combat as if the doughty Doctor must at last be outdone by his enemies. But Dr. Wiley has successfully maintained his position and the integrity of his cause until the end. Now that he has seen fit to leave the post which he has filled long and honorably he has been able to do so not only without loss of integrity, but with the satisfaction of a very substantial success behind him.

Dr. Wiley has much to say to the women of America, and through the pages of this magazine, he expects to deliver his message. If he has done good work in the past for the health of the American home, he has been able to tell the homemaker and housekeeper but little regarding that work. Of its truer meaning and significance not much has been said, because, heretofore the one man in the land who knew it best has been under the necessity of maintaining silence. As a holder of a great public office, and particularly as a servant under the direction of one of the cabinet departments of the Government, Dr. Wiley was not in a position to express himself freely on all subjects that came to hand. As the director of the Bureau of Foods, Sanitation and Health maintained by this magazine he will have an absolutely free hand and all the aid and sympathetic help that the forces of the magazine may command.

We do not attempt at this time to give even a preliminary program of Dr. Wiley's work as the director of this bureau. We much prefer that our readers should learn of his intentions in his own words. We feel sure that they will eagerly welcome that announcement when it comes, as it will in the near future, and that they will congratulate themselves as well as the publishers of this magazine on enlisting the services of so distinguished and so proven a friend of the cause of pure food.

To Study Exceptional and Backward Children.

From the Newark Evening News.

The scientific study of children and school inquiries have made such progress during the past year as to lead to the belief that 1912 will reveal a remarkable change in the attitude of educators to the whole school problem. Pupils are being classified. The causes of retardation are being investigated. Physical defects as causes are being treated and efficiency all along the line is made the special aim. Several cities are engaging experts to visit schools and to make study of conditions.

Among the conferences for the study of children was one by the National Association for

the Study and Education of Exceptional Children held December 1-2 at New York University, and another will be held at Lehigh University, South Bethlehem, Pa., April 3-4, 1912. The former society has its central office at Plainfield and gives attention to the development of exceptional children and to such children as a social problem. The latter conference at Lehigh University is to have as a general subject the "Conservation of School Children." The particular topics will be: "Medical Inspection and Supervision" and "The Problems of Deficient and Backward Children."

The method of classification and study of exceptional children is interesting. Maximilian P. E. Groszmann, Ph. D., of Plainfield, educational director, finds exceptional children to be those who depart from the "normal type." Consequently the "pseudo-atypical" are those with slight physical defects, slower in rate of development, difficult to manage, neglected children, and those, too, unusual in rapid development. The atypical children proper are those who deviate from the normal from hereditary, congenital and environmental causes. Children of arrested development, defective, or who are of primitive type, with potential ability incomplete, are called "sub-normal." The abnormal children are those who require permanent institutional care, as imbeciles and feeble minded, criminal and moral perverts.

It is within comparatively recent years that universities have undertaken as inductive study of children. All facts possible to be obtained about them are being gathered and classified and such conclusions secured as will have the effect of laws of development in this bearing on educational processes and problems. The evident purpose of this work is not alone the beneficent results to be obtained for the individual pupils, but the building of a better race of men and women in the future through the attention now given to children.

Open-Air School on College Building Roof.

From the Newark Evening News.

The poor children of New York are not the only ones who enjoy the advantages of an open-air school. The weak and over-pampered children of the rich also have a school where they can breathe fresh air and grow rugged while they are learning the elementary branches. This school consists of a roof garden where the children are taught, exposed to all kinds of weather. The children, who range from six to eight years in age, are dressed in warm suits of wool and, though the wind blow cold from a thousand directions, they are comfortable and well.

The school is situated on the roof of the Household Arts building of Teachers' College in connection with Columbia University. When the children first began the experiment of studying on the roof exposed to the weather they were nervous and sickly and most of their parents were worried over their future. After a week on the roof they had improved so remarkably that those interested were enthusiastic in their praise of the idea.

The children are taught along the same lines as the regular public school pupil and they have done splendidly in their lessons ever since they began their studies in the open. It seems that the fresh air has a good effect on their mental

powers. The weak, nervous babes that first went skyward to study are no more and in their place have come ruddy-faced, healthy children who have splendid appetites and are as happy as can be. On account of the limited roof space the school has a large waiting list. There are twenty-six children in the fresh air class at present—fifteen girls and eleven boys.

Therapeutic Notes.

Chronic Bronchitis.

R Chloroformi, ℥ss.
Creosoti,
Terebeni,
Olei pini sylvestris, of each, ʒiiss.
Alcoholis, q. s. ad ℥ʒj.

M. Sig.: From 5 to 20 drops in an inhaler several times a day.—Merck's Archives.

Cystitis—Treatment of.

D. Newman, in the *Lancet*, March 21, states that in mild bacillus coli infection of the bladder internal medication is designed to lessen the irritability of the vesical mucous membrane, to hinder the propagation of the infective organisms, and to clear them out of the bladder. The administration of urinary antiseptics by the mouth and local applications to the bladder are not suitable during the acute stage, but they are indicated as the inflammation subsides. Irrigations with a 1 per cent. solution of boric acid are useful. The treatment of the severer forms of acute cystitis due to the pneumococcus, streptococcus, gonococcus or tubercle bacillus is constitutional and local. The patient must remain in bed and the symptoms may be relieved by warm baths and sitz baths with aromatic herbs, or hot moist compresses may be kept on the abdomen. Diet should be plain and the quantity limited, and bland fluids should be given in considerable quantity. The drugs given must depend upon the reaction of the urine, but in all cases phenacetin and extract of hyoscyamus— for an adult 5 grains of each three times daily— should be taken. Opium should be avoided, but morphine may be given hypodermically if demanded on account of the pain. Vaccines are of special value in these cases.

Chronic Cystitis.

Santonin acts very promptly in chronic catarrh of the bladder, when given in half-grain doses three times a day. The flow of urine is speedily increased in volume, and flows with ease. The sensitiveness and feeling of dullness in the bladder disappears and a cure is generally effected in a very short time.

Gout.

Ex. colchici acetici.
Ex. aloes,
Pulv. ipecac.
Hydrarg. chlor. mitis., aa gr. i.
Ex. nucis vomicæ, gr. ʒ4.
m. f. pil No. xii.

One pill to be taken every four hours until purgation ensues.

Potassii bicarbon., ʒ ix.
Potassii nitratiss., ʒ vi.
Sodii nitritiss., gr. xx.
Pt. chart. No. xx.

One in the morning in a large glass of water. (High arterial tension of gouty origin.)

Lithii benzoat., ʒ ii ss.
Sodii phosphat., ʒ v.
Tinct. colchici rad., ʒ ii ss.
Aque cinnamomi, q. s. ad ʒ iv.
A dessertspoonful two or three times a day.

Potassi iodidi, ʒ iv.
Linimenti sponis.
Ol cajuputi.
Ol. carui, aa ʒ ss.
Spirit. vini rectific., q. s. ad f ʒ vii.
Apply on lint and cover with protective—
Critic and Guide.

Gonorrhœa—Sub=Acute.

R Mentholiss., gr. xv.
Ungt. belladonnæ, gr. xx.
Ungt. Crede, gr. xxx.
Ichthyolis, gr. lx.
Petrolati, q. s., ʒj.

Dr. C. W. Bethune, Buffalo, has found this to be very soothing as a local application in epididymitis. The swelling subsides in about ten days.

Gout—Newer Treatment of.

Dr. George Meyers, at a meeting of the Medical Association of the Greater City of New York, said that gout was a metabolic disorder due, not to proteins as a class, but to one particular form of proteins, namely the nucleoproteins. The fault might be due to the ingested nucleoproteins or to those special ferments which metabolized them. The gouty deposits in the tissues were increased by sodium salts. The treatment, therefore, should consist of the following points: (1) Avoid the nucleoproteins. (2) Rest or alter the ferments. (3) Avoid sodium compounds. The first of these requisites was best brought about by the use for a few days of a diet free from nucleoproteins, and then establishing a tolerance by the gradual addition of nucleoprotein material to the diet. The ferments were restored by this avoidance of nucleoproteins. By the use of a salt-free diet the amount of ingested sodium was limited. When drugs were employed (as for the relief of pain, etc.) it was advisable to select strontium or potassium salts, instead of sodium salts. So, too, the mineral waters partaken of should be free from sodium, and in this connection it was important that great care should be taken in selecting proper health resorts to which to send patients. When he had finished the paper Dr. Meyers said it would have been noticed that nothing was said in regard to colchicum. This was because the drug had no effect whatever on the disease, its only service being in the relief of pain. Radium, however, appeared to exert some action on fermentation processes, and, therefore, such mineral springs as contained this agent in their waters might prove useful to the gouty patient.

Hemorrhoids.

Dr. H. G. Anderson, in the *British Medical Journal*, recommends the use of solid carbon dioxide in the treatment of small uncomplicated internal hemorrhoids.

Pleurisy—Treatment of.

The treatment of acute pleurisy requires but little observation; however, it is sometimes useful to take a hurried glance at the methodic treatment by such an authority as Professor Robin, of Paris, as described in the *Medical Press and Circular*, October 18, 1911.

The patient being put on exclusive milk diet, a laxative and diuretic dose of calomel is given: Calomel, 8 gr., divided into four packets, one every hour.

The following day ten grains of salicylate of soda are given every six hours. Jaborandi has been employed in infusion (1 dr.) taken during the day to excite salivation and sudation, but it is a dangerous remedy, and should never be employed, at least in pleurisy of the left side.

The blister has been impugned by many as being dangerous, oppressing the nervous system, provoking congestion of the kidneys, irritating the bladder, provoking fever and exposing to infection, sometimes mortal. To these objections Professor Robin replies that the blister increases phagocytosis, and increases pulmonary ventilation in the proportion of 50 per cent. The patient consumes 25 per cent. more of oxygen. It has not only a revulsive effect, but a dynamic action on the respiratory changes.

Therefore, toward the sixth or seventh day, when the temperature begins to go down and the effusion remains stationary, a large blister should be applied. The blister diminishes the dyspnea, and far from raising the temperature, it lowers it after a slight transitory elevation. The blister should be powdered with camphor, and the skin well washed with soap, and afterward with alcohol and ether at the point of application. It should never be placed right on the back on account of irritation and the difficulties of dressing; it is applied to the side and left ten hours in situ.

If, after that time, the skin is only reddened, a poultice of starch is applied to produce the desired "blister;" boric acid ointment completes the after dressing. Blisters should not be prescribed in persons suffering from Bright's disease or hypertrophy of the prostate.

Besides the above fundamental treatment, certain symptoms require attention. The pain in the side may need an injection of morphine; great dyspnea, an injection of one-tenth of a grain of chlorhydrate of heroin. In case of a persistent hyperthermia, M. Robin recommends the association of pyramidon (6 gr.) and hydrochlorate of quinine (8 to 12 gr.), the quinine to be given ten minutes after the pyramidon.

Uterine Atony in Labor.

Dr. P. Kroemer, in *Zentralblatt für Gynäkologie*, reports excellent results following the use of pituitary extract in cases of labor in which the pains are weak. It is particularly valuable in cases of secondary atony in which the use of forceps has the disadvantage of favoring the continuation of this atony during the third stage of labor. Another indication for the use of this drug is as a preliminary to the performance of cesarean section, in which it markedly controls the hemorrhage.

Therapeutics.

From a paper by Dr. Curran Pope, of Louisville, in the *Dietetic and Hygienic Gazette*.

Nothing in the range of clinical observation is, in my observation, better shown or more easily seen than the increased efficiency of remedial medicinal measures under the influence of the physical forces as applied to the human body. I have observed that most men who use the physio-therapeutics soon acquire a drug nihilism that is, to say the least, reprehensible, as well as regrettable. Be careful not to be one-sided; we do not like the looks of the "lop-sided," physically nor mentally. To me drugs still possess their uses and potency, even after twenty years of constant daily use of every known physical remedy and I am satisfied that my drugs act quicker and better because of those combinations I make with the physical methods. Every general practitioner, every specialist should possess sufficient scientific breadth to become an all round good therapeutician, bolstering up the action of one by the employment of the others. In seeking to give the best of all kinds of therapeutics, remember that at the same time kindness of thought and manner, judicious toning of the mental status by word and act will add not a little to your patient's comfort, to his confidence, to that real, reasonable faith and trust that should always be the relationship between the doctor and "his friend," the patient.

Hyoscine in Therapeutics.

According to Ringer, hyoscine is employed chiefly as a calmative or soporific, especially in maniacal cases. In other cases it should not be given till the more usual hypnotics have been tried, for its action is somewhat uncertain, and the susceptibility to the drug varies greatly in different people, and hence symptoms rather alarming in appearance, though not dangerous, may arise. It is the best remedy to calm the delirium of mental affections, and to induce sleep. It is useful in puerperal mania. From 1/150 to 1/100 of a grain, given by the mouth, is the dose that usually succeeds, but 1/80 to 1/50 may be required. It can be administered without difficulty, as it is tasteless. To quell mania it may be given hypodermically in 1/100 grain dose. It has been found useful in the sleeplessness arising from worry or excessive cerebral activity, or where the sleep is much harassed by dreams; it may succeed when other soporifics have failed and the sleep is refreshing. According to Mitchell Bruce, kidney disease does not contraindicate the use of hyoscine, and he states also that he has used the drug with benefit in exceedingly feeble states of the heart. It is highly recommended in paralysis agitans, as able to remove the tremor and the contracture; on discontinuing the medicine, however, these symptoms return. In this disease 1/250 grain is a sufficient dose.—The London Practitioner.

The Therapeutic Value of Ipecac.

The therapeutic value of ipecac seems to be much greater than physicians in temperate climates have imagined. Attention has recently been called to the fact that the drug is specific in the early stages of amebic dysentery, and if given in sufficiently large doses in salol coated capsules—20 to 90 or even 100 grains in a day according to results—it completely cures

every case. There is now much evidence that it is also valuable in more advanced cases, even where there is extensive ulceration. It is even suspected that it cures bacillary dysentery, at least it succeeds in cases which never show amebæ in the stools. The last and most amazing report is that it really does abort threatened abscess of the liver. Leonard Rogers, of India, has long been calling attention to its marvelous effects and now Dr. F. W. Dudley, of Manila, confirms these findings in a paper read before the Far Eastern Association of Tropical Medicine, March, 1910. Some work is now being done in the tropics with a view of separating the amebocides from the crude drug, and as they may prove of equal value in other infections we commend the matter to the early attention of our pharmacologists. The work so far done shows conclusively that some preparations on the market are worthless, and it is, therefore, an urgent matter to standardize the drug, for a patient's life depends upon its potency and neither physician nor druggist is able as yet to say what are the tests of its efficiency except trial. Indeed, there is some evidence that opposition to the drug is not infrequently due to bad results of inert preparations. There is an excellent preliminary report on ipecac by Captain E. B. Vidden, of the Army Medical Corps (Bulletin, Med. Soc., Mar., 1911), but there is much more to be done. So far we know experimentally that the drug is a powerful amebocide, and that the contained emetin is effective in dilutions of 1-100,000—American Medicine.

Medico-Legal Items.

Right to Recover for Services Rendered to Patient Unconscious from Insanity.

Where a physician renders services to a patient, either on an express contract of employment or with the patient's consent, the law raises an implied promise on the part of the patient to pay him what the services are really worth. And where, in a proper case, a physician renders services to a person without his request or consent, or where one is injured by an accident rendering him unconscious, the law will imply a promise from him who received the benefit of the services to pay for them. Where, however, the plaintiff, a physician, rendered services to the defendant at the request of a physician in attendance, and the defendant had a regular physician, and it appeared that when the plaintiff was called the defendant was unconscious from insanity, but the unconsciousness lasted only two days, and the plaintiff continued the services after that, it was held that the plaintiff was not entitled to recover as on an implied contract.—Edson v. Hammond, New York Supreme Court, Appellate Division, 127 N. Y. Supp. 359.

Town Not Held Liable for Dog Bite.

The town of Littleton, Col., has an ordinance that makes it unlawful to permit any vicious dog to run at large therein, and requires its marshal and police officers to kill any such dog. One Addington, a pedestrian in the town, who was bitten by a vicious dog knowingly permitted to run at large, sued the city because of

the failure of its officers to enforce the ordinance, and on the theory that it was bound to keep its streets in a safe condition for travel.

The Supreme Court of Colorado, in *Addington vs. Town of Littleton*, holds the city not liable on the ground that the duty imposed upon the marshal and police officers was imposed under the governmental powers of the town, and because the duty to keep its streets in safe condition was limited to their construction and maintenance and excluded the use thereof.

Malicious Prosecution—Probable Cause—Belief that Plaintiff is Practising Medicine Without Authority.

An action against a medical society for malicious prosecution in instituting a prosecution against the plaintiff for practising medicine within the State without legal authority resulted in a judgment for the plaintiff, which was reversed on appeal. It appears that the plaintiff was not authorized to practise medicine in the State; that he held himself out as a doctor and claimed to have produced a medicine which would cure glanders. He wrote to a person in a hospital suffering from that disease, offering to cure him. He subsequently visited him in the hospital, examined him, and declared that he had glanders. He allowed himself to be addressed as a doctor, stated that he could cure the case, and left medicine with directions for its use. Under these circumstances it was held on appeal that there was probable cause for his prosecution. There was nothing to indicate that the defendant was actuated by malice, or that it had any desire to do otherwise than carry out one of the objects of its incorporation, which was to prevent persons practising medicine without being authorized to do so by the statutes of the State. It was unnecessary for the court to determine whether the plaintiff was actually engaged in the practice of medicine within the meaning of the statute; it was sufficient for the purpose of the appeal that there was at least probable cause for the defendant's belief that he was doing so.—*Schmidt v. Medical Society of New York County*, New York Appellate Division, 127 N. Y. Supp. 365.

Large Damages Approved for Personal Injuries.

The Supreme Court of California affirms in this case a judgment for the plaintiff for \$70,000 for damages for personal injuries. The jury's verdict in favor of the plaintiff was for \$100,000, but from that \$30,000 was remitted. At the time of his injury the plaintiff was 27 years old, in perfect health, and earning about \$2,500 a year in the breeding and training of horses. By the accident his right heel was crushed and torn to such an extent as almost to sever it from the foot. His right leg was fractured between the knee and ankle, and the flesh on that leg between the thigh and ankle was torn, cut, bruised and lacerated. His back, sides and shoulders, face and head were cut, bruised and wounded, and he sustained a severe nervous shock. Moreover, by reason of his injuries his left arm had to be amputated below the shoulder, his right hand at the wrist, and his left foot a short distance above the ankle. So the court declares that, while the damages awarded in this case were very great,

the shocking character of the injuries, the loss of both arms and one leg, the permanent loss of earning capacity, the inevitable disabilities and the suffering endured, and necessarily to be endured for more than 38 years, which the mortality tables showed was the expectancy of his life, presented a case in which the injuries were as grave as the damages great, or, at least, a case in which there was no such marked disproportion between the character of the injuries and the award made for them as to suggest at once that the award was influenced by prejudice, passion or corruption. (*Zibbell vs. Southern Pacific Co.* (Cal.), 116 Pac. R. 513.)

Construction of Portion of Medical Practice Act on Sale of Drugs by Itinerant Venders.

The Supreme Court of Arkansas reverses a conviction of an itinerant vender of prepared drugs of practising medicine without a license on the ground that the indictment did not state facts sufficient to constitute an offence, because it failed to state that the accused did "by writing, print or other methods, profess to cure or treat diseases or deformity." The indictment was preferred under that section of the statute enacted in 1903 to regulate the practice of medicine and surgery which provides that: "Any itinerant vender of any drug, nostrum, ointment or application of any kind, intended for the treatment of disease or injury, or who may, by writing, print or other methods, profess to cure or treat diseases or deformity by any drug, nostrum, manipulation or other expedient, in this State, shall be deemed to be in violation of this law and punished as provided. This does not apply to persons who obtain certificates as herein provided."

The court says that this section is somewhat ambiguous, and, in order to ascertain its exact meaning resort must be had to the whole statute, which in its entirety and according to the language of its title was designated to regulate the practice of medicine and surgery, and to require practitioners to first stand examination and obtain certificates authorizing them to practice. This section and the succeeding one undertake to define what shall constitute the practice of medicine or surgery.

The language of the whole statute, when considered in its entirety, does not warrant the conclusion that the lawmakers intended to require an itinerant vender who merely sells medicine to stand examination and obtain a certificate as a physician. On the contrary, it seems clear to the court that it was intended as one of the definitions of the practice of medicine to declare that an itinerant vender of medicine who professes to cure or treat diseases or deformity by any drug, nostrum, manipulation or other expedient shall be deemed to be within the terms of the statute, and shall be required to obtain a certificate. Any other construction would not only do violence to the scheme outlined in the statute as a whole, but it would render the section meaningless and would give no force at all the words, "who may, by writing, print or other methods, profess to cure or treat diseases or deformity by any drug," etc., for if it was intended to declare an itinerant vender who merely sells medicine without a certificate to be an offender, then the words above quoted are useless. The construction adopted makes it necessary to disregard the disjunctive "or," or

to substitute the conjunctive "and" therefor, before "who may," but that may be done when essential in order to carry out the manifest intention of the law-makers.—(*Williams vs. State* (Ark.), 137 S. W. R., 927.)

Hospitals and Sanatoria.

Mercer Hospital, Trenton.

The medical staff elected the following recently: President, Dr. Charles J. Craythorne; vice-president, Dr. Edward S. Hawke; secretary, Dr. Charles F. Adams, and registrar, Dr. Frederick S. Watson.

New Hospital at Vineland.

Vineland is to have another hospital within a short time. Application has been made for a charter by Dr. George Cunningham and wife, Dr. J. S. Halsey and wife, Dr. C. P. Jones and wife. It is understood that these names only appeared on the papers filed at Bridgeton, but other physicians of the town will join. Several sites have been inspected but none selected as yet. The new hospital it is presumed will take up the business of the Physicians' Hospital after the sale by the receiver.

The Physicians' Hospital now has fourteen patients and it is supposed that they will be removed to the new hospital or stay where they are if the new association buys the present hospital at the sale.—Evening Journal.

North Hudson Hospital.

The coffers of the North Hudson Hospital were enriched recently by \$1,004.85, the proceeds of the annual concert given this winter by the Eintracht Singing Society. When the expenses of the concert were deducted from the receipts the above sum was found to be clear profit and it was turned over to the acting treasurer of the institution, Paul Boos.

Gift to North Hudson Hospital.

In honor of his eightieth birthday anniversary recently Mr. William Peter, of the Peter Brewing Company, sent a check for \$500 to the North Hudson Hospital.

At a meeting of the Ladies' Guild of the North Hudson Hospital, held March 20th, in the institution at Park avenue and Main street, the question of placing fire escapes on the hospital was discussed. For a long time the Guild has saved money until about \$1,200 has been gathered. This sum is to be used in erecting the escapes. At the last meeting of the Hospital Board of Governors, permission for the erection of escapes was given to the guild. The plans are completed and now the remaining questions concern the price and the contractor.

Elizabeth General Hospital.

Because of an outbreak of scarlet fever in the institution, the Board of Health, on March 1st, placed the Elizabeth General Hospital under quarantine for two weeks. During the quarantine female patients will be taken care of at St. Elizabeth's Hospital and males at the Alexian Hospital. The three patients who developed scarlet fever in the General Hospital

have been removed to the Isolation Hospital, near the Newark-Elizabeth boundary line.

The quarantine on the General Hospital at Elizabeth, due to an outbreak of scarlet fever in the institution, was lifted on March 22. The half-dozen patients suffering from scarlet fever who were removed to the Isolation Hospital are doing nicely.

The Ladies' Aid Society and managers of the Elizabeth General Hospital will give an entertainment in May for the benefit of the hospital. The affair will be known as a carnival of dances. Through Brigadier-General Denis F. Collins the new armory has been secured from May 14 to 19. Girls from the Battin High School will take part in the dances.

Glen Gardner Tuberculosis Sanatorium.

The tenth annual report of the New Jersey Sanatorium for Tuberculous Diseases for the year ending October 31, 1911, has recently been issued. An outline of this report was given in our February issue of the Journal, page 493.

Tuberculosis Preventorium.

This institution at Farmingdale, N. J., has received \$5,000 legacy under the will of Mrs. Catherine Neustadter, of San Francisco. This leaves only about \$10,000 more to complete the required \$150,000 for the new buildings contemplated.

Marriage.

EWENS—JOHNSON.—At Atlantic City, N. J., February 27, 1912, Dr. Arthur Edward Ewens, of Atlantic City, to Miss Florence Lane Johnson.

Deaths.

BOWDEN.—At Paterson, N. J., March 17, 1912, Dr. David Thomas Bowden, aged 47 years.

Dr. Bowden was born in Lodi Township, Bergen County, in 1865, but went to Paterson with his parents when he was an infant. He was educated in the Paterson public schools and later went to the Wake Forest College in North Carolina for a two-year term. Then he entered upon the study of medicine in the University of Maryland at Baltimore, from which he graduated in 1889. He at once began practice in Paterson and continued it successfully until a week before his death, when he was taken ill with a severe attack of pleuro-pneumonia.

For nearly twenty-three years Dr. Bowden was the Paterson examining physician for the Prudential Insurance Company. He was one of the few physicians who made a special study of orthopedic treatment and was the surgeon-in-chief of the Paterson General Hospital Orthopedic clinic and was considered to be a successful practitioner. He took a great interest in the work of the Orthopedic Society, which maintained the clinic at the hospital, and it is said that his place in this respect will be hard to fill, as he was recognized as an expert on the subject.

Dr. Bowden was a member of the Passaic County Medical Society of the Medical Society of New Jersey, of the American Medical Association and of the New York Academy of Medicine. He was also prominent in fraterni-

ties in Paterson, was a member of the Paterson Lodge of Elks, Ivanhoe Lodge, F. and A. M., and the Odd Fellows' Lodge. He was an attendant at the Second Presbyterian Church and a member of the brotherhood there.

Dr. Bowden was twice married. His first wife was Tessie Rose Wold, of Paterson, who died several years ago. About two years ago he was married to Helen W. Bryce, of Paterson, who survives him, besides a son, David T. Bowden, Jr., and a daughter, Jesse R. Bowden.

MAC DONALD.—At Princeton, N. J., February 28, 1912, Dr. Arthur Kendrick Macdonald, aged 60 years.

Dr. Macdonald was born in New York City in 1852 and went to Princeton at an early age.

Graduating from Princeton in 1871, he took up medicine in the University of Pennsylvania and was graduated therefrom in 1875. Upon leaving medical school he acted as interne in the Presbyterian Hospital in Philadelphia and also in St. Francis Hospital in Trenton.

Dr. Macdonald was ex-President Cleveland's physician during the latter's residence in Princeton. Until several years ago he was athletic physician of the university.

For many years his father was pastor of the First Presbyterian Church of Princeton, and the doctor was a member of it for many years. He is survived by his widow and two sons.

Personal Notes.

Dr. Frank C. Ard, Plainfield, was called to Westfield, N. Y., on March 9th on account of the sudden death of his father there.

Dr. J. Wellington Crane, Newton, has been reappointed resident physician of the New Jersey State Prison.

Dr. William A. Clark, Trenton, attended the dinner given by Dr. Hobart A. Hare at his residence in Philadelphia, in honor of Surgeon-General Stokes, of the United States Navy, and Lieutenant-Commander Cook.

Dr. Thomas W. Harvey, Orange, spoke on "The Modern Method of Surgery" at a meeting of the Alumnae Association of the Orange Training School for Nurses, on March 20th.

Dr. Ralph H. Hunt, East Orange, recently gave a talk on "The Tuberculosis Day Camp" before the Woman's Alliance of the First Unitarian Church, Orange.

Dr. Henry W. Kice, Wharton, and wife made a brief visit to Richmond, Va., last month.

Dr. Thomas H. Mackenzie, Trenton, who has served as visiting physician for the New Jersey State Prison for eighteen years, declined re-appointment.

Dr. Martin W. Reddan, Trenton, was appointed visiting physician for the State Prison in place of Dr. Mackenzie. His term begins July 1st.

Dr. John H. Moore, Bridgeton, has been appointed a member of Bridgeton's new Board of Education for three years and he was subsequently elected president of the board. Dr. Joseph Tomlinson was also appointed a member of the board for a two years' term.

Dr. William R. Broughton, Bloomfield, and wife spent a few days at Pinehurst, N. C., last month.

Dr. Leo Koppel, Jersey City, and wife recently returned from Europe. The doctor is convinced, after visiting the hospitals abroad, that our own are full as good, if not superior.

Dr. William A. Clark, Trenton, has been re-appointed by the Governor one of the managers of the Epileptic Village at Skillman.

Dr. Theodore W. Corwin, Newark, has been appointed a manager of the Glen Gardner Tuberculosis Sanatorium.

Dr. William F. Faison, Jersey City, has also been appointed a manager of the Glen Gardner Sanatorium.

Dr. Luther M. Halsey, Williamstown, has been reappointed a manager of the State Hospital at Trenton.

Dr. Henry A. Henriques, Morristown, and wife have been spending a few weeks at Tallahassee, Florida.

Dr. Henry V. Hubbard, Plainfield, has been appointed junior surgeon for the eye, ear and nose at Muhlenberg Hospital, Plainfield.

Dr. Archibald B. Olpp, West Hoboken, has been giving lessons on first aid to the injured to the members of the Clarendon Hook and Ladder Company of Secaucus.

Dr. Norman B. Probasco, Plainfield, addressed the Plainfield Mother's Association recently on "The Prevention of Disease in Childhood and Adolescence."

Dr. George T. Tracy, Beverly, has been appointed one of the managers of the State Hospital at Trenton.

Dr. Eugene J. Luippold, Weehawken, recently had a narrow escape when his automobile collided with a brewery wagon.

Dr. Henry A. Cotton, Trenton, attended the dinner given by the Trenton Club to Chancellor Walker last month.

Dr. Joseph B. Shaw, Trenton, and wife recently returned from an extended Southern trip.

Book Reviews.

RECENT METHODS IN THE DIAGNOSIS AND TREATMENT OF SYPHILIS. (The Wassermann Reaction and Ehrlich's Salvarsan, "606"). By C. H. Browning, M. D., Lecturer on Bacteriology in the University of Glasgow, and Ivy McKenzie, M. D., Director, Western Asylums' Research Institute, Glasgow. Octavo, 303 pages. Cloth, \$2.50 net. Lea & Febiger, Publishers, Philadelphia and New York, 1912.

This book is a record of original work by experienced observers and is an authoritative, candid and by far the fullest report extant on this most interesting subject. We understand that about half of the edition was sold within a few days after publication.

PRACTICAL TREATMENT, VOLUME III. A HANDBOOK OF PRACTICAL TREATMENT. In three volumes. By 82 eminent specialists. Edited by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania, and A. O. J. Kelly, M. D., late Assistant Professor of Medicine, University of Pennsylvania. Volume III, Octavo of 1,095 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Per volume, cloth, \$6 net.

It has been said of this work that it is "the most ambitious work on practical treatment ever undertaken in America." It certainly has a corps of most able contributors. The chapters in this volume on the respiratory and digestive systems are especially full and valuable.

SURGERY AND SOCIETY. A TRIBUTE TO LISTERISM. By C. W. Saleeby, M. D., E. R. S. E. Fellow to the Obstetrical Society of Edinburgh, etc. Moffat, Yard & Co., New York, 1912.

Written largely for the laity this work describes in a most pleasing manner the practical application of "Listerism" to the needs of the people. The objective of the writer is to call attention to the germ factor in the causation of disease and thus to stimulate efforts to eradicate all varieties of harmful germs and consequently of the diseases caused by them. He also wishes to "make some reparation for the too hard words spoken of the surgical profession some years ago," and he has well accomplished that object.

PHYSIOLOGY. A MANUAL FOR STUDENTS AND PRACTITIONERS. By A. E. Guenther, Ph. D., Professor of Physiology in the University of Nebraska, and Theodore C. Guenther, M. D., Attending Physician, Norwegian Hospital, Brooklyn, N. Y. New (2d) edition, thoroughly revised. 12mo, 269 pages, illustrated. Cloth, \$1.00 net. The Medical Epitome Series. Lea & Febiger.

MICROSCOPY, BACTERIOLOGY AND HUMAN PARASITOLOGY. By P. E. Archinard, A. M., M. D., Bacteriologist, Louisiana State Board of Health and City Board of Health, New Orleans. New (2d) edition, thoroughly revised. 12mo, 267 pages, with 100 engravings and 6 plates. Cloth, \$1.00 net. The Medical Epitome Series. Lea & Febiger, Publishers, Philadelphia and New York, 1912.

These two little volumes are of special service to the advanced student or to the general physician in quickly reviewing the essential features of their respective subjects.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Arizona, Jan.	10	5	5
Colorado, Jan.	8	8	0
Colorado, July	19	19	0
Colorado, Oct.	9	7	2
Illinois, July	106	59	47
Illinois, Oct.	135	89	55
Kentucky, Dec.	31	21	10
Missouri, Sept.	53	36	17
Texas, Nov.	27	23	4
Virginia, Dec.	58	25	33
Washington, Jan.	49	35	14

The Massachusetts State Board of Registration.

The Massachusetts State Board of Registration was subjected to sharp criticism by the committee on public health of the State Legislature on March 12. Charges were made that the examination questions are kept secret so that they need not be varied from one examination to the other, that applicants are examined on subjects not required by statute, that the graduates of one medical school are discriminated against in the examinations, and that in at least one instance a candidate who had been rejected was subsequently granted a license upon threatening to bring suit against the board.

Public Health Items.

Health Map for Kearny.

A "health map" showing the location of the contagious diseases which have been reported in Kearny this year, has been prepared by Health Inspector Henry V. Amerman, and is in the Board of Health room at the Kearny Town Hall. The various diseases are indicated by means of pins of different colors, as follows: Diphtheria, light blue; tuberculosis, white; scarlet fever, red; whooping cough, dark blue; chickenpox, green; measles, black.

There are ninety pins in the map to date, fifty per cent. of which are black. Three deaths have resulted from contagious diseases, two on account of tuberculosis and one from diphtheria.

Measles Affecting School Attendance.

The prevalence of measles has been marked in some of the Newark schools, affecting attendance, especially at the Summer Avenue School. Its record showed on March 8, out of 376 pupils in the nine primary rooms, including the kindergarten, 201 were absent. On the 7th 188 were absent. On the 11th the attendance was apparently a little larger.

The large number of absentees is attributed to various causes. Of the entire number out of school, forty-nine are known to have measles. Thirty-two are ill, but it is not certain whether or not they are measles. There are thirty-eight cases of mumps and two of chicken-pox. The rest who are absent are accounted for as quarantined or as being kept at home through precaution on the part of their parents. Measles prevailed in this school just before the Christmas vacation.

Camden Bakeries and Confectionery Shops.

Thirty-eight of the 76 bakeries and confectionery shops of the city have failed to come up to the requirements of the State law under which they operate, and as a result of this fact only thirty-eight places of business of this character in Camden are now operating under a license. Several of those below standard will be "sealed" and marked "unclean" unless they shall be made to conform with the requirements of the State law. Ample time will be given their owners to do so.—Exchange.

Jersey City Health Board.

Dr. George E. McLoughlin, chairman of the Committee on Sanitation, recently personally investigated 48 dairies in Jersey City and found several in filthy condition and the milk was below the standard. One thousand one hundred babies died under a year of age in the city last year and he expressed the belief that most of them were largely due to the quality of the milk given them. In his report to the board he said:

"I propose to have the sanitary department adopt strenuous measures to clean up the disease-breeding dairies. Infantile mortality is too high in Jersey City. It would be a crime to permit these dairies to supply milk under existing conditions. It is claimed by these dairy-men that they do not supply milk in Jersey City and that most of the supply is sent to Hoboken to the Italian quarter of that city. I believe,

however, that much of the milk is consumed in Jersey City because of its cheapness. I shall not stop the crusade until we clean up all these filthy dairies.

"I propose also to investigate the condition of big dairies out of the city which send milk to Jersey City. Tubercular cows may make the milk supply from those dairies dangerous to public health."

Colonel Henry H. Brinkerhoff, M. D., president of the Board of Health, was out with a camera recently, taking snapshots of the filthy condition of some of the street of Jersey City, and of ashbarrels that had not been emptied in several weeks apparently. He intends to use his camera in several sections of the city.—Hudson Observer.

Montclair Insists on Compulsory Vaccination.

Acting on the advice of its health committee, the Montclair Board of Education, at a special meeting held to consider the question of compulsory vaccination, March 12, voted to restore the ruling of the former board making vaccination a prerequisite for the admittance of children into the public schools of the town.

The vote showed six members in favor and three against the compulsory vaccination rule, as read. Spirited arguments for and against by residents of the town were heard. About thirty persons, many of them physicians, attended the session. As represented at the hearing, the numbers of the "pros" and "antis" appeared about equal. Each side quoted statistics in support of their contention, and at times the discussion waxed warm.

Every member of the Montclair Board of Health, which had many times put itself on record as indorsing compulsory vaccination, attended the special session. Three members of the Health Board spoke in favor of the action. They were President Moses N. Baker, Dr. James T. Hanan and Dr. Levi W. Halsey. Health Officer Chester H. Wells, Dr. Richard P. Francis and Dr. Richard Cole Newton, member of the State Board of Health, also declared emphatically for compulsory vaccination.

Compulsory Vaccination in Passaic.

Dr. George T. Welch, Passaic, has an interesting article in the Passaic Daily News of March 21st, refuting the statements of City Sanitarian Elliot "that between the years 1886 and 1892, there were 156,000 cases of smallpox occurring in vaccinated persons in Japan, with nearly 40,000 deaths. And a similar experience, although not of the same magnitude, is officially recorded as having affected our army in the Philippines."

Also Dr. Elliot's further statement: "Some six years ago, while Deputy Health Officer at Syracuse, New York, there was an epidemic of smallpox. Under personal observation about sixty per cent. of those suffering had been vaccinated within six months prior to the outbreak of the disease, and these cases were just as severe as those without vaccination."

Dr. Welch gives letters of reply to his inquiries, from Dr. A. G. Love, of the Surgeon-General's office, Washington, and from Deputy Commissioner of Public Safety S. T. Friedrich and Health Inspector J. P. Meloney, of Syracuse. Also items from the report of Tamachici

Ohta, of Japan, showing that vaccination there had been very markedly successful. The reports from the other communications are equally so.

Health Inspector Meloney says: "There has never been an epidemic of smallpox in the city of Syracuse since the years 1874, 1875, 1876. * * * I cannot understand why the word epidemic should be used by Dr. Elliot, when during his three years of labor in the Department of Health but three cases of smallpox were reported, and these three in the year 1907."

(Dr. Welch's letter presents the question of the protective power of vaccination against smallpox so convincingly that he seems to be justified in concluding with these words: "These letters are very illuminating, as even the Passaic Board of Health must admit, but out of sympathy for Dr. Elliot, I refrain from comment."—Editor.)

No Appropriation for Free Vaccination.

Although the Tammany Aldermen, at their meeting on January 30 again refused the appropriation requested by the New York Board of Health for \$15,000 for the purpose of offering free vaccination to the people in the tenements, the Health Commissioner has renewed his application and announces that he will persist in the request until he receives the money. There have been nine cases of smallpox reported in Brooklyn thus far this year and an epidemic of smallpox may be expected if vaccination is not more generally practised.

What Pennsylvania Has Done for Health of People.

In an article on "The New Meaning of Public Health," in Harper's Magazine for April, Robert Bruce pays a tribute to the State Health Department of Pennsylvania, which has achieved notable results. The writer states that formerly in Pennsylvania the fatalities from diphtheria fluctuated between forty and fifty per cent.

From October, 1905, to and including December 31, 1910, the department treated 27,318 poor patients for diphtheria, and of this number only eight and one-half per cent. died; it immunized 20,294 who had been exposed to infection, and of these less than two per cent. developed diphtheria, and of this two per cent. only six per cent., or less than one-ninth of one per cent. of the total immunized group, died!

The State's registrar calculates that in a little more than three years "the State Departments of Health's free distribution of antitoxin has saved over 8,000 lives, at an average cost of \$7 each, and prevented contagion in several thousands of cases at an average cost of \$2."

Similar progress has attended the campaigns against tuberculosis and typhoid fever. One hundred and fourteen dispensaries for the use of the tuberculous poor have been opened in various parts of the State, and the health department operates one large sanatorium, and has acquired sites for two more.

The Division of Sanitary Engineering is rapidly extending its supervision over the drainage systems and water supplies of the commonwealth, with the result that there is good ground for predicting that in ten years typhoid will have become a rare disease.—Newark Evening News.

New York City February Vital Statistics.

The number of deaths recorded during February, 1912, was 6,546, giving a death rate of 15.94 per 1,000, compared with 6,470 deaths and a rate of 16.94 per 1,000 in the corresponding month of 1911, a decrease of exactly one point per thousand in the death rate, corresponding to a lessened mortality of 431 persons during the month. The causes showing a decreased mortality were as follows: Scarlet fever, 19; whooping-cough, 19; influenza, 56; cerebrospinal meningitis, 13; acute bronchitis, 17; chronic bronchitis, 23; broncho-pneumonia, 25; other respiratory diseases, 29; diarrheal diseases under five years of age, 70, and cirrhosis of the liver, 37. The causes showing increased mortality were as follows: Typhoid fever, 12; measles, 10; tuberculosis of the lungs, 55; cancer, 47; apoplexy, 32; organic heart diseases, 140; lobar pneumonia, 41; Bright's disease and nephritis, 11; old age, 11; accidental deaths, 10; homicides, 23, and suicides, 6. The decreased mortality from diarrheal diseases under five years of age is considerable and may be indicative of the effect of the increase in the number of infants' milk stations established, and the accompanying dissemination of information among the mothers who obtain milk from these depots.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, February, 1912.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending February 10, 1912, was 3,696. By age periods there were 648 deaths among infants under one year, 208 deaths of children over one year and under five years, and 1,201 deaths of persons aged sixty years and over.

The deaths for the month are 227 less than the corresponding period last year. Compared with the previous month pneumonia and other diseases of the respiratory system show a decided increase, and the number of deaths from cancer is higher than for any period during the past five years.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending February 10, 1912, compared with the average for the previous twelve months. The averages are given in parentheses:

Typhoid fever, 28 (28); measles, 14 (24); scarlet fever, 16 (19); whooping cough, 13 (30); diphtheria, 61 (48); malarial fever, 1 (2); tuberculosis of lungs, 362 (318); tuberculosis of other organs, 62 (52); cancer, 193 (152); diseases of nervous system, 432 (353); diseases of circulatory system, 499 (378); diseases of respiratory system (pneumonia and tuberculosis excepted), 403 (234); pneumonia, 457 (255); infantile diarrhoea, 41 (210); diseases of digestive system (infantile diarrhoea excepted), 186 (185); Bright's disease, 248 (232); suicide, 27 (34); all other diseases or causes of death, 653 (641); total, 3,696 (3,205).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens received from suspected cases

of diphtheria, 419; tuberculosis, 460; typhoid fever, 187; malaria, 7; miscellaneous specimens, 70; total, 1,143.

Division of Food and Drugs.

During the month ending February 29, 1912, 323 samples of food and drugs were examined in the State Laboratory of Hygiene. The results were as follows:

The following were found below the standard: 7 of the 116 samples of milk; 9 of the 27 of butter; 1 of the 108 of spices; 1 of the 2 of oleo-margarine; 1 of the 7 of olive oil; 1 of the 3 of cider vinegar, and the one sample of lemon extract.

All the following were above the standard: 14 of condensed milk; 14 of evaporated milk; 15 of cream; 7 of vanilla; 6 of vinegar; 8 syrup fermented vinegar, and the one sample of honey.

Thirteen suits were instituted against parties whose goods were found to be below standard.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 194 dairy inspections were made. The numbers found to be 60 per cent. above and 60 per cent. below the perfect mark were as follows:

County.	Number inspected.	Above 60%.	Below 60%.
Burlington	3	0	3
Camden	8	2	6
Essex	1	1	0
Hudson	4	0	4
Hunterdon	102	23	75
Mercer	5	4	1
Middlesex	12	4	8
Somerset	20	10	10
Warren	39	2	37
Totals	194	46	144

Four in Hunterdon County were stopped from selling milk.

Number of dairies; first inspection, 190

Number of dairies; reinspection, 4

Number of milk depots inspected, 14

Inspections were made at the request of the following local boards of health: Elizabeth, Haddonfield, Jamesburg, Jersey City, Kearny, New Brunswick, Perth Amboy and Trenton.

CREAMERIES INSPECTED.

Newark, Pottersville, Trentno 5, West Portal and White House; total, 9.

Number of letters sent to creamery operators, 8.

ICE CREAM FACTORIES INSPECTED.

Englewood, Guttentberg, Haddonfield 2, Hoboken, Jersey City 9, Montclair 2, Newark, New Brunswick 5, Passaic 5, Paterson 14, Plainfield 7, Rutherford 2, Trenton, Union Hill 3; total, 54. Ice cream factory licenses recommended, 14. Letters sent to ice cream factory operators, 9.

During the month ending February 29, 1912, 114 inspections were made in 35 cities and towns. Those receiving the largest number of inspections were: Camden, 11; Jersey City, 16; Newark, 11; Trenton, 28.

The following articles were examined during the month but no samples were taken: Milk, 345; butter, 679; food, 929; drugs, 133.

Other inspections were made as follows: Milk wagons, 67; milk depots, 34; grocery stores, 400; drug stores, 2; meat markets, 21; slaughter-houses, 20; cold storage warehouses, 12; oleo-margarine investigations, 10; canning factories, 2.

Meat inspections—Veal, 18; beef, 22; pork, 6.

Division of Sewerage and Water Supplies

Total number of samples analyzed in the laboratory, 236: Public water supplies, 99; private water supplies, 17; spring water supplies, 3; State institution supplies, 4; dairy water supplies, 1; proposed public water supplies, 6; miscellaneous water supplies, 3; special analyses, water supplies, 49; sewage samples, 54.

INSPECTIONS.

Water supplies and water purification plants inspected at Bay Head, Blackwood, Collingswood 2, Cranbury 2, Elizabeth 2, Gloucester 2, Mantoloking, Mendham, Millyville, Moorestown, Mount Holly 7, Rahway, Sewell, Skillman, South Orange.

Sewage disposal plants and sewerage systems inspected at Asbury Park, Asyla, Brighton, Brown's-Mills-in-the-Pines, Chatham, Madison, Cresskill, Englewood, Freehold, Haddonfield, Haddon Heights 2, Keyport 2, Lawrenceville, Merchantville, Milltown, Millyville, Moorestown, Morristown 2, Mullica Hill, Neptune Township, Newark, New Lisbon 2, Newton, Pemberton, Phillipsburg, Princeton, Red Bank, Ridgewood, Salem, Sea Girt, Vineland, Washington.

Stream inspections on the Cooper's River, Delaware River, Elizabeth River, Pequannock River, Rancocas Creek, Whippany River.

Number of stream pollutions reported,	153
Reinspections of stream pollutions made,	34
Stream pollutions abated,	20
Notices to cease pollution issued,	79
Plans for sewerage systems, sewage disposal plants and extensions approved,	4
Cases referred to the Attorney-General,	2

Death Rate above the Age of Forty Increases.

Since 1880 the American death rate per 1,000 population has been reduced about 25 per cent. This is due chiefly to the spread of knowledge as to the cause and the means of prevention of tuberculosis, typhoid fever, diphtheria, small-pox, etc.; to the increase of interest in sanitation and to the adoption of more healthful living habits by the people. Yet the death rate above the age of forty has increased heavily, the causes of mortality above this age being chiefly the common chronic affections of non-communicable type. These affections are for the most part diseases of the kidneys, of the heart and of the blood-vessels; against them no such war has been waged as against diseases of infancy and childhood and the infectious diseases of the adult. Yet these diseases of advanced age are likewise to a great degree preventable or postponable. It would seem as if the time was ripe for a campaign of education in reference to the causes of mortality above the age of forty similar to the campaigns against infant mortality and against common infections. Certainly, a life saved from Bright's disease or from heart disease is as valuable as a life saved from typhoid fever or from an accident.

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IDEALS OF THE PROFESSION OF MEDICINE.

FIRST ANNIVERSARY ADDRESS BEFORE THE
ACADEMY OF MEDICINE OF NORTH-
ERN NEW JERSEY.

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versity Medical College, in the City
of New York.

Mr. President and Ladies and Gentlemen.

I was keenly cognizant of the honor conferred on me by the invitation to deliver this address on the occasion of the first anniversary of the Academy of Medicine of Northern New Jersey and was determined that if the choice could not find justification in an irrefutability of logic or in a nicety of diction, at least the subject should be above reproach: Ideals of the Profession of Medicine; for the establishment of this academy was in itself a concrete expression of these ideals, namely a concerted effort on the part of the medical profession of this State for individual improvement with the ultimate object of adding to the sum of human knowledge in one great branch of science and accentuating the moral obligations of Medicine to the community and the Commonwealth.

The ideals of our profession are, then, in their widest definition, first the perfection of the art of medicine, that is, means for detecting the presence of and recognizing the nature of a disease and measures for combatting it; second, the development of medical science, by observation, experimentation, and the exercise of logical processes; third, the encouragement of altruistic motives.

Brief as is this exposition of our aims and aspirations, it connotes to the thinking mind an unusual kind of mental equipment

and a philosophy that subjugates individual aggrandizement to the common good. Neither the one nor the other can obtain without a rigorous preliminary training, the appreciation of which has dictated the rapidly growing insistency on the part of the medical schools of our best universities for the degree of A. B. or its equivalent as an essential requirement for admission to their curricula.

The first ideal of our Trinity is the perfection of the art of medicine; its province the whole sphere of human activities and human interests and human needs; to subserve which, to foster which and to meet which the healthy correlation of the body and mind and soul must be maintained.

It is the function of the art of Medicine to preserve this correlation, to correct its impairment and to evoke its efficiency within the limitations set by its defects.

To the lay mind, and often to the professional mind, the object of medicine is a knowledge of the normal human body and an understanding of its deviations from that norm, while too little is it grasped that the art of medicine includes the knowledge and sympathetic understanding of the workings of the normal mind and healthy soul and an appreciation of a faltering or derangement of their functions.

The curriculum of the medical school devotes itself to normal and abnormal physiology, largely; to pathological psychology in a lesser measure and to normal psychology not at all, or at the most incidentally. It is hard to see how the schools can do more.

Normal psychology becomes an extramural study or shares with the best of our medical acquisitions as a product of the great post-graduate instruction of our daily professional experiences and our efforts to benefit by them.

Herein lies the ideal of the art of Medicine; that appreciating that its purely academic days were but the moments of preparation, it submits itself to a rigorous, nay, an almost ascetic discipline to perfect itself. Constant contact with disease in its widest variations, repeated without end, for more accurate observation, for nicer distinctions in comparison, for keener and less faulty deductions—contact in the home, in the hospital, in the clinic, in the school, in the workshop, in the asylum; this is the task Art has set itself, making of the best-spent lives, but bricks in the noble edifice, for "Life is brief, but Art is long."

The art of medicine, then, is the sum of many men's experiences and its perfection depends on catholicity; a commerce of ideas must be established, a clearing house of knowledge. To these desiderata books, journals, lectureships, societies and organizations, with their official publications, local, municipal, state, national and international contribute and entail on the devotee of art a familiarity and the duty of active contribution.

These tasks outside of the imperative necessity of bread-winning seem colossal enough, but they are far from meeting the ideal, for the Art of Medicine has to do with the man and the soul of man and not merely with its vestments.

What constitutes the life of man? Not merely the beating of the heart and the rhythmic breathing; not merely the silent workings of many organs and the chemical give and take of tissue cells and fluids; but the intellect and other attributes of his soul as well. Man knows and reasons, but he also feels; his emotions, his convictions and his yearnings are life to him; his æsthetic, his ethical and his religious spheres are as real and as necessary as his intellectual.

Body and soul are bound so intimately that the perfection of operation of the one depends on perfection of the operation of the other.

The ancients were not far a-field when they attributed the state of the emotions to the conditions of the humors. Melancholic, choleric, splenic, and sanguine temperaments will not justify their etymology in the light of modern physiology, but their sense as connecting psychic and physical phenomena was correct. Gross bodily defects and disease are reflected in the moods; intense and perverted emotions interfere with physical functions.

It is the failure to appreciate what con-

stitutes the complete object of our solicitude that has given birth to sects, cults and chicanes.

"*Mens sana in sano corpore*" is the object of our art, but to attain this object we must know what constitutes the psychic or spiritual life, as well as what makes the physical or corporeal one.

A well-rounded mental development is a rarity, a fact dependent on the most glaring defect of our higher education, which has cultivated the powers of acquisition and reason at the expense, even almost the exclusion, of our appreciation of beauty, of conduct, of worship.

The lives of men fall into two great groups: those in whom the bodily life is all or the predominant meaning of life, whose intellectual processes are concerned in and developed for their bodily activities, and those in whom the psychic life is predominant and the body subservient to its uses.

But the psychic sphere of these latter differ.

To some beauty, harmony, proportion is the breath of life. To the poet, the musician, the sculptor, the painter, the dramatist, the motive of life is the æsthetic; to others truth, justice, right conduct, morals, the ethical is the highest meaning of life; in still others the philosophical, the metaphysical and the religious dominate; while the purely intellectual, in the limited sense, form the majority of educated men of today.

The physician, then, who would practice his art in the fullness of its meaning must know not only the normal and abnormal workings of the body and the means of maintaining or correcting them, but he must also have a sympathetic appreciation of the mental atmosphere and environment in which they move.

He must be not only a technician but a tactician, not merely a scientist but a humanist. No profession pursued by man needs so liberal an education for its perfection as our own. No priestly ear receives the unburdening of the human soul more often than the physician's.

The sick-room is the confessional. The Hippocratic oath recognizes this. Not only the head, but the heart must minister. Sympathy, charity, judgment, tact, diplomacy, all are the subtle instruments of our art.

The sensitive chords of the human soul must suffer no dissonance from an untutored touch, but find the wilder distracted notes soothed into harmony by the sympathetic breath that plays upon them.

The hardest task of the physician is to compute the relative values of the elements that constitute his art and achieve the sense of proportion and harmony that gives it beauty and perfection.

So engrossing are the atoms of our universe that we lose the music of the spheres. We would not so know the temple of man that we overlook the meaning of its shrine. We would not be so busied in the acquisition of knowledge that we miss the glory of wisdom.

"Let knowledge grow from more to more,
But more of reverence in us dwell;
That mind and soul, according well,
May make one music as before,
But vaster."

The second ideal of our profession is the acquisition of knowledge, not purely personal and utilitarian, as contributing directly to the art, but general and constructive in the development of the Science of Medicine.

The benumbing influence of medievalism was felt by medicine in common with all science. The careful observation and keen deduction of the Greek and his immediate successor, perverted and distorted by the ignorant commentary and dogma of the generations that followed, had come to exercise a deadly tyranny over the intellects of men during the dark ages. With the renaissance came emancipation and the thirst for first-hand knowledge. Anatomy felt the vivifying influence first, then physiology and pathology, and as the cognate sciences, chemistry, biology, botany and physics, advancing pari-passu, made more obvious their correlations and interactions, nay, their identity with medicine, these streams broadened to rivers and in the last half century, with its instruments of precision and its enginery of experimentation, moves a mighty water with strength and majesty that amazes us. Within the professional lives of most of my audience Medicine has shaken off the stigma of being an empirical art and has proudly taken her place among the exact sciences.

To-day the members of our profession, more than those of any other, I believe, are imbued with a sense of responsibility toward science. No body of current literature comparable to our own has been called into being, and though much of it is waste effort or worse, because of immaturity of powers of observation, crudity of experimentation or faulty deductions, still the effort betokens the activity of inquiry that has replaced the passivity of acceptance.

It is natural that the medical Faculties should be the source of medical knowledge and yet the leadership has often been taken by men who have entered the medical fields through the related sciences, as Pasteur from chemistry, Koch from botany, and Metchnikoff from biology.

The universities are more keenly alive than ever before to the dual functions they should perform in their medical department as in every other, namely, that of instruction or pedagogy on the one hand, and that of research, construction, contribution of new knowledge on the other. It is this latter that puts its heaviest tax upon the university and that strains its resources to the utmost, and yet there is no disposition to shirk this duty, but an eagerness to achieve the means of enlarging this field of activity.

But the demands of investigation are outstripping even the stimulated growth of the universities and governments are responding, in the establishment of institutes and foundations of special research.

In our own country the Army Medical Service, the Public Health and Marine Hospital Service and the Department of Agriculture represent important sources of contribution fostered by the Federal Government, while State agricultural stations and municipal boards of health are often important centres of activity maintained at public expense. It is, however, the lasting glory of our citizenship, that its wealthiest members have felt the obligations their wealth has laid upon them to contribute to the public good and have so often seen the fulfilment of these obligations lie in the development of means to combat and prevent disease.

Nearest to our doors lie, as examples, the Rockefeller Institute of Medical Research and its hospital, the Sage Pathological Institute in New York, and the Phipps Institute in Philadelphia. But institutes, foundations and bequests were barren soil were not the highest type of medical talent found to fructify it.

It is gratifying to us that so many men of exceptional endowments and exceptional training are willing to devote their lives to the achievement of this second great ideal of our profession, setting aside the greater competence that their merits assure them in the practice of medicine, for the meager material returns that must always be the reward of pure scholarship. To these men compensation for all sacrifice comes in the sense of achievement and the conviction

that their brain and hand have shot their thread athwart the mighty woof of human knowledge; that they have so lived and wrought that their lives shall be multiplied through all time in the added years and happiness of the human race.

I read that on the corner-stone of the Administration Building of the new Rice Institute at Houston, Texas, is a Greek inscription from the *Præpartio Evangelica* of Eusibius Pamphili:

"Rather," said Democritus, "would I discover the cause of one fact than become King of the Persians."

This is the spirit that has actuated the seeker after knowledge in all times, but the present has been blessed beyond all times in the number who have entered on the quest. It is the ideal of medical education to-day to make every man entering the profession a potential contributor to medical science; to so train him that he shall know the meaning of scientific investigation; shall so appreciate its aim, its demands, its limitations, its logic and its criteria that he shall find the road open, if he pleases, to enter this domain and that, if he may not actively participate, he may still sympathize with and encourage efforts in others, and know the fruit of the tree of knowledge when it falls at his feet.

The seed, the root, the stem, the bud prepare through long days and weeks for the burst of bloom, when with incredible swiftness the flower unfolds itself; so the flower of human knowledge and human achievement at long intervals unfolds its beauty with incredible swiftness, the sudden fruition of many years of preparation. Brief were the years that spanned the glory of Greek art and Greek drama; the Augustinian age of letters; the development of Gothic architecture; the renaissance of learning, from crude beginnings to despairing perfection, and long the intervals that separated them.

Happy are those who live to see the glory of the garden.

We are to-day at such an epoch; chemistry, physics, botany, physiology, anatomy, pathology have ripened through years the seed of medicine that to-day shakes its petals in astounding exuberance. Bacteriology, parasitology, serum studies, studies in cell growth and internal secretions, with their practical results in vaccine- and serum-therapy, organotherapy and transplantations are some of the products of the growth of medicine in the last few years of the last century and in the beginning of

this that has amazed and made us marvel.

But as man by his devices has learned to wrest the fruits of the earth from her bosom without regard to season, so is he seeking to keep the tree of knowledge in eternal bloom and that our branch of it shall be most fruitful, is the second ideal of our profession.

The third ideal of our profession is to foster an altruistic spirit in its ranks.

We may not mouth the Pharisaical assumption that we are not as other men are; our impulses, our ambitions, our shortcomings, our limitations we share with mankind in general, but our profession we idealize and individualize.

Our profession holds a unique position among all professions and all callings; its opportunities are unique and its moral obligations are unique.

No man has appealed to the imagination when swayed by its tenderest, pitying impulses like the physician, from the good Samaritan to Weelum McClure. The stern necessity for cold logic, a judicial mind and exacting accuracy of technic may, and often must, banish for the moment the play of emotions, but the nobler of these, pity, sympathy and charity, are the nimbus of our profession, the beauty of our work.

The soul revolts at commercializing distress, but, alas! even pity is conventionalized. It is the histrionic, the dramatic, that appeals; refusal of the physician to attend the sick bed of poverty because no fee is forthcoming is condemned, and justly condemned, but is starvation not a malady and the street on a winter's night not an evil, but convention leads us past the grocer's step and the landlord's door.

Some day, we hope at no very distant day, the evolution of society will make the social order of the present seem barbaric, but until that time every agency to alleviate distress must be organized to its highest efficiency and none are more potent of good than the profession of medicine.

Medicine has sought not merely to develop means of combatting disease successfully, which would seem the legitimate object of its pursuit, but also to discover means of preventing disease, the only kind of restraint of trade that invites no legislation; the only kind of restraint of trade that does not raise the price of living and multiply misery.

The laws of health, hygiene and dietetics, the warfare against filth, crowding and contagion, all pertain to preventive medicine. The instruction of the expectant mother,

the regulations for pure milk supply, the insistency on building and tenement laws that shall provide light and air to infancy and childhood, the provision of open spaces and playgrounds, the child employment laws, school inspection, vaccination, instruction in sex hygiene, regulations to prevent occupation diseases, control of the social evil and the liquor traffic, quarantine laws, board of health regulations, anti-typhoid inoculations are only a few of the ways in which the profession of medicine has sought to effect a restraint on trade—its own trade.

To-day the medical profession is struggling to establish a most potent agency for the prevention of disease, a National Department of Health, and how incongruous and illogical seem the elements that enter into this struggle.

A profession fighting to limit the sphere of its own activities to the utmost in the face of the concerted opposition of every form of self interest—the patent medicine man, the nostrum vender, the advertising sure-cure man, schools, cults, pathies, all who thrive on human credulity, all who batten on human despair—while the great public, for whom the good fight is made, scarce lifts a helping hand or finds ulterior motives in the effort.

But disease is with us, all about us, and misery is crying to us and our profession must form its "bread line" faithfully, willingly, gladly.

It is the ideal of our profession to meet this call for its help before the appeal is articulated.

The establishment of hundreds of dispensaries and hospitals or the manning of those founded by lay munificence is an expression of this ideal.

It is said that we gain experience and perfect our art by these means. It is true, but if we must forego all claims of altruism in these efforts, is it not strange that such persistent aiming at perfection does not become contagious in other professions and callings, with equal advantage to the needy applicant.

But Medicine has done more than that; thoughtful men busied in these fields have watched the issuing stream from the clinic and the ward, have felt the helplessness, the hopelessness of the struggle ahead; in weakened health they go to the home of poverty and dire need, without employment or unfitted for the only work with which they are familiar.

Work or no work, the result is the same;

from want or the heavy burden they fall by the wayside and are brought to the hospital door again.

The economical aspect of the situation is glaring.

Medical men have led the way in the organization of agencies or in the effectual correlation of those already established to meet this need, in the appeal for convalescent homes, in the search for employment suited to the case, have followed the patient to the home, given suitable instruction to the household, sought by advice and the wise use of eleemosynary means to maintain its integrity.

It is the idea of Medicine to rise above formulas of practice and to heal in the highest sense of the term; restore the healthy correlation of the body, the mind and the soul.

Who are the heroes of Medicine? The great practitioners? No. Them we admire and seek to emulate.

The great scientists? No. Them we exalt and love and honor.

These find their reward in the appreciation and approbation of their fellow workers and their fellowman and in their own consciousness of work well done.

But the heroes of medicine are those whom altruism actuated, who hazarded the rich fruition of their years of preparation when duty called.

I read the names of those young martyrs in bronze or marble on the walls of alma mater or hospital corridor, who volunteered for duty when grim typhus took its toll.

Jesse Lazear and Walter Read, challenging an invisible and deadly foe to the grimest duel ever fought by man, wresting victory from death, discovering the tortuous paths by which Yellow Fever stalked, winning a monument better than imperishable bronze.

But they were not alone; their success will perpetuate their names; but for the unnamed dead who fought the fight we lay our laurels and strew our roses on the flood.

Medicine, too, has sent its little army of the Cross forth on the far frontier, isolated through years from home amid strangely alien faces, surrounded by ignorance, superstition and distrust and perils that have all too often exacted the last great penalty, conquering barbarous tongues, winning by works the right to bring the Word, exemplifying, as nearly as man may do, the deeds and precepts of Him who was called the Great Physician.

But the little bands who heed the cry of

those whom the scourge has stricken, the eager seekers after knowledge who shirk no peril in their quest and the Knights of the Cross form only a chosen few in our great body, captains and leaders in our army, but the men in the ranks are the general practitioners, scattered over the face of the globe, in the city, in the town, in the village, in the hamlet, riding long circuits in the mountains, or on the plains, or bringing comfort up and down the coast of Labrador. What they are medicine is, and in their hands and brains the ideals of medicine must crystallize.

To me the finest type of medical man is the country practitioner; he is the yeoman of our profession, its strength, its substance, the ultimate criterion of its actual achievement.

He is virile by virtue of his environment; he is self-reliant from his isolation; he is resourceful from necessity; he exalts common-sense above fine theories; he deals with all conditions and preserves a breadth of vision, grasps general principles, and, failing the finer technical knowledge of the specialist, is spared the distortion of his perspective.

He knows his patient as a man and a friend and not a commodity, and he it is who exemplifies best and most consistently that unselfish regard for others that glorifies medicine.

It is not he whom the pens of Moliere, Le Sage and Shaw have scathed. He rests secure with Walter Scott and Ian Maclaren.

Shortly after the Boer War I visited Scotland. The coachman who drove our party to the Castle at Edinburg pointed with his whip to a noble shaft and said: "Let me show you this monument; it is the first of the kind ever erected in this country, for it has inscribed on it the names of the privates who fell in Africa, as well as the officers."

Let us not forget that our battles in medicine are fought by the men in the ranks as well as by the officers.

The ideal physician is one who seeks to develop in himself the various fields of his mental endowment, that he may have contact with all men at some points; who looks upon medicine as a science and seeks to apply the laws and facts of this science in the exercise of the art; who realizes that his art carries with it the high privilege of illustrating that "it is more blessed to give than to receive."

What can this academy do as a body to foster these ideals? It can interest itself

peculiarly in the problems of medical education. It can set the seal of its approval on the pioneer work of a few medical schools, which insist that the man who seeks to be a physician shall first be an educated man, bearing the "*honoris et insignia*" of a college diploma. It can scan the curricula of the American College and consider whether a purely scientific course of study is calculated to develop the type of man I have discussed; it can express its opinion of the advisability of converting the last year or two years of an academic course into a professional one, thus robbing the student of the only two years of his course in liberal arts that rises above the legitimate field of a first-class secondary school. It can fight for economy at the other end of the educational scheme, by insisting on higher grade work in secondary schools, raised standards of admission to college and a freer scope to liberal studies in the first years of the college curriculum.

The plea for a fifth year in the medical course makes the problem of efficiency in secondary schools and college a vital one to our profession, that is to you, its representative.

Next, the organization of the medical school itself is a matter for your serious consideration.

The Flexner report of the Carnegie Foundation has made Medicine in this country realize that her first great problem is to set her house in order and that the medical school in this country must treat medicine as a science and be prepared in its equipment and personnel to meet all the obligations of this science.

This means a lesser number of medical schools and a concentration of efforts and resources on this lesser number. Of the altruistic worth of medicine in this State, this academy is custodian.

The hospitals, the clinics, the State asylums, the charities organizations, the health board activities, the schools, the public funds for medical purposes, State legislation pertaining to medicine and public health are all and yet only a few of the objects of your solicitude, because on their efficiency and economy the sick and needy are dependent.

Repeated attacks of "hyperacidity" usually mean gastric or duodenal ulcer—gastric, if the pain is one or more after eating (Moynihan's "hunger pain"), hour or less after eating; duodenal if three hours and probably pyloric if about two hours after eating.—*Amer. Jour. of Surgery.*

A CONSIDERATION OF THE SURGICAL DISEASES OF THE UPPER ABDOMEN.*

BY LEVI JAY HAMMOND, M. D.,
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To discuss in detail all the surgical diseases met with in the upper abdomen, on such an occasion as this, would be almost more than the utmost stretch of the human mind could master. Yet the intimate relation each disease here met with bears to the other, especially from the viewpoint of cause and effect, makes it well-nigh impossible to separate either from the other without omitting much valuable information common to them all; indeed, it was through a search into the complications of bile duct disease, especially calculi, that our present knowledge of pancreatitis was acquired.

Embryology.—The subject must, therefore, involve a consideration of not only the existence of the three major organs, the liver and its ducts, pancreas and duodenum, but the surgeon must have as well a working knowledge of their embryology, anatomy and physiology in order that he may properly understand the important relation the organic internal secretions bear to digestion and assimilation; for it is now generally accepted as proven that the control of this function by the internal secretions takes precedence during embryologic evolution over the nervous system and retains a large measure of that responsibility even after the central nervous system is developed. The duodenum, in this anatomic trio is the trunk with the bile and pancreatic ducts its branches. The intimate anatomic relation of the stomach, duodenum, liver and pancreas, through the close association of the main ducts of the two latter and the viscera must always be borne in mind in undertaking differential diagnosis. For example, the pancreas which is an organ of both external and internal secretions, has its internal secretion intimately associated with the glands of Brunner, situated in the duodenum, while its external secretion is even more closely associated with that of the bile.

Anatomy.—The protected position of the pancreas emphasizes its importance. The head lies closely embraced by the duodenum just beneath the pylorus, its body behind the stomach covering the great ves-

sels, while its tail reaches over to the spleen and left kidney. The embryonic development of the pancreas as two separate outgrowths from the primary foregut to afterward coalesce, is important to keep in mind as it often retains two separate ducts, Wirsung and Santorini. The latter is the direct duct, yet in 20 per cent. of cases it undergoes complete obliteration, while in the remaining 80 per cent. it anastomoses with the indirect or duct of Wirsung and empties by a separate orifice into the duodenum. In one individual out of ten the duct of Santorini is even of larger calibre than the duct of Wirsung. In such cases as this the pancreatic secretion will be emptied into the duodenum even when the Wirsung duct is occluded.

The common bile duct in conjunction with the duct of Wirsung, enters the under surface of the second portion of the duodenum through a vestibule, the Ampulla of Vater, where the secretions from the two glands are mixed before they take their respective places in the digestive process.

The anatomic relation of the main duct of the pancreas and that of the liver has its physiologic significance in showing the importance of associating bile in the process of digestion. From a pathologic standpoint, this association is most unfortunate, for it is the factor in causing many of the morbid processes to which both the pancreas and biliary passages are subject. In two-thirds of all cases the bile duct passes directly through the head of the pancreas on its way to the duodenum. This fact, together with the close vascular and lymphatic association between the bile passages and pancreas furnishes the pathogenesis of the greater number of the cases of pancreatitis. It is obvious that infection of one of these organs must be easily transmitted to the other, though this, of course, does not exclude such constitutional dyscrasias as mumps, typhoid fever, phthisis, syphilis and arteriosclerosis, having a large responsibility in bile duct and pancreatic disease. Pressure of the swollen head of the pancreas on the common bile duct is a causative factor in epidemic jaundice, second only in frequency to cholelithiasis and duodenitis, though mumps, according to the collective investigation of Egdal, is responsible for 10 per cent. of all cases of pancreatitis.

Of greatest interest is the association of cholelithiasis with chronic interstitial pancreatitis, the so-called interlobular form. This is due to duct obstruction from gall-

*Read before the Gloucester County Medical Society, January, 1912.

stones with infection always present, though fortunately usually mild. The interacinar form of pancreatitis is less commonly met with and differs from the rough and nodular interlobular variety in being smooth and tough, with glycosuria usually present in the latter on account of involvement of the islands of Langerhan's, though in the interlobular variety these areas may also become involved causing secondary diabetes. It is generally admitted that chronic interstitial pancreatitis may exist for years without appreciable change from the original disease, though during this period, the proteolytic, the lipolytic and diastatic properties of both its external and internal secretions will be noted in the characteristic findings in the intestinal excreta and the defect in its metabolic function of converting both sugars and fats. This chronic process will not only cause disease of contiguous organs or viscera, but will and generally does, extend to remote ones through faulty metabolism.

Symptoms.—Symptoms that arise from pressure on the common bile duct due to the swollen head of the pancreas, cannot be with accuracy differentiated from those due to cholelithiasis. Both conditions cause jaundice, though that caused by pancreatitis is more apt to be permanent with associated cutaneous pigmentation and a rapid effect on the constitution evidenced by a profound and progressive emaciation, the result of pancreatic insufficiency (achylia pancreatica). While in bile duct obstruction uncomplicated by pancreatic disease, pain and jaundice exist during the acute attack of colic only or during the temporary passage of a calculus through the common bile duct and when cholecystitis and pancreatitis co-exist, there is a distinct point of tenderness upon pressure, half way between the ninth rib and the umbilicus, and a second area of tenderness over the right rectus abdominal muscle, above and to the right of the umbilicus.

If duodenal ulcer can be excluded these symptoms would justify diagnosis of pancreatitis. Reflex pain radiating to the mid-scapular or left scapular region, together with absence of emaciation and the presence of hyperchlorhydria and pain when the stomach is empty, will exclude duodenal ulcer. In pancreatitis it is generally possible to detect an enlarged, hardened and tender pancreas, extending across the upper abdomen, and a careful study of the alimentary excreta will reveal large light-colored grassy stools. But most important

is the discovery of nucleated muscular fibres in the stools as the presence of these is distinctly a feature of pancreatic insufficiency, and occurs in pancreatitis only; as a further laboratory effort toward establishing a diagnosis the urine should be examined for Cammidge crystals. Emaciation is at times so rapid as to suggest malignancy.

Acute Pancreatitis.—The pancreas has been aptly described as the salivary gland of the abdomen and were it not for its association with the main duct of the liver it would probably seldom be the seat of acute inflammation, the symptoms of which are sudden onset of agonizing pain deep-seated and referred to the right of the epigastrium and followed by great prostration, rapid pulse, early elevation of temperature, nausea, vomiting and early tympanites accompanied by (according to Opie, Oschner and Halstead) marked cyanosis, especially about the face and abdominal walls. With this group of symptoms, as they are the most classic, it is difficult to make a diagnosis, because the upper abdominal muscles are extremely tense and the abdomen generally tympanitic, so that this group of symptoms does not differ materially from those arising from such acute conditions as intestinal obstruction perforation of the hollow viscera, renal colic or ectopic gestation.

Sugar may be present in the urine, in some cases, where chronic pancreatitis has existed for a considerable period, free fat (according to Fitz) may be seen in the feces upon inspection and occasionally a tender tumorous mass can be felt. It is fortunately a condition where accuracy in diagnosis is not essential, since the simulating conditions all require surgical intervention.

The patient is usually at or about middle life, fleshy and with an alcoholic history, and he rapidly develops a bronzed appearance (hæmatogenous jaundice). This pigmentation is characterized by uniformity and absence of mucous membrane discoloration. From the onset of the attack these patients are in a state of collapse, and therefore not promising subjects for operative treatment, yet immediate operation offers the only possibility of cure. Robson, by this means, had 23 recoveries out of 59 operated.

The operative procedure consists in a median abdominal incision above the umbilicus, which will disclose an excessive amount of blood-stained peritoneal fluid,

usually stones in the gall bladder and common duct, while the pancreas will show hemorrhagic infiltration and numerous areas of fat necrosis, recognizable as yellow spots, while the swollen organ itself will give on palpation a semi-fluctuating feel.

The treatment which is surgical from the onset because of the profound toxemia that actually ushers in the attack should consist of promptly establishing free drainage through incisions made in several parts of the gland. If excessive hemorrhage ensues, it can be controlled by gauze packing held in place by sutures. The final step must be to establish free drainage through the abdominal incision anteriorly by means of either perforated rubber or glass tubes thoroughly protected by gauze pack. Posterior drainage, which is advocated by some, cannot be so effectual as the anterior route, because the head of the pancreas, which is the seat of greatest infection, lies in front of the vertebræ and is, therefore, not directly accessible from that point.

If stones are present in the gall bladder or bile ducts or there is acute infection of the bile ducts with jaundice, it is necessary in addition to free the gall bladder and ducts of accumulated calculi, and establish drainage by a right lateral incision through the anterior abdominal wall, provided the patient's condition will permit.

Sub-Acute Pancreatitis.—There is a certain number of acute cases where, because of either a lessened amount of virulency or an impairment in the activity of the infective products, the severity of the symptoms as noted in the acute form of the disease, are less marked, and a more favorable outlook from the onset is to be expected. The patient has passed through the height of the infection, and thereby built up a resistance that offers to surgery a better prognosis.

When the abdomen of such a case is opened, there are found scattered through the omentum, mesentery and fatty tissues areas of fat necrosis, which have resulted from the escape of the fat splitting ferments of the pancreas with here and there multiple foci of purulent material.

Treatment.—Treatment consists in evacuating the abscesses and draining. Calculi in the gall bladder and bile ducts should be removed and free drainage instituted. Search must also be made for hæmatoma, which may be found either in the pancreas or adjacent tissues, the result of pancreatic apoplexy.

Chronic Pancreatitis.—Chronic interstitial pancreatitis is usually characterized by

an antecedent history of indigestion with mild gall-stone attacks. The fact that two-thirds of all common bile ducts pass through the head of the pancreas, is sufficient to emphasize the certainty that in at least two-thirds of the cases of chronic pancreatitis, drainage through this duct must be interfered with, making jaundice a conspicuous objective symptom, though in a certain number of cases, this symptom may be absent and yet the common bile duct may be distended. This fact shows that dilatation of the common duct may exist independent of gall stones, and both the duct and the gall bladder may be distended without jaundice.

Couvoiser estimates that because of gall-stone irritation 84 per cent. of the cases of common duct stones have atrophic gall bladder. Therefore, the size of the gall bladder in chronic interstitial pancreatitis depends upon whether gall stones are or have been present.

Pancreatitis may cause such marked distention of the gall bladder and primary jaundice without calculi being present, that malignancy may be suggested. When, however, the latter is the cause of the obstruction, the glands in the fissure of the liver become early involved and the pressure arising therefrom so interferes with portal circulation, that ascites early develops.

The intestinal excreta is large in quantity and greasy. Microscopically examined, it will show nucleated muscle fibre and fat. If jaundice is absent the stools will be a bright yellow color, due to an absence of the pancreatic juices. These patients abhor meats and fats.

Treatment.—The treatment of chronic interstitial pancreatitis is equally surgical from the onset, though because of milder degree of infection, radical treatment can, in some instances, be delayed to give medical treatment a chance. The latter, however, should not be persevered in until it has been proven useless, for, if thus delayed, surgery may not be given its full opportunity.

The underlying principle of the surgical treatment is to establish either temporary or permanent isolation of the pancreatic and bile ducts, so that infection from either can as nearly as possible, be removed from the other. In undertaking to clear the ducts of the partly obstructing calculi, it is important for us to bear in mind that some of them may be concealed under the enlarged head of the pancreas, or small ones

may be lodged in the hepatic ducts, above the primary division. This can always be avoided by careful palpation. After the removal of all stones and the freeing of the bile ducts and pancreas from adhesions, a large flexible probe should be passed through the common duct into the duodenum. This, together with external gall-bladder drainage, will usually not only establish, but maintain free drainage and prevent recurrence of infection.

Cholecystostomy, in my experience, is sufficient to cure the majority of these subjects, and is, therefore, the procedure of election, as it enables one to remove calculi and establish temporary external drainage, more satisfactorily than any other operative procedure that I have generally employed. In cases, however, where it is essential to promptly supply bile to the intestines for aiding digestion, cholecystenterostomy is the operation of choice. If there is total obstruction of the common duct from pressure of the head of the pancreas, then cholecystoduodenostomy or cholecystojejunostomy will be required to overcome the obstruction.

The surgical treatment of chronic interstitial pancreatitis, unless calculi are present, is directed toward the biliary tract, rather than the pancreas, and is best accomplished by diverting the bile to the surface or to a new place in the gastrointestinal canal, by some of the several operative procedures now so generally employed. The cholecystostomy is indicated in by far the greatest number of cases. The methods of employing the stomach and the hepatic flexure of the colon for the purpose of diverting the bile, have not as yet, taken precedence over those above referred to, and which are more generally employed.

THE PROPHYLAXIS OF SCARLET FEVER.*

BY FREDERICK H. PIERSON, M. D.,
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The duty of helping to prevent the dissemination of infection in scarlatina is one which devolves upon every medical practitioner, whether he be engaged in general practice, surgery, obstetrics or any one of the specialties.

No effective measures can be carried out without a thorough comprehension of the conditions to be met. In scarlatina we

have to deal with a highly contagious, virulent, tenacious poison of which comparatively little is yet known. The possibilities of permanent organic damage to the patient are unquestionably greater than in any other acute contagious disease. Of all the exanthemata, this disease, coming as it does, year after year, should hold our attention as thinking men and, in a way, teachers of the public at large.

It is not enough to employ our knowledge in the treatment of existing cases, for that is, so far, a treatment of symptoms and complications as they arise.

Serum therapy has done nothing of value. In fact, how can we hope for such results as are obtained in diphtheria when we have no knowledge of the specific factor in the etiology of this disease?

Preventive medicine, as applied to epidemic disease, can accomplish more than curative medicine ever has or ever will.

The question is one which concerns us all. Not alone that in almost any department of practice we may be called upon to recognize and deal with a case of scarlatina, but some of us have children, and we are constantly seeing other people's children.

There may be a confinement call. An operation to be done, or a throat to be examined. The physician, therefore, should see to the protection of his own person. The means for such protection are plainly marked out. If one has unwittingly been exposed to scarlatina it is a simple matter to wash thoroughly the hands, face and hair, and make a change of clothing. When going to a known case, I believe the gown with a hood to be the only rational protection. To envelope the clothing in a gown and leave the head exposed and uncared for I believe to be wrong, for I have more than once seen a child cough while examining its throat, in which case, without a good scrubbing of the head and face, with soap and water, followed by a disinfectant, it would be as well to have left off the gown.

It is my firm belief that the angina in the throat is far more productive of infection than the desquamation from the skin. In the typical case there is sore throat, vomiting, fever, headache—and then the rash. The process, to the best of our knowledge, begins in the throat. The pharyngeal mucosa is closely connected with the cervical lymphatics. Therefore, the secondary adenitis. It is in intimate relation with the orifice of the eustachian tube. Therefore, the otitis and sometimes the resulting permanent deafness. Not to dwell upon

*Read before the Clinical Society of the Elizabeth General Hospital and Dispensary, November 21, 1911.

the less frequent sequelæ—neuritis, endocarditis, etc.—there is always to be dreaded that common sequel—post-scarlatinal nephritis.

This phase of the subject is brought in only to emphasize the fact that in scarlatina we have to deal with a disease appearing year after year in epidemic form, capable of inflicting permanent organic damage, with a mortality of about 30 per cent. and for which no specific treatment has been found. In prophylaxis, then, must surely be the most effective means at our command to keep down the mortality and prevent the sequelæ—in other words, to reduce the number of cases. How can this best be done? The cases which we see naturally fall into two classes: Those treated at home and those treated at an isolation hospital.

In the home we have, to carry out our instructions, either a trained nurse, an untrained nurse, or some member of the family. The ordinary precautions are too well known to require mention, but in maintaining quarantine in the true sense of the word, nothing should be overlooked which would tend to the spread of the disease. There are little things, outside of the broad rules of quarantine, which might help, if their true significance were appreciated. I have seen the family pet allowed in the room. It seems hard to convince the average parent that this is a breach of quarantine. A mother, acting as nurse for her child, will remain scrupulously within the room as directed by the physician. The eating utensils will be scrupulously sterilized. But the mother, anxious for her child, will be in frequent contact with it, holding it and kissing it. The scraps of food from her own plate go to the ash can more often than not, while the plates are disinfected. Another breach of quarantine.

Making a first visit on a case of fully developed scarlet fever, the father held the child while I examined its throat. Coming directly from the patient, I carefully washed, and the father did not. He produced two one-dollar bills from his pocket which, by a sort of automatic process, I transferred to mine. Later on, reflecting upon the matter, I concluded that it would have been far better to either refuse the money—an unwise procedure in any case—or to have wrapped the bills in a prescription blank and disinfect them at leisure. A dollar bill or a two-dollar bill can be readily sterilized by placing it in a pan of boiling water for a few minutes, drying on a blotter; this is the only time I have know-

ingly accepted tainted money. It may seem like stretching a point to bring in obscure possibilities, but I believe, and wish to emphasize my belief, that the spread of scarlatina is contributed to from many sources. That discharges from the mucous membranes are more infectious than the scales from the skin; that the poison is highly tenacious, infecting after long periods of time; that there is no specific treatment, and that, therefore, the outlets of contagion should be guarded by every known prophylactic measure.

An isolation hospital provides the nearest thing to true quarantine which can be secured. I spent six weeks in one last winter, and had ample opportunity for observation and reflection. That so much could be accomplished on so little money was a marvel to me. The isolation hospital—granting an ideal equipment and conduct—might well prove the one solution to the control of epidemic disease.

We have a good board of health, an efficient health officer, and competent men as visiting physicians, but the money is lacking. With an adequate appropriation at the disposal of the board of health and some missionary work among our scarlet fever patients, along the line of education as to the advantages of hospital quarantine, we could do much to stamp out the disease.

During my own quarantine I was forcibly impressed with one source of contagion. Just outside the window of my room stood the garbage can. All the scraps from the table and other waste, coming from direct contact with the patients and nurses, was put in this can. In some way the cover of the can was lost, and one day I counted four dogs, all wearing collars, nosing about in the garbage. The dog is a friendly animal and when he wears a collar it is reasonable to suppose that he belongs to some one and that he will run back home and poke his nose into the hand, or lick the face of some person with whom he is familiar. He has just removed his head from a mass of infected material and the whole danger could be prevented by providing a cover for the can, which I saw to it was done the next day.

THE MEDICAL INSPECTION OF PUBLIC SCHOOLS.

The school, as well as any other place where children are congregated within closed doors, may become a potent factor in the spread of scarlet fever.

In a visit last week to a city where there was a medical college, I had, through the

courtesy of the professor of pediatrics, the opportunity to see some twenty cases of scarlet fever in the orphan asylum. Nobody knows by what means the infection was introduced. There was a boy waiting in the hall to be admitted in the regular way. He complained of a sore throat. With the permission of the attending physician, I called him over to the window and examined his throat. He had a pair of large, inflamed tonsils, the crypts bulging with exudate, but he had also on the vault of the pharynx and the mucous membrane of the hard palate that peculiar punctate redness which characterizes the skin rash in scarlatina and which can often be seen before the skin rash appears. We demonstrated the case to the students as one of probable scarlatinal angina, and instead of sending the boy among the non-infected inmates, he was put in a place by himself, for observation. To the young men inspecting our schools I would say this: Familiarize yourselves with the appearance of the throat in all stages of scarlet fever. Go out to the isolation hospital and examine the throats of the patients. Insist on the providing of a place in each school where a child may be stripped to examine for the mottled appearance of the skin preceding the rash or for the rash itself.

You will earn more than the city pays you, but you will have the satisfaction of contributing to a cause in which all of us must work together with knowledge, common sense and watchfulness.

Adenoid growths in the naso-pharynx provide a rich field for the extension and continuance of the local angina. Their involvement in the infection leads often to a complicating otitis. I saw two cases of otitis at the isolation hospital, and in both there were abundant indications of adenoids. The obvious prophylactic measure in such a case is to have the adenoids removed before the child contracts scarlet fever, if that be possible.

I believe that a discharging ear in scarlatinal otitis is capable of transmitting the infection after desquamation has ceased. I would rather take my chances with exposure to a desquamating skin in a patient with a clear throat and nose and ears, than with one having a clear skin and a discharge from the throat, nose or ears.

Quarantine should not be raised until this highly probable source of transmission is eliminated.

Not all, I am sure, of the possibilities of safe-guarding the community in an epi-

demic of scarlet fever have been brought out. I trust that the discussion will deal with the subject from every standpoint, for surely in prophylaxis, we have at present the only reliable means of controlling this disease.

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HYPERTENSION.*

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In this day of advanced civilization, when the struggle for existence is so strenuous, and those who are successful are forced by existing circumstances to live up to or beyond their means, and so many are idle or luxurious in their habits, we are confronted with a condition that calls for our most serious attention. Whilst this condition in a measure has existed for all time, it is ever increasing and until recently has been one not easily amenable to our best efforts of relief, in more than a transient way.

This condition of high blood pressure then is a result of our strenuous as well as luxurious lives, yet it is one that may obtain even in other walks of life, due to other causes, of which you are well aware. For these reasons you can see the importance of a close study of the condition. In this connection it can be said truly as has been well said, "A man is as old as his arteries," for the condition of hypertension is one that pertains closely to arteriosclerosis, for they go hand-in-hand, a matter of common knowledge, if the hypertension becomes a settled condition.

This state of high arterial pressure is one that has long been recognized by the profession, so in considering it to-day, I do not presume to tell you of a new condition, but it is my desire to call to your attention some points in its consideration that may have been overlooked, and to attract your attention to the more recent methods of controlling it.

You all know that alterations in the pressure of the blood constitutes the most striking and noticeable disorder of the circulating system, and that the whole mechanism of the circulation is involved in keeping up the pressure whether it be high or low. According to Bishop, "this maintenance of pressure is not a question of a degree of tension in any part of the circulatory system, but a proper relation in tension be-

*Read at the meeting of the Gloucester County Medical Society, Woodbury, January 18, 1912

tween pressure in arteries where the blood is stored, and the points at which it is needed."

It is usually the arterial pressure that is studied, but late in circulatory disease when the venous circulation becomes more involved, its study is of great importance also. The free circulation of the blood current between the arteries and veins through the arterioles and capillaries, is of the greatest importance in determining health. In order to know the pathologic, we should know the physiologic relations of blood pressure under normal conditions.

During exercise of a muscular type, the pressure is normally increased temporarily, but as this exercise is continued, the pressure gradually returns to normal. The same is true in severe and continued mental effort. During this exercise of a muscular type there is a large amount of blood in the arteries drawn from the large abdominal vessels, which in health play the part of supplying sufficient blood, to flush any part of the arterial system. This may be illustrated by many examples, one of which will suffice, the one of cold extremities in some people after a hearty meal, which is explained by the tide of blood flowing toward the digestive organs.

To quote Bishop again, "the arterial system is in reality a reservoir of blood in which the area of a cross section of the combined vessels very rapidly increases from the heart outward. In this series of passages the blood is contained and held under pressure by a muscular envelope. From this reservoir the blood escapes for use through the arterioles and capillaries, the heart being the pump to force sufficient blood to maintain the pressure which is lost through the capillaries. This naturally keeps up the flow toward the periphery, but the immediate office of the heart is to maintain this arterial pressure."

That the venous system acts as a reservoir has been known but it is rather a new thought that the arterial system likewise acts in this way, but it is shown by the uniformity of blood pressure throughout the arterial system. The blood circulates with perfect freedom through all the arteries and the current is not controlled by the force from behind, but by the escape of blood from in front.

In the study of blood pressure it must be remembered that the blood is subject to the law of hydrostatics, and that the force of gravity must be discounted.

There are three types of blood pressure:

the high, the low and the secondary low, following the high. To-day's consideration will be only of the high type. These are those in which some disorder of the arterioles has brought about an unreasonable demand upon the system for a high pressure in the arterial system, in order to get a proper supply of blood to the organs.

The etiology of hypertension is now better known than formerly. We recognize all cases as high tension, where there is an undue resistance to the passage of the blood through its normal channels. It is not necessary that the high pressure should always be present, in this class of cases, but it is enough to find a tendency toward the necessity for an abnormal pressure to insure proper circulation.

The causes may be enumerated as follows, according to Snow:

(1) Resistance in the circulatory channels either due to stenosis of arterioles or congestion of liver and kidneys, through which most of the blood must flow.

(2) Increase in the volume of quantity of the circulatory fluid.

(3) Increased heart force induced by the demands made on the system during exercise or emotional causes.

(4) Ingestion of alcoholics or drugs that increase the heart action and contract the arterioles.

(5) Altered viscosity of the blood.

In considering these causes, we find the first as being the cause of greatest importance and frequency. The usual cause of stenosis is degenerative changes in the muscular coats of the vessels, commencing in the arterioles and gradually extending to the larger arteries. Toxemia probably plays the important role in this degenerative change. Its first stage is the fatty infiltration and then the calcareous degeneration, gradually increasing the type of sclerosis. The amount of the hypertension may, therefore, be in proportion to the degree of sclerosis. In turn we may find the cause of sclerosis of the vessels due to a persistent high pressure from other causes, such as a persistent over-distension of the muscular coats from an over amount of circulatory fluid, and the same degenerative changes take place, thus completing the cycle. This explanation takes up the second cause. The third, or that by muscular exercise, will demand our attention. The first effect of muscular exercise has been previously considered in this paper, but as a cause of hypertension we must consider exercise from the standpoint of the athlete. The first

effect of this training is to produce a hypertrophied heart, with a resultant increase in pressure, varying from ten to thirty m.m. or more, according to the kind of training. There becomes gradually established a secondary high normal pressure, if it may be so termed, and this would be well enough could it be kept up. Here is where I wish to sound a warning to us all. Unless this training or regularity of exercise continues throughout life, thus retaining this established normal pressure, we will find the result disastrous. The average young man settles down to business after ending his college life and consequently his training ends. The heart so fortified by its hypertrophy gradually loses its strength and in time we will find the secondary low pressure following the high, which is so disastrous to life, meaning its sudden termination in a very unexpected time and manner. These cases of cardiac incapacity have been numerous and perhaps each of you have seen such examples. We should bear this in mind and let it be our guide when consulted about college life for our boys and girls.

The fourth cause by alcohol and drugs you recognize as being known from times long past. There is, however, a tendency at present to lay less stress upon alcohol as a cause. The fifth, or the increased viscosity of the blood, you can readily see will act in the same mechanical way as is the case where there is too much volume of fluid.

The symptoms of hypertension are patent to you all. The development of this condition is not always typical and in its final course may not present the symptoms you will expect.

The earlier signs are a loss of strength and unhealthy appearance, some digestive disturbances, the urine may show occasional traces of albumen, and you may find some of the early signs of impending changes in the arterioles as noted in the early stages of nephritis. This may be studied in the eye ground. The effect upon the brain is more likely to be the first, owing to its sensitiveness to the least undue pressure. This may be shown by a sudden temporary loss of consciousness, dizziness, headache and probably a slight aphasia or a dragging of a limb. The kidneys, being insensitive organs, do not show the arterial condition early, except sometimes by an excess of urine due to an overdistension of the arterioles, so one might pass into the advanced stage of chronic nephritis before he would

be aware of a hypertension, so far as these organs are concerned. Epistaxis may be a sign as it shows increased vascular tension, but not necessarily an arterial hypertension.

By an examination we always find a hypertrophied heart in active hypertension. This is compensatory, being the effort of the heart to meet the demands for a high blood pressure, just as it does become hypertrophied in valvular disease in order to meet the demand for a nominal arterial tension when it is working at a disadvantage. So long as this pressure is maintained the patient is in no immediate danger to his circulatory apparatus, but of course he is liable to accidents due to injury to his nervous system, or a sudden stoppage of the activity of his kidneys. It is inevitable that in time this hypertension must prove fatal unless something is done early enough to give relief.

The term Bright's disease is frequently used in speaking of these cases. The law of co-relation of the heart, blood vessels and kidneys is often overlooked and has caused much misconception both in the past and in the present, not only as regards the diseases of the kidneys but also of the blood vessels and the heart. You will generally find that the earlier indication of disease in the one will be portrayed in disorder of the other. Chronic nephritis is simply the end chapter of a disease primarily in the circulatory apparatus, therefore logically it must be considered in the discussion of hypertension.

The study of arterial tension has been made easy and interesting by the invention and perfection of the sphygmomanometer, of which there are several types upon the market. With their principle of action no doubt you are all acquainted. The kind in which there is a column of mercury seem to be best fitted for office use, because not only of accuracy, but they are sometimes bulky, while those of the aneroid type are more compact and portable, and for these reasons seem best suited for the general practitioner's use. So far as I am aware, they are equally accurate.

The reading of the instrument is quite easy, bearing in mind that the very first return of the pulse denotes the systolic and its full return the diastolic. Authorities differ as to which designates the patient's tension, some using the systolic and others the diastolic. My practice is to record both, but if you use one, always keep to it, as they vary greatly. You can note the pulsation of the heart by the motion con-

veyed to the mercury in the instrument.

You can readily see that the routine use of the sphygmomanometer is just as important in general practice as is that of the thermometer, and I will venture to state that it is even more so. No physician now attempts to guess the patient's temperature, so, therefore, why should he guess at the tension. It is not only necessary to recognize a state of hypertension, but it is especially important to predetermine this condition and this can only be done by the use of the sphygmomanometer.

Some authorities place the normal tension at 120 m.m. According to Snow, who made a large series of examinations, it should be in males 120 m.m. and 110 m.m. in females. Some consider age as a factor in this, but it does not seem to play an important part in it. We may all find elderly people in good health with a pressure of even 90 m.m. and may not over 110 m.m. This has been my experience, and perhaps that of others. If, however, you find the characteristic pulse with the pressure of 150 m.m., or over, you may feel sure that you are dealing with at least a beginning of hypertension, if the case is elderly. Of course in a young person this would be positive. The type and character of the symptoms will always vary with the age of the patient, so it becomes after all a matter of experience in determining the amount of hypertension in elderly people.

In considering the treatment of high blood pressure, it is well to revert to toxemia as a cause, previously mentioned. We will find that this plays an important part in etiology.

Therefore, in outlining the treatment of a given case we must consider carefully the dietetic and hygienic care of the invalid. In faulty digestion we must bear in mind that both quality and quantity play important parts. That toxemia of this type is due to the decomposition and generation of toxins from the proteid foods is recognized, therefore our course in prescribing the diet is very simple. Excluding proteids entirely in some cases, and in others simply lessening the amount, will be a matter of judgment. A careful regulation of exercise and also the recognition that rest must be had at regular intervals, are two important factors. Daily evacuation of the bowels is essential. If not naturally accomplished, saline enemas must be resorted to, and in fact these flushings act very effectually and in a beneficent way in reducing the toxic condition, therefore they can well be made

a part of the routine treatment. At present writing I know of no drugs that can be relied upon to reduce hypertension, although the nitrites have been relied upon for many years in this condition. You know as well as I how well these do the work, or how little they can be depended upon. In those cases where you find cardiac insufficiency from hypertension, I would warn you to use digitalis very guardedly, if you must use it at all. You may add fuel to the fire. Always find the patient's pressure as well as examine the heart, and then you can determine just how much of a part the high tension plays in the heart's condition, and this will be a guide in your treatment. You all know that digitalis acts by contracting the arterioles, as well as in a strengthening way to the muscles of the heart, and you will have to determine which calls for help most in a given case.

The modern treatment of hypertension is by the use of the high frequency electrical current, by the method known as auto-condensation. The amount of current is regulated according to the case, and noted by a meter of a special type attached to the apparatus.

The cushion upon which the patient rests is about three inches in thickness, six feet long, and twenty inches wide. It is usually made of some non-conducting material such as cotton or fibre, firmly tied so as to not shift and become thin at places, for there the current would accumulate. The metal condenser should be placed on the underside with a soldered connection for the attachment of the cord from it to the apparatus. This pad is placed upon a reclining chair or couch, and the patient lying upon it hold a metal handle large enough for both hands or two separate handles with a bifurcated cord. This completes the circuit. The treatment is continued for a period of twelve to twenty minutes according to the current used and the patient's need. The sensation is simply that of warmth, and there should be nothing of a disagreeable or unpleasant sensation. The treatment may at first cause a decided fall in pressure, but in long standing cases, particularly where there is considerable arteriosclerosis, the tendency to recurrence is persistent. Daily continuation of the treatments will, however, usually cause a gradual reduction to a point at or near normal, at which time the treatments may be given at intervals of two or three days for a time, and then discontinued entirely. You will naturally ask, are these results permanent? Experience

has shown that in a large proportion of cases they are, but there is a class, as you will understand, who will not observe the ordinary rules of health, and who, when they feel so much improved, return to their old habits. These will soon be back to where they were, and perhaps require a considerable period of treatments to keep them in good health. My advice to all of my patients of this type is to observe the dietetic and hygienic rules as closely as is possible, and return to my office once a month or oftener to have the pressure taken, and in this manner allow me to keep them under observation.

By this method it is a simple matter to note the first tendency to recurrence, and the patient can feel comparative safety. That you can get results in no other way, may not be said, but to my mind there is no method of treatment of hypertension that is so satisfactory, or in which one can place such dependence.

CEREBRAL DIAGNOSIS.*

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The writer makes no claim to originality. If he succeeds in his purpose, whatever merit this paper may possess will consist in such a selection and arrangement of some general principles and salient points as will enable the general practitioner to reach an approximate or definite diagnosis in at least a considerable proportion of brain disorders, which I fear he too often either overlooks, gives up in despair or sends to the neurologist. Some liberty will be taken with the title and *intra-cranial* rather than strictly *cerebral* lesions will be considered.

As contrasted with diagnosis in other regions of the body, brain diagnosis presents some inherent difficulties. Certain diagnostic methods that serve well elsewhere are of little or of no avail here; witness auscultation, percussion, palpation and mensuration. Among so-called instruments of precision the ophthalmoscope is, perhaps, the only one having a direct bearing. The sphygmomanometer is of indirect assistance; the microscope is useful

within a limited field of infective conditions; while the X-rays reveal but little of actual intra-cranial conditions, on account of the surrounding bony envelope; chemical analysis and hæmanalysis also, have but an indirect bearing.

The natural conclusion, therefore, is that, while some reliance may be placed on physical findings, one must, in cerebral diagnosis, depend to a great extent upon correct observation and interpretation of a train of symptoms, such as paralysis, of various types and degrees, spasm, local and general, mental peculiarities, disturbances of speech and of the special senses, as well as of the reflexes. Pulse, temperature and respiration are also, naturally, to be taken into consideration.

Inasmuch as a correct and satisfying cerebral diagnosis involves the nature as well as the exact or approximate location of a diseased process, the diagnostician must be familiar with, not only the various forms of brain pathology, but also the geographical location of the various cerebral functions. The essentials, then, are a working knowledge of intra-cranial anatomy, physiology and pathology, together with at least a fair degree of ability to observe and interpret.

To catalogue the various diseases of the encephalon and attempt their diagnoses, or differential diagnoses, would be wide of the scope and purpose of this paper. It will be more practical to group intra-cranial lesions into a simple classification, such as the *destructive*, or those due to some sort of traumatism—and by traumatism I mean the injury done by a blood clot or a tumor just as well as that produced by a depressed area or skull or a foreign body; the *irritative*, generally the result of inflammation or some infective process; and the *degenerative*, which includes softening and fibroid changes. While this classification comprehends practically all intra-cranial pathology, one must remember that many cases are of a mixed instead of a simple type—irritative being grafted upon destructive lesions, or *vice versa*, and that either or both may result in degenerative processes.

Equally important to the diagnostician is a grasp of brain geography, coupled with an understanding of the functions, so far as known, of the various localities. So essential is this, and so easily do cerebral anatomy and localization become blurred in our minds, that I shall make no apology for a brief resume of some salient points. As an aid thereto I have had prepared some

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drawings which I trust will be of assistance.

What may be termed the "prime meridian of longitude" of each hemisphere is the Rolandic fissure. Anterior to this, broadly speaking, lies the motor territory; posterior to it, the sensory area. To be more exact, the motor area consists of the pre-central convolution and the posterior part of the three frontal convolutions—control of the lower extremities residing at the upper part of the zone, that of the upper extremities and the face lower down; while closely associated with the face and hand centres lies the motor speech centre—posterior portion of the third frontal convolution. This would appear to be more than an accidental association, inasmuch as the hands and the facial muscles are, as we know, efficient assistants in expression of ideas. So close is this relation that the speech centre is *uni-* instead of *bi-*lateral and located in the hemisphere opposite to the hand most used—left side in right-handed individuals, and *vice versa*.

Posterior to the fissure of Rolando lie the centres of general sensation as well as those subsidiary, or as it were, sensory centres of speech, viz., for the memory of spoken and written words. Two decades since, the post-central as well as pre-central convolution was assigned a motor function, but later investigations—important among which has been the work of Krause, of Berlin—have taken the post-central convolution out of the motor area. Among the centres for special senses those for hearing are located in the temporal lobes and for vision in the occipital lobes. General tactile sensation has a wider distribution in the posterior territory. So far as is known, the higher emotional centres are in the anterior portion of the frontal convolutions, and all these separate cortical centres are in communication by means of so-called association fibres. The nerve fibres connecting the cortex with the crus are known as projection fibres.

An important section of the cerebrum, from a diagnostic standpoint, is the internal capsule, or the space at the base, bounded by the great basal ganglia—corpus striatum and optic thalamus. Into these narrow limits are crowded the afferent and efferent nerve fibres passing between the cortex and the crus. The internal capsule is angulated from before backward and is divided for descriptive purposes into anterior and posterior limbs and an intervening "knee." The motor and sensory fibres have a definite relation here—the knee and an-

terior two-thirds of the posterior limb transmitting motor fibres—the posterior third of the posterior limb, sensory fibres, while the anterior limb transmits the fibres from the frontal silent region. It is, therefore, easy to conceive how a small lesion in this quarter may produce extensive symptoms.

Among the train of symptoms suggesting cerebral disease the most valuable, undoubtedly, is paralysis, of some form, and the diagnostician can do no better than to carefully consider its various interpretations. First, it is important to determine whether a paralysis is *cerebral* or *spinal* in origin—central or peripheral. The distinctive features of cerebral paralysis are, first, *spasticity*, inasmuch as the inhibitory control of the higher centres is absent and the reflex centres of the cord have full play. Next, *absence of essential muscular atrophy*, because the trophic centres in the cord are intact; also *reaction* of the affected muscles to the *Faradic current* and evidence of the *reaction of degeneration* to the galvanic current; and, finally, *exaggeration of reflexes*, on account of decreased or absent cerebral inhibition. Spinal paralysis, on the other hand, is *flaccid*; shows essential muscular atrophy; does *not* react to the Faradic, but *docs* present the reaction of degeneration to the galvanic; while the reflexes are diminished or lost.

The existence of paralysis is sometimes obscured by coma. Coma, in itself, is suggestive of a brain lesion, but it must be remembered that the same condition may also be due to various poisons, such as urea, diacetic acid, opium and alcohol, and therefore demands a careful differentiation.

Having decided that a given paralysis is of cerebral origin, a satisfying diagnosis demands to know the character of the lesion and its definite or approximate location. The chief causes of cerebral lesions are *trauma* (resulting in brain contusion, or compression—by depressed bone, foreign bodies or blood clot), *embolism*, *thrombosis*, *spontaneous hemorrhage*, *cysts* or *abscess formation*, *neoplasms*, and finally, *inflammatory processes*, which although primarily irritative and productive of spasm or convulsions, may later become destructive, resulting in paralysis.

The differentiation of these various forms of pathology cannot be made from the character or location of paralysis so much as from the general history of the case and the associated condition of other organs or portions of the body. Traumatism usually speaks for itself, but trauma presenting in-

sufficient evidence of cerebral lesion should be investigated by *explorative cranial operation*, and by this I mean enlargement of existing scalp wound, scalp incision over suspicious contusions, if necessary, and, in certain cases, explorative trephining, followed, perhaps, by puncture or incision of the brain itself. Bullets or other dense foreign bodies may sometimes be located by X-ray examination.

Embolism may be suspected when there are cardiac valvular vegetations; *thrombosis*, when local or general sepsis exists; *spontaneous hemorrhage*, if blood pressure is high or there are other evidences of arteriosclerosis; *tumor*, when a syndrome presents of headache, vertigo and vomiting, with, perhaps, local or general spasms, as well as certain ocular findings—notably optic neuritis or papillitis—the “choked disk” of older writers. The same symptom complex is likely to mean *abscess* when accompanied by irregular temperature, particularly if supplemented by a septic process in one of the accessory sinuses, notably the mastoid or frontal. At the same time the source of infection may be in the abdomen or thorax.

Having settled, if possible, the nature of the pathology, the most difficult diagnostic accomplishment, viz., its location, still remains. The existence of a plegia of any muscle, group of muscles, or member, naturally means that the lesion is in the hemisphere opposite to the paralysis, but, as will be seen later, this does not apply to *all* of the *cranial* nerves. Some of these consist of fibres from both hemispheres, so that a complete paralysis, if of central origin—that is cortical, sub-cortical or intra-capsular—must be produced only by a bilateral lesion.

Certain considerations help us to differentiate between cortical, intra-capsular and crural lesions, any one of which may produce hemiplegia. *Monoplegia* must, almost of necessity, be cortical, because after the fibres leave the cortex they are so closely associated (internal capsule and crus) that a lesion—even if a small one—will affect more than the fibres to a single muscle group. A *hemiplegia* may be logically considered to have a cortical origin only if we have reason to believe that the lesion is extensive, but if there is evidence that it is small, such as an embolism, thrombus or an ordinary spontaneous hemorrhage, it must, naturally, lie below the cortex—in the internal capsule or crus where the projection fibres are closely bunched. Concomit-

ant paralysis of certain cranial nerves with hemiplegia and also certain forms of *crossed* paralysis indicate a lesion in the crus, as will later be seen. It is obvious that gross lesions, such as a wide area of depressed bone, extensive dural or sub-dural hemorrhage and late stages of tumor, cyst or abscess, would, if cortical, produce simultaneous paralysis of face, arm and leg; yet the same thing may easily come about with a small pathology of the internal capsule or crus; thus the location of a lesion is largely determined by *matching up the situation and extent of existing paralysis with the probable nature of the pathology*.

Taken in connection with hemiplegia, the presence or absence of *aphasia* is a valuable index to cerebral localization, but a differentiation should be made between the various types of aphasia, such as motor or ataxic, on the one hand, and sensory or amnesic aphasia on the other—the former being divided into *aphemia*, or loss of power to utter words and *agraphia* or loss of power to write words—remembering that neither is due to real muscular paralysis but to a loss of muscle memories. Amnesic aphasia is again sub-divided into *auditory* and *visual* aphasia or *word deafness* and *word blindness*.

The application of aphasic findings to localization is that *aphemia* indicates a lesion in the posterior part of the third frontal convolution; *agraphia*, in the first and upper part of the second temporal convolutions; while visual aphasia indicates a disturbance in the parietal lobule or angular gyrus—remembering, always, that with right-handed persons the trouble is left hemispheric and *vice versa*.

Paralysis of certain cranial nerves often throws a valuable side light on cerebral localization. Perhaps the most interesting instance occurs in connection with the seventh or facial nerve. It should be remembered that the facial controls all the muscles of the face except the external ocular (which are innervated by the third, fourth and sixth) and the muscles of mastication, which are supplied by the motor branch of the fifth or trigeminus. The facial also controls the stapedius (or laxator tympani), the stylohyoid, buccinator and platysma. It does not innervate the geniohyoglossus, which is supplied by the hypoglossal.

For localization purposes it is important to know whether facial paralysis is of central or peripheral origin—that is *supra* or *infra* nuclear, above or below its point of

decussation in the pons. The general rules already laid down for discriminating between central and peripheral paralysis, of course, hold good, but in this case there are also some special indications.

In common with some other cranial nerves the facial is not wholly a *crossed* nerve; not all the fibres decussate like the spinal nerves, some of them proceeding directly to their muscular distribution; hence the muscles—some of them, at least—derive innervation from both hemispheres and cannot be wholly paralyzed by a unilateral lesion. This is true of the upper branch of the facial, supplying the orbicularis and occipitofrontalis, but the lower branch, which controls the muscles of the lower face, is a pure crossed nerve; hence it is obvious that ability to wrinkle the forehead and squeeze the eyes shut, occurring in a facial paralysis, proves a central lesion; but complete paralysis of these same muscles along with the others of the face means a peripheral lesion—below the decussation—for only there can all the fibres be involved by a single lesion. Of course a symmetrical bilateral lesion may produce the same result but it is extremely rare.

Again, it is sometimes possible to locate the lesion in seventh nerve paralysis definitely in the Fallopian canal by accompanying interference with taste, for the chorda tympani, controlling taste, does not join the nerve until it reaches that passage. Hypersensitive hearing, too, on the affected side, means a lesion below the decussation. It is due to paralysis of the stapedius muscle (laxator tympani) allowing the tensor tympani to create plus tension in the tympanic cavity and as the filaments to the stapedius, like those to the upper branch for the face, are of bilaterial origin, only a peripheral lesion can affect them all and produce the phenomenon in question.

Usually facial paralysis of central origin is associated with hemiplegia and, like the latter, is due to intra-cranial hemorrhage, embolism or thrombosis—less frequently abscess or tumor, affecting the cortex or the projection fibres of the corona radiata—or in the internal capsule. Facial palsy alone of central origin, must be due to a lesion of a face centre in the cortex, for, being a monoplegia, that is the only place where a central lesion can involve one and only one motor centre—even there the lesion must be small.

A peculiar form of motor disturbance favoring localization is known as *crossed* paralysis—palsy of the face on one side but of

the arm and leg on the other—the facial paralysis in this type being on the same side as the lesion. Obviously the lesion in such a case must involve the facial nerve *after* it decussates and the spinal nerves *before* they decussate. This is possible as the facial decussates in the upper part of the pons and the spinal below the pons; hence the location of such a lesion is definitely in the lower part of the pons—between the seventh nerve nucleus and the point where it emerges from the pons—in other words, the lesion is central as regards the spinal nerve and peripheral as regards the facial.

Paralysis of the tongue with consequent deviation is often erroneously thought to be a part of facial paralysis. The geniohyoglossus, which is innervated by the hypoglossal, is only truly involved when the seventh nerve paralysis is of central origin, on account of the close association of the origin of these two nerves. Peripheral or nerve trunk palsy of the facial is not accompanied by tongue paralysis, and while there seems to be a deviation of the tongue in these cases, it is only apparent, not real, as may be determined by noting its relation to the incisor teeth, the apparent deflection being due to the drawing away of the sound corner of the mouth. In either case the real or apparent deviation of the tongue is toward the affected side of the face.

Ptosis and *squint* are forms of paralysis possessing more or less diagnostic importance in suspected brain lesions, and while either may be caused by congenital muscular defect, functional disturbance, purely ocular deficiencies or drug effects; they may, on the other hand, indicate a destructive or irritative intra-cranial lesion.

Squint may be caused by destructive lesion, with consequent paralysis of one set of muscles, or by an irritant lesion with overaction or spasm of others. As a rule, central or supra nuclear disease does not cause complete oculomotor paralysis because the third nerve, like the upper branch of the facial, has both direct and crossed fibres, consequently complete paralysis must signify a lesion below the decussation—infra nuclear or peripheral. The same thing may also occur in the equally rare symmetrical bilateral lesions. As a rule, however, oculomotor paralysis must be interpreted as indicating a basal lesion, affecting the peripheral portion of the third nerve. Whether the pathology consists of a basal meningitis, trauma, gumma, or other tumor must depend on the history of the case.

Butler lays down the rule that in conjugate deviation due to a *destructive* lesion, the disease is on the side of the brain *toward* which the eyes look; while in *irritative* lesions the trouble is on the side *opposite* that to which the eyes look.

As an organic lesion of the third nerve nucleus is, on account of their proximity, usually associated with disease of the fourth and sixth nuclei, an oculomotor palsy, without involvement of the external rectus and superior oblique, is, as a rule, functional.

Crossed oculomotor paralysis, just as crossed facial, affords definite indication of the seat of the lesion. Obviously, it must be below the third nerve decussation, and above the spinal decussation—in other words, where the nerve penetrates the crus. If, in addition to crossed oculomotor paralysis, there are unilateral paralysis and atrophy of the tongue, the hypoglossal must be involved, which places the lesion, mathematically, in the inferior and inner part of the crus, on the same side as the oculomotor palsy.

Pupillary changes are of no great diagnostic value. Local optical disturbances and drug effects are more common causes than cerebral lesions. In general, however, it may be said that, accompanying other evidences of cerebral trouble, they are of corroborative importance and may be helpful in determining the nature and stage of brain pathology—destructive lesions being associated with dilated pupils, while a contracted pupil signifies an irritative lesion if any. The late stage of an irritative lesion is practically destructive and here again a dilated pupil may be suspected.

It remains to consider one more class of eye symptoms with reference to brain diagnosis, viz., defects of vision and changes in the retina or so-called "eye ground." Probably the most important disturbance of vision for localizing purposes is some form of *hemianopia* or partial blindness. It is usually best to let the oculist determine the particular form of hemianopia, but the general practitioner should be able to interpret his findings. Reference to the chart will assist in understanding the reasons for the following laws governing hemianopia:

I. *Unilateral nasal* hemianopia, blindness of nasal half of the field, a rare occurrence, indicates a very limited lesion at the outer angle of the chiasm, or on the outer side of one optic nerve.

II. *Binasal* hemianopia, also rare, blindness of both nasal halves, means two symmetrical lesions, one on each outer angle of

the chiasm, or on the outer side of each optic nerve.

III. *Bitemporal* hemianopia, blindness of both temporal halves, is produced by a lesion involving the anterior or central portion of the commissure.

IV. *Altitudinal* hemianopia, blindness of the upper or lower part of the field—either unilateral or bilateral is uncommon, but may be caused by a lesion involving only the upper or lower part of the chiasm. It may also be produced by a lesion of the upper or lower part of the cuneus or cortical centre of vision in the occipital region, usually unilateral but in rare cases bilateral.

V. *Homonymous* hemianopia, or blindness of the corresponding right or left halves of both fields can only be due to a lesion somewhere posterior to the chiasm, either in the optic tract, the pulvinar or posterior gray mass of the thalamus, the anterior corpora quadrigemina, the fibres passing from the thalamus and corpora to the occipital lobe, either in the internal capsule, or the optic radiations or in the cortical centre itself. Obviously the location of lesions causing homonymous hemianopia must be in the hemisphere opposite to the affected visual fields (and by visual field is meant the compass of vision, not a section of the retina) inasmuch as in order to cause homonymous hemianopia the trouble must be superior to the decussation which, in this case, is the chiasm.

It is an interesting fact that right homonymous hemianopia leads to more difficulty in reading than does left, for the right visual field is obliterated and, as we read from left to right, the eyes in this condition cannot anticipate, as they normally do, in a subconscious way, the next few words.

Wernicke's pupil symptom (if obtainable) dependent on the presence or absence of *hemianopic pupillary inaction*, enables one to say whether a lesion lies between the chiasm and the corpora, or posterior to the corpora. If the pupil does *not* react to a beam of light thrown upon the blind half of the retina it shows that the reflex arc—retina to corpora, corpora to third nerve and third nerve to iris is injured—hence the lesion must lie anterior to the corpora quadrigemina—or in the optic tract. If the pupil does react, the reflex arc is intact and the lesion must be posterior to the quadrigemina, either in the internal capsule, optic radiations or cuneus. A difficulty in eliciting this sign of Wernicke is that of getting the light ray to fall only on the blind half of the retina.

The most frequent condition producing hemianopia, by pressure on the chiasm, is tumor or enlargement (as in agromegaly) of the hypophysis. Other causes of hemianopia of one form or another, are tubercles, cysts, basilar meningitis, periostitis, exostoses, fractures of the body of the sphenoid and gummata. Naturally, determination of the nature of the pathology must depend largely on the history and such side lights as are available.

While hemianopia has a high *localizing* value, the symptom (or sign) known as "choked disk" may be said to have a *qualitative* value as indicating one of two or three special lesions. Optic neuritis (or papillitis) of a high grade is of much importance as a sign of brain tumor—occurring in two-thirds of all cases irrespective of the size of the growth. Hughlings Jackson says it does not accompany growths in the medulla; it is also rather uncommon in tumors of the motor cortex, but is most frequent in cerebellar neoplasms. Next in frequency it is symptomatic of tubercular meningitis—80 per cent. of cases. It is also found in a considerable proportion of abscess cases. Obviously it can only be detected by ophthalmoscopic examination, and, while it is important that the general practitioner who has not access to the advice of a competent oculist should possess and be familiar with the use of an ophthalmoscope, it is better, where possible, to depend upon the judgment of a specialist, for the occasional use of an ophthalmoscope does not fit one to read correctly the important story told by the only visible offshoot of the cerebrum, any more than infrequent use of microscope or cystoscope renders one expert with those instruments.

A final eye symptom of rather secondary value in brain diagnosis is *nystagmus*—a rapid involuntary oscillation (sometimes slow movement) of both eyeballs. It is due to a clonic bilateral spasm of the external ocular muscles, owing to some irritation, functional or organic, affecting the oculomotor centres. Many non-cerebral causes for it may exist but the most important encephalic diagnostic associations of nystagmus are disseminated sclerosis and brain tumor, especially of the cerebellum, pons or crus. It is also, sometimes, an accompaniment of chronic hydrocephalus.

While it has been the aim of this paper to present the diagnostic significance of certain symptoms and groups of symptoms, rather than to take up the different diseases and lesions and connect them with their

manifestations, yet there are a few conspicuous examples of cerebral pathology, such as tumor, abscess and meningitis, which deserve, in conclusion, to be treated from the latter viewpoint.

Tumor and abscess are accompanied by syndromes which, in many respects, run quite parallel. Each is likely to be associated with persistent headaches (often by localized pain and tenderness in the neighborhood of the lesion, and with localized differences in temperature), vertigo, vomiting—often projectile; local or general convulsions, as well as paralysis, optic neuritis and impaired mentality.

Differential diagnosis must depend on the history together with associated conditions of other organs. Abscess usually accompanies or follows some nearby or distant septic condition, such as middle ear or nasal disease or infection of an accessory sinus, on the one hand; or a general condition such as septicæmia, pyæmia, pulmonary tuberculosis, fetid bronchitis, typhoid fever or the exanthemata on the other. Such are not causative of brain tumor.

Traumatism may be an etiologic factor of either but the association, in point of time, is closer with abscess than tumor. Acute brain abscess can hardly be mistaken for tumor on account of its rapid course, but it is different with the chronic form, whose course may run from a few months to two years—thus simulating tumor—the latter of which, however, may last as long as five years. The pulse does not aid much in differentiation, as it is likely to be of a cerebral type—slow and tense—in each, but the temperature range offers some diagnostic assistance. Temperature is usually not much disturbed in tumor, while in abscess it is apt to be irregular—sometimes normal or subnormal and again moderately elevated. A blood count may or may not help to differentiate. Radiography aids to a certain extent—not so much in outlining either tumor or abscess as by showing (in late stages) certain changes in adjacent bones—thinning in some, thickening in others, and sometimes a separation of suture lines; but when all is said and done, the diagnosis of brain abscess or tumor and their differentiation usually comes about by the discovery of a probable cause for one or the other, as, for instance, by finding a specific history or positive Wassermann reaction, pointing to a gumma; or else middle ear disease or accessory sinus suppuration, indicating an abscess.

Thrombosis of a cerebral sinus—lateral,

cavernous, or longitudinal—may occur from the same causes as abscess, and diagnosis, when the latter is involved, is helped by finding a fullness and induration along the deep jugular vein. Swelling and tenderness of the forehead accompany longitudinal sinus thrombosis; while exophthalmos, chemosis of the conjunctiva and dilation of the veins in and about the orbit suggest thrombosis of the cavernous sinus.

Diagnosis of cerebral meningitis must be made according to the stage of the process—early or irritative—late or paralytic. In the irritative stage there are headache, delirium, rigidity of the neck, photophobia, hyperæsthesia of the skin, dermatographia, contracted or unequal pupils, retracted abdomen, projectile vomiting, rapid or irregular respirations, irregular pulse and temperature, vasomotor disturbances and local or general convulsions. The Kernig sign and Babinski phenomenon should be sought.

Recently a new evidence of meningitis has been advanced by Brudzinski. Brudzinski's sign consists of reflex actions manifested in what are called the "neck and leg signs." It comprizes two reflex phenomena—the "identical reflex" and the "contra lateral reflex." The first is elicited by forcibly flexing the head on the chest, when the arms and legs regularly assume definite positions. The contra lateral reflex is produced by passive flexion of one leg, which causes the fellow limb to draw up and remain in a similar definite position.

In forty-two cases of meningitis Brudzinski found the neck sign (*reflex identique*) positive in 97 per cent., the leg sign (*reflex contra lateral*) in 66 per cent., Kernig's sign in 57 per cent., and the Babinski sign in 60 per cent. Moore examined 400 children well, or ill with diseases other than meningitis, and concluded that neither the neck nor the leg sign of Brudzinski are present in healthy children, nor in those ill with diseases other than of the nervous system, and that they are very seldom met with, even in these, outside of meningitis. So it would seem that we have here a new and valuable diagnostic means.

In the late or paralytic stage of meningitis the picture changes to one of stupor or coma, dilated pupils and, usually, incontinence of both urine and feces.

Lumbar puncture is of value in either stage, to show the presence of the true meningococcus, the pneumococcus or the tubercle bacillus. The latter is, however, difficult to prove in the early stage of tuber-

cular meningitis and the absence of microorganisms in the spinal fluid, in the face of other positive signs of meningitis, especially with an irregular onset, speaks in favor of the tubercular variety.

In conclusion, it is hardly necessary to observe that the field of cerebral diagnosis is vast, and necessarily presents many complexities. Even a paper of rather unusual length has, of necessity, been more or less superficial and much that might have been said has been omitted. The entire field of functional brain diseases, general sclerosis and insanities has purposely been left untouched.

SPECIALTIES AND SPECIALISTS.*

BY J. HENRY CLARK, M. D.,

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"One science only will one genius fit,
So vast is art, so narrow human wit;
Like kings, we lose the conquests gained before
By vain ambition still to make them more."

The words specialty and specialists would seem to be of modern coinage. The term has come to be applied to those who devote themselves mostly to one particular department of scientific inquiry. Some years ago many appeared to regard the term specialist, when applied to a medical man, as opprobrious; for what reason, it was not evident. The necessity of specialism in medicine, as in other professions, is so obvious that it would appear like arguing a truism to defend it. Specialties are the legitimate result of increased knowledge. It is a mark and means of progress, and plays an equal role with the other departments of civilization. These are days of advanced specialism.

In the good old times, the unwritten and perhaps written ethics of professional relations made it understood to a great extent that the family physician, when once a patient put himself under his care, owned his patient almost body and soul. But not so now. The old reliable, intelligent and faithful family physician has become a relic of the past. In those early days the physician was as much the general adviser on all matters medical as was the clergyman or priest on matters spiritual. But this condition has entirely changed. Specialism has become indeed a necessity. The experience

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of many who are included in this category proves that there is a disposition on the part of some of the profession—their number is constantly growing smaller—to underrate their efforts and to undermine their reputation. This leads the public constantly to confound the educated specialist, who loves the science, and does all that he can to promote it, with the uneducated mercenary who keeps secret his experience and his remedies, and whose only love for medicine is in the gain which it procures. Every medical man of any considerable experience has learned to lightly esteem public favor. It is easy to make a popular reputation. The public smiles as benignly upon the ignorant adventurer or the successful empiric as upon him of scientific attainment. Every real physician greatly prefers the approval of his brethren to popular favor, or even popular fees, if obtained with their disapproval. It is not strange, therefore, that some should hesitate to enter upon a course of specialty which seems to be beset with difficulties, and especially with perils, among brethren. Having patiently investigated facts in a particular direction, and having perhaps developed new and important traits, a specialist looks to his brethren in the profession for their approval, and is careful not to depart from the spirit of our ethical regulations, most of which are wise, and the observance of which is necessary.

The time was when a young man could ride with the doctor for a few months and learn about all that he knew. A few weeks with "Bell's Anatomy," a look into "Thomas's Practice," with some pestle-and-mortar experience, was about all the office preparation necessary. The rest was to be learned at the bedside. In those days the public was easily satisfied. They expected little, and they got little. A man might then hope to live long enough to know about all that was generally known of medical science. We have fallen upon far different times. Our lot is cast in an age when diligent and continuous study with years of close attention are necessary to learn what none should be satisfied without acquiring. A longer time still is necessary if perfection is aimed at in any of the many departments of medicine. It has truthfully been said that "the constituent branches of medical science are so expanded that they are not acquired by any physician in a life time." The same is true even of many of the individual branches.

The necessity of division in medicine

was apparent to the profession as early as the days of Herodotus. Although this, the second king of Egypt, wrote the anatomical books. In the Hermaic books, a whole chapter is devoted to diseases of the eye. Clement says a class called Pastochore were obliged to know all things relating to the body, diseases and remedies, contained in the second book of Hermes. Cyrus, who died 529 B. C., sent to Amasis, the king of Egypt, for an oculist. Many ophthalmic diseases to-day bear the names given them by Greek writers.

If necessary, in ancient days, to divide up the branches of science, how much more in this our day of expansion and great discovery. In chemistry no man is familiar with all the recorded facts, and all that is to be known or taught in that science. Organic chemistry is taught in many volumes; still even well-educated physicians must, of course, understand the grand principles of chemistry.

Materia medica tells of thousands of substances which have been, or may be, employed in practice. Pathology has grown into a science so large that all the facts relating to it cannot be appreciated by those eminent men who devote themselves to this department of medical science. The busy practitioner knows little of the wonderful work accomplished in the laboratory.

Etiology, which is of superlative importance, presents a broad field for investigation and an endless source of inquiry.

To become a thorough anatomist is the work of a lifetime; of industry, genius and abilities of the highest order. How few satisfy themselves in this department!

General surgery presents a variety of experience, and requires a dexterity of manipulation to which some are not adapted, and in which not a large number excel. Perhaps an enumeration of the present existing specialties might surprise many. Among the most prominent might be mentioned diseases of the chest, gynecology, obstetrics, diseases of the eye and ear, diseases of the nose and throat, diseases of the genito-urinary organs, insanity, diseases of the brain, diseases of the skin, children's diseases, dietetics, surgery, legal medicine, the laboratory, etc. Each furnishes sufficient occasion for labor and thought to satisfy most minds, and few will regard themselves as fully understanding the subjects of their choice.

The necessity of familiarity with special branches is admitted in the appointment of professors to treat each in their special de-

partment, and if specially competent to teach, why not to practice? The one is as legitimate as the other.

No painter would expect to become eminent in his profession if he sought proficiency in every department of his art. Some have devoted their lives to landscape, like Claude Lorraine and Salvator Rosa; others wholly to animals, as Herring, Rosa Bonheur and Landseer; some to domestic scenes, as Collins. Many give themselves wholly to historic painting, others to fresco, and many to portraiture art. Among the modern artists, Charles Giron as a painter of Alpine scenery has seldom been surpassed, and Renouf, who has represented the sea more sympathetically and truthfully than any other—each of these classes is sub-divided into others. Each branch is regarded as in itself almost a separate art. But painting, like poetry, is a peculiar and special gift, which is bestowed upon comparatively few. Division of labor is far more necessary in order to secure the highest advancement of medical science than in any branch of science or art.

Let us inquire briefly into the habits of lawyers: Here we find the principle of division of labor fully established. They do not try to be great everywhere. Some devote themselves to criminal business; some to the Admiralty Courts, which do business only with matters connected with shipping interests. It is said that some eminent lawyers never appear except in these courts. Other lawyers are devoted to Chancery business, and another class are called commercial lawyers. Patent business fully employs the time and services of another set of advocates; while others are devoted to conveyancing, and others still to real estate operations.

No man who knows anything of medical science will believe that there is less necessity for sub-division in medicine than in law. In theology, there is observed to some extent the same diversity of gifts and the same division of labor. Some are made for logic, others for moral painting; some for writers, others for speakers. Most trades in this country are now sub-divided.

Many of our best physicians spend their lives in places so remote from cities and so far from opportunities of consultation, that they are forced into habits of absolute self-reliance. In order to be successful, they must become familiar with the general principles of medicine, and to some extent, with practice in all branches. To the full extent

of their ability they must be equal to all sorts of emergencies. When it is remembered how large a portion of the time of a country practitioner is spent on the road, how incessant his engagements, how almost impossible it is for him to pursue his studies topically, which, as most minds are constituted, is the most profitable, it will be perceived that, though his solitary life will induce thoughtfulness and self-reliance, he will fall very far short of satisfying himself in any single department. When emergencies arise or an unusual case presents itself, and the country physician desires to obtain the counsel of one who has pursued special investigation with all the advantages of observation which a large city affords, it is a great relief to him to know where he may confidently direct his patient.

Many physicians find themselves sooner or later attracted more especially to some department of this art; some from taste, some from accident, others from the consciousness that creeps over them insensibly that they cannot be everywhere as perfect as they desire. Their leisure thoughts are directed to this class of topics. We advise that this be done; not accidentally, but deliberately and early. No man who has the *esprit du médicale*, which is necessary to success in this profession, and to the comfortable practice of it, will ever willingly relinquish general practice. It is perfectly proper and certainly possible for a medical man not only to be a specialist, but to practice a specialty while attending to a general practice, and even be a better man in his special work for so doing, although he does not, and cannot, as a rule, have the same support from his confreres as he who confines himself strictly to his own line.

Every material advance in medical science, during its most progressive period, the last half century, has been by men who have enthusiastically devoted themselves to some particular department of science—who have deserved, if they have not received, the name specialist.

The list is long as it is honorable. No man can hope to obtain eminent success in any special branch of his profession without thorough education at the outset, and lifelong diligence. No organ in the body has yet succeeded in existing by itself alone—a fact recognized and well known. As the human body is constructed, no man can hope to practice any specialty with comfort (at least to his patient) and credit without a fairly thorough knowledge, at least practical, of the entire structure and diseased

condition of all its parts. Most essential, also, is a broad, comprehensive medical training, only to be obtained in college and hospital. He should also have devoted himself to years of general practice, should, in fact, never lose the intimate contact with general medicine.

Permit a brief reference to our own specialties. The eye, ear, nose and throat present to us a vastly more complicated physical apparatus than we find anywhere else in the body—by whose aid the mere light sound and conditions of the outer world are conveyed to the inner world of our being. The importance of the eye cannot be estimated, except by the importance and value of the time, labors and accomplishment of the individual himself. Without it, man could accomplish little or nothing. Its loss has blighted the hopes and blasted the prospects of many, and will probably do so still, despite the great advance and success of scientific investigation. As a mere piece of mechanism, the world nowhere furnishes such a beautiful and complex piece of machinery in so small a space. It is an epitome of the whole human system.

It is a wise provision of Providence that the function of most organs, while in health, are performed without the necessity of care or attention on the part of the individual. The eye, however, is subject, more than any other organ, to man's control and is peculiarly liable to abuse. In this age of progress, of letters and of multiform occupation—from the time that education is commenced to that period when active engagement ceases, earnest and practical people are ever taxing the eye to its utmost capabilities. For American people, to a greater extent than any other nation, are an over-worked people.

The effects of general diseases as manifested in the eye, form a particularly interesting study. The neurologist carefully studies the eye in making the diagnosis and frequently finds this organ an important aid. This fact is well illustrated in the Argyl-Robertson pupil phenomenon forming as it does one of the most interesting and valuable diagnostic signs of beginning paresis, in the absence of tabes, as it frequently occurs very early. This symptom is present in 45 per cent. of cases. I also would briefly mention optic neuritis in tumor of the brain. Primary atrophy optic nerve in the early stages of locomotor ataxia.

The advantages of specialization are unquestionable, but the question has frequent-

ly arisen of late as to the possibility of our overdoing it. The great danger to the profession is the non-competent specialist. This introduces another aspect of this subject, perhaps too little considered; namely, its dangers, presenting, as it does, ample material for another paper. The general practitioner should and will retain the management of acute diseases, and should continue to be the trusted medical adviser of the household. He should not fear, in these advanced days, that he will lose the confidence of his patient by referring him to a specialist when it becomes necessary—the public is too intelligent. There is room and abundant opportunity for both the general practitioner and specialist.

A NATIONAL DEPARTMENT OF HEALTH AND THE NATIONAL LEAGUE FOR MEDICAL FREEDOM; OR ORGANIZED MEDICINE VS. ORGANIZED QUACKERY.*

BY WILLIAM J. ROBINSON, M. D.,
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Once more it has become my duty publicly to defend scientific medicine against the attacks of quackery; once more it is my task to defend the scientific and honest part of the medical profession against the unjust accusations and unworthy insinuations of the fifty-nine varieties of sectarians, faddists, cult followers, charlatans and ignoramuses, honest dupes and crafty schemers. For the question is not merely whether we shall or shall not have a Federal Bureau or a National Department of Health. The question is of much greater significance and really embraces, as I hope to succeed in showing you, the old fight between science and ignorance, between progress and obscurantism, between altruism and egoism. For I trust I will have no difficulty in convincing you that the cry for so-called medical freedom is merely a cry for license to permit all ignoramuses and charlatans to prey and fatten on the public, unhindered and unrestrained.

RADICALISM AND QUACKERY.

Before we go to the subject proper, it may prove not unprofitable to spend a few moments on the question of the relations of radicalism and quackery. To me it has always been an interesting problem. I

*Read before the Sunrise Club in a debate on Medical Freedom. February 19, 1912.

could not understand why medical quackery and buffoonery had such a comparatively large following among our various radicals—liberals, freethinkers, single taxers, socialists and anarchists. One would suppose that people who think—or at least try to think—independently on subjects of religion, politics and economics, would also entertain rational views on general medical and sanitary questions. But, alas, as we know, this is far from being the case—there is not a silly, a contemptible form of quackery that has not its adherents among our radicals—Sunrise Club members among others. Why is it so? This problem, as I said, puzzled me. But I began to look into the matter; and I have found the cause. There is no effect without a cause; and you will always find the causes, if you search for them diligently enough.

The causes for the unholy and ridiculous alliance between radicalism and quackery are manifold—and here are the two most important ones:

First.—The first cause is undoubtedly to be found in the general antagonism of the radical to everything regular, established, orthodox, particularly to everything having the sanction of the regularly constituted authorities. Because the accepted theology is behind the times, because our old political parties are rotten, because our economic system is atrocious, it follows that regular medicine must be bad. And here comes the quack and tells him that regular medicine is bad, that the old doctors are but drug dopers and butchers, that we are old fogies who have no real knowledge of anything, that our so-called science is but a patchwork of empiricism and guesses, and that they, the quacks—they do not so call themselves—are the modern followers of modern medicine, that they have discarded the old ideas; they tell them these things and many others—and the radical takes them for pure coin; especially as nobody contradicts these statements.

Second—I said, “especially as nobody contradicts these statements.” And here we have the second cause of the spread of quackery and its influence among the radicals. Up to very recently the quacks had the field to themselves undisputed. The scientific physicians considered it *infra dignitatem* to go to the public, to take the public into their confidence, to show them the false assertions, the absurd exaggerations, the bordering-on-insanity claims of the quacks, their deliberate lies, their juggling with figures, their intentional perversions;

we were too proud to do that and to show to the public that the quack, who sometimes called himself a “liberal” physician, was nothing but a brazen, ignorant imposter, whose sole object was to deceive the public in order to be able to fleece it, to prey upon it. We were too proud, the quack was alone in the field, and we, therefore, had to pay the penalty. But we have perceived our error; if I were not afraid to offend against modesty I would say that I was among the first, if not the first, to perceive this error and to point it out. I was among the first to point out the pernicious fallacy of the belief that truth is bound to triumph, that error will inevitably die. Truth will not triumph unless you propagate it, unless you help to kill it. But now we are taking the public into our confidence, we are telling them the truth, and the quacks are beginning to have a hard time of it. For when it comes to a real combat between knowledge and ignorance; between science and pseudo-science, there can be little doubt as to the final result.

THE NATIONAL DEPARTMENT OF HEALTH.

As to the proposed National Department of Health, if it would really do what the National League for Medical Freedom says it would, I would be decidedly opposed to it. I need not tell you how opposed I am to autocracy of all sorts. You know that my activities always have been, and always will be, in the direction of liberty, in the direction of true freedom. But the League for Medical Freedom, whose reason for existence seems to be to fight the Owen bill for the establishment of a National Department of Health, have set up a scarecrow, with which they attempt to frighten the people who are not capable of independent thinking. And I believe you will agree with me that I am not using too harsh language when I say that in many of their statements the members of the League are lying deliberately. For instance, when they tell you, as they are doing repeatedly, that the establishment of a National Department of Health will interfere with anybody's freedom in choosing a physician, will interfere with any method of treatment or any school of medicine, they are lying deliberately and they know it. For they know perfectly well that the Owen bill has absolutely nothing to do with the practice of medicine; it does not in the very least concern itself with the individual treatment of disease; it deals exclusively with the large matters of public sanitation, prophylaxis of disease, quarantine, pollution of

streams, etc. They know that if the Federal Government wanted to, it could not interfere with the practice of medicine, for the regulation of the practice of medicine is exclusively a State function; that if a State wanted to abolish all laws regulating the practice of medicine, permitting every butcher and every old woman to practice, the Federal Government could not interfere. Personally I should like it very much, for the sake of the public, if a law *could* be passed which would drive from the field of medicine all the quacks and harpies and ignoramuses and lunatics who now prey upon the public. But there is no hope that such a law will ever be passed—not in the near future, anyway. And the chiropractors, naturopaths, mentapaths, oxypaths, panopaths, naprapaths, magnetopaths, electropaths, hydropaths, psychometropaths, oculopaths, vitapaths, absent treatment charlatans, Christian scientists, mental scientists, new-thoughters, tuberculosis quacks, cancer cure scoundrels, lost manhood professors, and all other fakopaths, quackopaths, fraudopaths, and humbugopaths, even including the pneuma-psycho-mana-somopathes, who, to our shame and disgrace, are now so outrageously permitted to injure and kill the people, are unduly frightened. Their fear is altogether unfounded. For unfortunately the Owen bill is not going to hurt them a bit. They will be able to continue in their nefarious work in the future as they have in the past. But it was a good battle-cry and the shrewd organizers and managers of the National League knew that it would unite into one army all the fakers and nondescripts who felt there was something crooked and dishonest about their business; they knew that it would bring them at once into their camp.

I do not mean to say that all the members of the National League for Medical Freedom are quacks, frauds and fakirs, but I do mean to say that all the quacks, frauds and fakirs are members of the National League for Medical Freedom.

DELIBERATE MISREPRESENTATION.

I am as deeply aware of the fact as any man can be that we are not responsible for our opinions. I know full well that our opinions are the result of a number of factors, namely, heredity, early environment, our social and economic position, the friends and acquaintances we happen to have, the lectures we have attended, the books we have read, the arrangement of our cerebral cells, the condition of our liver and digestive organs, etc. In the ultimate an-

alysis no man can be blamed or praised for his real, sincere opinions, no more than he can be praised or blamed for the color of his hair or the length of his nose. We must blame and condemn, however, the man who gave voice to opinions which he knows in his heart are untrue, we must brand the man as a criminal who for ulterior motives misleads the people and who, in order to attain his object, frightens them by the aid of non-existing phantoms into beliefs which he knows are false. And I regret to say that reading the literature and speeches of the National League for Medical Freedom, reading them in as objective, unbiased and dispassionate a mood as I was able to put myself into, I could not avoid the conclusion that many of their statements and writings are deliberately and knowingly false. For instance, when a high officer of the League says, as he has been reported in the newspapers to have said, that under a National Department of Health a sick person would be forced by law to call in a physician of the regular school, that homeopaths, osteopaths, eclectic, the Emmanuel movement and similar methods, Christian science and all other methods would be barred (I quote verbatim), he says something which he knows, and which every schoolboy knows to be false. For an officer of the League cannot be so ignorant as not to know that "Congress can exercise only those powers which have been delegated to it by the State, that the regulation of the practice of medicine stands on the same basis as the regulation of other occupations and trades, which is not a function of Congress; and that any Federal law attempting to regulate the practice of medicine in the States would be declared null and void." Nor can they be unaware of the amendment which, while altogether unnecessary, Senator Owen introduced for the purpose of disarming any fears of those misguided people who were sincere in opposing his bill. The amendment is verbatim as follows:

"That the Department of Health established by this act shall have no power to regulate the practice of medicine or the practice of healing, or to interfere with the right of a citizen to employ the practitioner of his choice, within any State of the Union, and all appointments within the department shall be made without discrimination against any school of medicine or healing."

I say that, while this amendment was altogether unnecessary, still, to disarm any

possible criticism, Senator Owen thought it best to make the matter perfectly plain, so that there could be no misunderstanding in the matter, and so as to take away any possible excuse for a misunderstanding. And still the quacks go on repeating the silly falsehood about interfering with medical practice. Have we not the right to accuse them of deliberate falsehood, of deliberate misrepresentation?

THE QUACKS AND PROGRESS.

We live in a progressive age, or at least we flatter ourselves that we do. The worst reactionary thinks that he is a great libertarian, and that he stands for freedom, for progress, for advancement. And the quacks in and out of the League for Medical Freedom think it very clever to try to persuade the people that we, the "regulars," the old school physicians, represent the old-time ideas in medicine, stand for reaction, for obscurantism, while they are the followers of modern ideas, have left the beaten paths, and stand for liberalism, liberty and the latest discoveries. Just the contrary is the truth. It is we who are employing every means afforded by the natural sciences—chemistry, physics, biology, botany and zoology—to unravel the mysteries of disease. It is we who use every instrument of refinement and of precision in the diagnosing of disease; it is we who spend our lives in the laboratories, trying to make Nature disgorge her secrets of the cause and treatment of disease; it is we who are lengthening the courses of medical studies and are increasing the preliminary education requirements for entering a medical college; and it is, therefore, that every discovery, without a single exception, in the prevention, etiology, diagnosis and treatment of disease during the past half century has come from the hands of the regular medical profession. What have the quacks done and what are they doing? Are they responsible for a single contribution to the science of medicine? What are they doing besides clamoring to be let alone, to be exempted from any preliminary education, from any regular medical studies. I ask again have the quacks and the so-called liberal physicians done anything to advance the science and art of medicine and surgery? Absolutely nothing. Where, I ask, are their Trousseaus, Virchows, Listers, Oslers, Jacobis, Billroths, Pirogoffs, Bergmanns' Kochs, Ehrlichs, Metchnikoffs, Behrings, Wassermanns, Schaudinns, Flexners, Meltzers, Carrells, etc., etc.? They have not one man worthy the name of either

physician or scientist, or worthy to unloosen the shoes of any one of the men I have just mentioned.

No, ladies and gentlemen, do not permit yourselves to be deceived or misled. It is the quacks who are the reactionaries, who are the ignoramuses, who are the obscurantists. Not from them can you expect any progress in the prevention and cure of disease. The future of medicine is in the hands of the regular scientific medical profession. It is sufficient to point to our progress in the etiology and treatment of diphtheria, malaria, yellow fever and syphilis, and to our perfectly wonderful achievements in every branch of surgery, including surgery of those most vital organs, the brain and the heart, to be convinced that the future will bring us still greater results, still greater marvels. And when we see how everything where scientific, properly organized medicine has its sway the mortality rate is going down, we cannot help a feeling of resentment and contemptuous pity against those who, in ignorance or wickedness, join the camp of the opponents of regular scientific medicine.

ANCIENT AND MODERN MEDICINE.

The quacks, in their endeavor to ridicule and to discredit present-day scientific medicine, show the people how crude and ignorant the physicians of former ages were. They bring up the pharmacopeias and materia medicas of two and three hundred years ago and show what nasty stuff and what big doses "we" used to prescribe. We can afford to laugh at these silly charges, *for they do not concern us*. What have we, modern followers of a modern system of medicine, to do with the doctors of a century or two ago? As well cast ridicule on the chemical wizards of to-day because their predecessors, the alchemists of old, were full of childish notions and silly prejudices. As well sneer at the great astronomers of to-day because the old astrologers entertained ideas and vagaries which would do credit to—a new-thoughter or Christian scientist of to-day. No, do not saddle us with the responsibility for the ignorance, lack of logical reasoning, fanciful notions and tremendous doses of our ancestors. Modern scientific medicine, which applies the experimental, analytical, scientific method, which demands proofs, reproduces the same conditions in animals and applies the remedies experimentally is—as I have said many times before—but half a century old.

And I assert without fear of contradic-

tion that no other science has in half a century made greater progress than has medicine. And speaking of medicine itself, it has within the last fifty years made more progress than it has during the previous 500 or 5,000 years. All our notions of disease, its nature, its causes, its rationale of cure, have undergone a complete revolution. And the future of scientific medicine is full of glorious promise.

MEDICINE AND RELIGION.

The quacks always like to compare medicine with religion. It is a favorite line of argument with them. What would you say, they like to ask, if one religious denomination tried to create a monopoly of all religion and attempted to suppress all other religious denominations? Are you not for religious freedom? And as they, of course, receive an affirmative answer, they then ask triumphantly: Well, why are you not for medical freedom? This line of argument is as puerile as it is disingenuous. First, your professing a certain religion does not imperil the public health. But when a sect professes its belief that there are no germs, that no disease is catching, and act accordingly, it becomes a menace to the community and must be suppressed. And when a man says that it is not necessary to know anatomy or pathology or chemistry in order to treat disease, he becomes as dangerous as any homicidal paranoiac and must be restrained. Second, they might as well ask, if you are for freedom to profess any religion why are you not for freedom to commit burglary, rape and murder? Reasoning by analogies and similies is a dangerous thing. Only the analytical mind can perceive the fallacies and pitfalls—the average mind is caught in the net of sophistry and becomes too entangled to be able to find the way out. Religion has nothing to do with science. Religion is a matter of faith. All you have to do is to believe a certain way and you are fully competent to be a follower of that certain religion. No exact knowledge is necessary. But in order to practice medicine some definite knowledge is necessary. Even the lowest and worst of quacks will admit that. And we do not want to suppress this or that way of treating disease. *But* we do want that he who undertakes to treat human disease should show that he has devoted some years to a study of the anatomy, physiology and pathology of the human body. Somehow or other we do not think that it is sufficient for a man to say that he is a physician to make him a physician. If a man wants to

engage in the plumbing business he has to study several years and show his proficiency in the work. If a man wants to be an engineer he has to undergo several years of study and pass a rigid examination; if a man wants to be a ship captain his mere statement that he could take a steamer across the Atlantic is not considered sufficient. And we don't let him try, either, unless by many years' work in subordinate positions and by a successful examination before a competent board he has shown that he is a safe person to be entrusted with the guiding of a ship in tempestuous waters. We do not tell him that he must guide the ship in a certain definite line, but we do want to be sure that he knows how to guide a ship in general, and that he has judgment enough in case of difficulties. Why should it be different in medicine? Why should every charlatan, every ignoramus, every good-for-nothing who is unwilling or unable to earn an honest living at street-sweeping or shoemaking, every vagabond who has not brains enough to acquire a medical education, be permitted to call himself a doctor and to deceive, rob and injure the sick? I have asked these questions before, but they have not been answered yet, for they cannot be answered.

Yes, we do live in a glorious country. If you are too stupid or too ignorant or too lazy to obtain the degree of M. D., do not despair; all you have to do is to turn the letters around and call yourself D. M., which means Doctor of Magnetics, and does not cost any time or labor to acquire. Or you can leave the D in its place, but instead of M take the next letter in the alphabet: that is, instead of M. D., call yourself N. D., which means Naturopathic Doctor, and is so easy that any paranoiac is competent for the degree. As our alphabet contains twenty-six letters, you can make any fanciful, meaningless combination, and the more meaningless the more dupes and victims you will have. Yes, this is a glorious country, and I call for three cheers for medical freedom—freedom to befog the minds and injure the bodies of the American people!

SUMMARY.

Let me summarize this necessarily brief and incomplete address:

I. The most important task that the true liberals and radicals have to accomplish is as quickly as possible to get a divorce from quackery. They must learn that quackery is masquerading in a false garb, that it does not represent liberal and progressive ten-

dencies, but stands for ignorance, reaction and obscurantism.

2. A National Department of Health would deal only with the large affairs of public health, prevention of epidemics, quarantine, pollution of streams, etc. Its purpose is to co-ordinate the existing bureaus of health in order that matters of public sanitation may be attended to more expeditiously and more effectively.

3. A National Department of Health could not and would not interfere with any school or system of medicine or any sect. Regulation of the practice of medicine is purely a state function, with which the Federal Government has nothing to do.

4. It is not our intention or desire to interfere with anybody's method of treatment. All we want is that those who wish to treat the sick should show their competence for this delicate life-and-death work.

5. The National League for Medical Freedom has set up a man of straw, to act as a scarecrow to the gullible and weak-minded. It is trying deliberately to deceive and mislead the people. I do not like to say it, but as it is true, I must say it.

6. And last, but not least, I would like you to carry this thought away with you. The fight is not between a mythical medical trust and medical libertarians, between medical tyranny and medical freedom; the fight is between progressive, scientific medicine on the one hand and organized quackery on the other. The National League for Medical Freedom is misusing the last word of its title; it should change the word freedom to the word quackery—and then the world will know just where it stands and what it stands for.

Clinical Reports.

Chronic Colitis in a Child Three Years Old.

Dr. J. Finley Bell, Englewood, presented this case at the meeting of the N. Y. Academy of Medicine, January 11, 1912:

Up to the time he first saw him the patient had never had a normal bowel movement. He cried a great deal and had considerable pain and tenesmus. During the first days of the illness irrigations were tried, but were only occasionally successful, it being impossible to pass the tube higher than six inches. During the month of May his weight markedly decreased and in September the symptoms became very much worse and as many as forty movements a day were recorded. About the middle of October goat's milk was substituted for the top milk mixture and with success for a time. The attacks of colitis, however, recurred and grew more frequent and more severe and were complicated by vesical irritation. The

medical, hygienic, and surgical points of interest were considered in his paper.

Congenital Ptosis.

Dr. W. C. Posey, of Philadelphia, exhibited at the Wills Hospital Ophthalmic Society, a case of a boy of nine, upon whom he had recently performed a Panas operation. The drooping of the right lid had been quite pronounced before the operation, that of the left lid but moderately so. The Panas operation was thought to be the procedure best adapted to gain the moderate amount of correction desired: Dr. Posey believed the development of the bones of the face would tend in a large measure to overcome the defect. The procedure of Panas has the advantage of affording the performance of more extensive operation if further raising of the lid is necessitated.

Extensive Removal of the Intestine.

Dr. Whitall, in *Annals of Surgery*, November, 1911, reports the case of a woman who after a sepsis consequent on labor complained of a severe pain in the left side. Thereafter there was a miscarriage, for which she was curetted. Portions of the placenta which lay immediately over the os and a portion of a macerated four months' fetus were removed. During the course of this the operator pulled down some bowel, the operation then having lasted for two hours. Section was at once performed by Whitall, which showed that the gut which had been pulled into the uterus was entirely torn loose from its mesentery. All the intestine thus deprived was resected, both ends were ligated, the stumps were touched with carbolic acid first, then alcohol, and the ends invaginated with a purse string suture. A lateral enteroenterostomy was then done. The whole uterus was closed with a mattress suture.

The time of the operation was one and a half hours, making a total of three and a half hours under ether. The gut removed was measured and found to be 10 feet 8 inches long. Convalescence was uneventful, excepting for phlebitis of the right femoral vein. At the time of the report no nutritional disturbances had developed.

An Unusual Case of Intussusception.

Dr. Douglas Wood reported this case in *The Lancet*, September 4, 1911. The patient, a girl just two years of age, was admitted to the Evelina Hospital for Sick Children on July 4, 1910, under the care of Mr. H. S. Clogg. Her illness commenced suddenly a fortnight previous to admission. The initial symptoms were vomiting and the passage of blood and mucus per anum. The pain was said not to be a marked feature at the onset. The vomiting persisted periodically for a week, and blood was passed by the bowel for four or five days. Constipation was absolute throughout the illness so that for a whole fortnight no fecal matter was voided. During the fortnight she apparently had frequent attacks of intestinal colic, but for the greater part of the time she lay in bed in a listless condition, until towards the end when pain became more frequent and more severe, and she then became restless. She took fluid nourishment well after the vomiting had ceased. The abdomen was noticed to swell progressively, particularly toward the end of the fortnight.

Several enemata were given, and these were either retained or returned in part without force. There was never any fecal material in the washings, but occasionally some blood and mucus.

In view of these facts the condition of the child on admission was remarkably good. She was well nourished and of good color. Her eyes were clear though rather sunken, and the mouth was drawn down at the corners. She kept up almost constantly a cry, which was more of a whine than a pain cry, which one might have expected in the circumstances. She assumed the knee-chest position in bed and strongly resented being disturbed. The tongue was dry and clean; pulse 120 and fairly good, and temperature 99.6 degrees F. The abdomen was uniformly and considerably distended. Peristalsis was not observed. Rigidity was absent and the abdomen was free from tenderness. There was too much distention to allow of any swelling to be palpated. The rectal examination was negative.

One was struck principally with the extraordinary vitality of the child. She seemed to have considerable resisting powers to infection of the peritoneum, as this was freely exposed to infection at the second operation when the wound in the abdominal wall was purulent. The child had suffered from complete obstruction for a fortnight before coming into the surgeon's hands, she underwent two grave operations involving resection of some length of bowel within a period of five days, she had acute intestinal obstruction a few days after the second operation, and a fecal fistula, through which all the intestinal contents escaped, for three weeks. The case serves to show that a child of this age can exist with a fecal fistula for three weeks, and that any attempt at suturing the edematous bowel is hopeless. Bearing these two facts in mind, should a similar case present itself, to quote Mr. Clogg, the correct treatment would be to reject the bowel and tie a tube in each end, and later to restore the continuity. In dealing with children the way is surprising in which they will sometimes successfully fight conditions which seem to be hopeless, and the above case which I have ventured to record is a striking example of such.

Anomalous Renal Vessels Causing Renal Colic or Symptoms Referable to the Appendix or Gall Bladder.

Reported by Dr. A. H. Levings, of Milwaukee, Wis., in the Wisconsin Medical Journal, March, 1912:

Mrs. H., age 40 years. Farmer's wife; mother of four children. A year and a half ago she fell backward from a load of hay, causing severe backache. Patient had enjoyed excellent health until three months ago, when she was taken with very severe pain in the appendiceal region, which confined her to the bed for three days. There was nausea and vomiting. Since the primary attack, she has had three others, but less severe, there has also been constant pain in the intervals. The interval pain was increased by being on the feet and by lifting and seemed to extend from the right lumbar region down toward the iliac fossæ. Patient had become very restless and nervous, and scarcely able to do her work; she has also suffered from insomnia. During the attacks, she usually had a desire to urinate, but was not always able to

empty the bladder. The cervix was lacerated and the uterus down in the pelvis, menstruation regular, and no complaint of pelvic distress. A diagnosis had been made of appendicitis and probably gall stones.

On December 19th the patient was placed under ether, the uterus curetted and the laceration repaired and ligated. The abdomen was opened and round ligaments shortened. The appendix was removed, but it had every appearance of being normal. The gall bladder was palpated and found free from stones and adhesions and easily emptied. The abdominal wound was then closed and the right kidney exposed. The kidney was very large, at least one-third to one-half larger than normal. On stripping the pelvis of fat and connective tissue by gauze pressure a branch of the renal artery, of about the size of a knitting needle and surrounded by a cord of connective tissue was seen to cross the ureter just after it left the hilus and enter the lower pole of the kidney. This vessel with the surrounding connective tissue was taut and making pressure both upon the renal vein and uterine. The vessel was double ligated and divided when its ends became widely separated. The connective tissue was also divided and the kidney fixed. The patient has had no return of the previous pain.

PROGRAM OF CAMPAIGN FOR THE PREVENTION OF TUBERCULOSIS IN NEW JERSEY.

Read at the thirty-seventh annual meeting of the New Jersey Sanitary Association, Lakewood, December 24, 1911.

By A. Clark Hunt, M. D.,

Superintendent of Medical and Sanitary Inspection of the State Board of Health.

The experience of recent years has resulted in a general agreement upon the principal lines of activity in the prevention of tuberculosis. These are:

1. Knowledge of conditions.
2. Adequate provision for the care of consumptives.
3. Education of the public.

Practically all the efforts being put forth in the campaign by health officials and private organizations may be classed under these three heads.

KNOWLEDGE OF CONDITIONS.

It is obvious that the commander of an army needs to know the number and distribution of the enemy's forces, their lines of communication and base of supply in order to wage an effective campaign. In the tuberculosis campaign we already know that the lines of communications for the disease are usually from one person to another, but occasionally from cattle to men, and that the bases for the supply of new cases are the homes of those already infected and the workshops in which infected persons are employed. What we need to determine then in getting a correct knowledge of the situation is the number and distribution of these cases. The number of deaths from tuberculosis is known but a dead consumptive cannot infect others. We must know the number of living, active units who are spreading the dis-

ease. In other words a complete knowledge of conditions includes a knowledge of morbidity as well as of mortality. This knowledge can only be secured through compulsory notification and registration of all cases of tuberculosis.

By resolution of the State Board of Health, on October 11, 1904, tuberculosis was made a reportable disease. More recently its notification has been required by an act of the Legislature. A penalty of fifty dollars is imposed for non-reporting. A fee of ten cents is paid to physicians for each case reported to the properly designated health officer. Likewise a fee of ten cents is paid each local registration officer for each case reported to the State Board of Health. These reports are confidential in character and are not to be divulged to any one except duly authorized health officers and to the State Board of Health, so there need be no fear of publicity from the reporting of cases. A case of tuberculosis in any of its manifestations must be reported to the local health authorities, in writing, by the attending physician, within twelve hours after his first professional attendance upon the individual suffering from the disease. An act of the Legislature, which became operative July 6, 1911, provides that if a case occurs on any dairy premises or in a family or household, some member of which works on any dairy premises, the attending physician shall also report it in writing directly to the secretary of the State Board of Health within twelve hours after making his diagnosis. A case occurring on any dairy premises, therefore, must be reported both to the local authorities and to the State Board of Health.

A system recently inaugurated requires local health officers, in making their reports of contagious diseases to the State Board of Health, to report the name, age and address of the person affected. This system will enable the board to check up case reports by death reports. It will take a year or more to get the system into complete operation, but it is hoped that by this means the reporting of all cases of tuberculosis may in time be secured. When we know where all the cases are then we can formulate more definite plans for caring for them and thus prevent the spreading of the disease.

ADEQUATE PROVISIONS FOR THE CARE OF CONSUMPTIVES.

It is to this field that we must look for our greatest results. If we are to prevent new infection we must remove the infecting centres. Heretofore our chief attention has been given to the incipient case. The possibility of restoring to health a person afflicted with the disease has presented a strong appeal to both philanthropists and to legislators. Indeed this personal appeal has been of such force as often to overshadow the more urgent one—the need of hospitals for advanced cases.

Next to the hospital in importance is the special tuberculosis dispensary. It is here that the cases are discovered. Thus the dispensary is preliminary to the hospital. In the order of their importance for purposes of prevention the various agencies for the care of consumptives may be enumerated as follows:

1. Hospitals for advanced and hopeless cases.
2. Dispensaries for diagnosis, advice and treatment.
3. Provision for home supervision and treat-

ment, including day camps, night camps and fresh air schools for children.

4. Sanatoriums for curable cases.

Home treatment is placed before sanatorium treatment because for some time to come the great majority of cases must be treated in their homes.

The care of consumptives is a matter that to a very large extent must be handled by local communities. By an act approved April 4, 1910, county boards of freeholders are empowered to build and maintain hospitals for patients suffering from tuberculosis. Both advanced and incipient cases may be admitted. These institutions will serve both as hospitals and sanatoriums. Incipient cases may also be sent to the State Sanatorium at Glen Gardner. While the law does not provide for two counties building a joint hospital, it does provide for the care of patients, coming from one county, in a hospital maintained in another county. Dispensaries may be operated as reception wards for these hospitals. Nurses may even visit the patients in their homes in connection with dispensary work, or in the exercise of police powers boards of health may take such measures as are necessary for the protection of people living with those who are afflicted. Boards of education have the power to require the opening of windows in school rooms and thus provide fresh air schools or sanatorium schools for children needing this special treatment.

It will be seen, therefore, that we have ample legislation authorizing the various local communities to take whatever steps are necessary to control the tuberculosis situation. Under our form of government the authorities cannot act unless the people are behind them. The people in every community should have brought home to them with irresistible force the necessity for action in the important matter of preventing tuberculosis. This leads to the third one of our lines of activity:

THE EDUCATION OF THE PUBLIC.

By authority of a recent act of the Legislature making a special appropriation available on November 1 of the present year, the State Board of Health is preparing to carry on this educational work more extensively than ever before. The board has issued circulars on the prevention of tuberculosis, but most of the diffusion of information has been accomplished through voluntary organizations. The splendid work of these charitable and philanthropic agencies, both State and local, has been of inestimable value in molding public opinion and securing adequate legislation, as well as in spreading a knowledge of the methods of prevention.

There has been a growing belief among the members of a number of these organizations that the educational work, which is really the foundation for all measures looking toward the prevention of tuberculosis, should be carried on by the State. This has resulted in the special law which made the proposed educational campaign by the State Board of Health possible. In taking up the duties devolving upon it under this law the board fully recognizes the fact that the work is not of a temporary nature. It is not expected that a perceptible impression can be made on the annual death rate from tuberculosis in a few years. Indeed, several years'

work must be done before the death rate begins to show results.

While educational work does not directly affect the number of deaths to any great extent, we believe that the diffusion of knowledge will lead to the establishment of hospitals for the care of advanced cases, thus removing these centres of infection from the community and reducing the chances for well people to become infected. Since infection usually occurs in childhood and death does not result until ten, fifteen, twenty or more years later, it is apparent that considerable time must elapse after adequate hospital facilities are provided, before we can expect a marked showing in the death rate. It will take some time to secure the establishment of these hospitals and it is apparent that tuberculosis is not likely to be stamped out at once. The education of the masses in the prevention of tuberculosis must of necessity be regarded as a permanent policy of the board and not to be discontinued for many years to come.

The fact that we cannot expect immediate results is not a cause for discouragement, but merely induces the laying of plans with greater care, believing that the fight must be long and arduous. The certainty of our scientific knowledge that well-directed efforts must ultimately result in success, is an incentive to energetic work. The tools for this educational work are already being put in shape. The oversight and supervision of this work is under the Division of Medical and Sanitary Inspection of the State Board of Health. Dr. Millard Knowlton, who has been engaged in similar work in New York, has been appointed by the Board to carry on the campaign. An exhibit is in process of construction. Literature for distribution at the exhibit and through other channels is being prepared for publication and all the preliminary arrangements are being pushed forward with as much speed as is compatible with thoroughness. It should be possible to begin active work soon after the first of the year 1912.

The outlook is most promising. The ease of communication, by mail, by telephone and telegraph; the progressive character of our people, the compactness of our population, making all communities readily accessible through the network of railroads—our proximity to the great centres of industry and learning, New York and Philadelphia; all combine to facilitate the diffusion of knowledge and the progress of our people. With these numerous advantages, New Jersey should stand head and shoulders above every State in the Union, as regards the registration and care of consumption and the instruction of its people on questions of health and hygiene.

Minute details of our plan of campaign are not yet completed. We are trying to make the Exhibit as interesting and as practical as possible. We hope to include in it some new and unique features that cannot fail to engage the attention of the people. Among other things we expect to carry with the exhibit a motion picture machine and utilize to the fullest extent the excellent films on tuberculosis and other health subjects that are now available. Moving pictures and lectures will be given many times in each place so as to give all a chance to see and hear. When the exhibition is taken into a

community it is intended to use it merely as a tool with which to work. We desire the exhibit to furnish the occasion for conducting a campaign of publicity that will cause every one in the community to think about tuberculosis, talk about tuberculosis and do something about tuberculosis. In organizing the social forces of a community to this end the watchword will be co-operation. Indeed, co-operation is the only basis upon which all lines of public health work can be carried on successfully. The complete registration of cases of tuberculosis requires the co-operation of the State Board of Health, all the local boards of health and all the physicians in the State. The establishment and maintenance of hospitals requires the co-operation of many people. Especially does the educational work in the prevention of tuberculosis require the co-operation and utilization of all the social resources of a community.

The tentative plan is to hold the exhibit open for a week in a given community, but the week or two previous to its opening will be spent in organization and publicity work. The churches must be interested, the women's clubs, the lodges, the labor unions and, most important of all, the schools must be brought into co-operation with the exhibit management. Local newspapers as agencies for diffusing information will be of special service. The people of the community must be made to think and talk tuberculosis with so much enthusiasm that their interest will last long after the exhibit has been removed to another locality.

One of the most important factors in this work is the local health officer. He knows his own community, he knows the people who are willing to work and those who are capable of giving advice. For these reasons we shall look to the local health officer for a great deal of guidance in organizing local campaigns.

After the exhibit campaign is started we wish to develop other plans for the further and more general diffusion of information concerning the prevention of tuberculosis. For example, we are hoping that the time will come when every child in every school throughout the State shall receive public instruction on the prevention of tuberculosis. We are also looking forward to a time when we can maintain a regular press service that will reach every newspaper in the State and through this channel furnish information to the general public.

In addition to the creation and maintenance of a State tuberculosis exhibit and the publication and distribution of literature, the special law under which this work is done requires the tuberculosis inspectors "to enforce existing laws concerning the registration of tuberculosis cases, to advise local boards of health concerning disinfection, to inspect hospitals and sanatoria treating tuberculosis patients, and to report on same to the State Board of Health, and to perform such other duties as may be ordered by the State Board."

In order that we may be able to carry on all these lines of work properly, we may find it necessary to ask local communities where the exhibit campaign is conducted to co-operate with us in bearing some of the expenses, especially in securing proper places in which to hold the exhibit.

Briefly, then, the program for the control and

prevention of tuberculosis in New Jersey involves three lines of activity.

1. The registration of all cases by the State Board of Health which must be accomplished by the co-operation of local boards of health and physicians.

2. The education of the public by means of the exhibit, the distribution of literature, lectures, newspaper publicity, moving pictures, posters, instruction in schools, and such other methods as may be employed. In this service the State Board of Health will work in co-operation with the various other agencies and organizations, in the local communities. Local boards of health and local organizations will co-operate in their own communities.

3. The provision of adequate facilities for hospital, dispensary, home and sanatorium care of consumptives. Primarily this must be done by the local communities, chiefly by the counties. The Board of Health will co-operate, with advice and information, or in any other way within its power.

The carrying out of this comprehensive program cannot be entrusted wholly to any one agency. There is something for every one to do. The State Board of Health desires to render all possible service, and to co-operate with all good citizens in relieving human suffering and saving human lives. Such efforts as have been outlined will, if successfully carried out, doubtless lead to great achievements.

DIARRHOEAL DISEASES, THEIR CAUSES AND SUGGESTION OF REMEDIAL EFFORT.*

By Thomas N. Gray, M. D.,
East Orange, N. J.

The study of the death rate of infants under one year of age reveals three facts, which give food for thought, as to the cause or causes. First, 17 per cent. to 35 per cent. of the deaths are due to diarrhoeal diseases, the figures representing the lowest and highest percentages during a period of fifteen years. Second, a large percentage of deaths occurs under four months of age. Third, 90 per cent. of the deaths occurs in the summer months.

These facts, together with one not shown in statistics, but known to physicians, viz., that 90 per cent. of deaths from diarrhoeal diseases occur in artificially-fed infants at once suggests impure milk as a cause; but the vast majority of these deaths occurring in the summer months, while these infants are being fed milk the year round, suggests a cause or causes operating in the summer, but not in the winter. These, I believe, to be heat and humidity—not excessive heat, necessarily—and the home and environment of the infant.

In the summer months excessive heat depresses digestive powers by interfering with the loss of body heat; the humidity, by repressing skin eliminations, throws the extra burden on the bowels. The two together bring about a general depression, with a lowered opsonic power. The result being an infant with the bowel tract an ideal incubator and below par in resistance to bacteria and their toxins.

The same atmospheric conditions during these

hot months affect the milk as well. It may be of low bacterial count at the dairy, but through lack of ice during transit, reaches the home with the count greatly increased. Or, the milk, clean at the dairy, and properly cared for during transit, is improperly cared for in the home, with a resultant poisonous food to be fed to the infant with lowered resistance and bowels in an abnormal condition.

Where do most of the deaths from diarrhoeas occur? In the home where the mother knows nothing of personal, home, milk or infant hygiene, and where ice is a luxury. In such a home the conditions are ideal to make dirty the cleanest possible milk; and in such a home, just as ideal are the conditions which make operative heat and humidity as agents in producing a child below par with bowels favorable to bacteria.

Where are these homes? In greatly larger part in the tenement districts in cities; and it is in the cities that the largest death rate is to be found. To the infants in these homes, below par through atmospheric conditions, comes a milk, which, through fault of dairy, transit or home, has its bacterial count in the millions. If it contains no pathogenic bacteria, no harm results; but are these present, they with the others have multiplied in number, and the 70 or 80 per cent. child cannot overcome them, and succumbs to their toxins.

Why do the infants in the same environment, receiving milk from the same source, under the same transit and home conditions, escape the diarrhoeal diseases in winter? Because of no heat and humidity to favor the multiplication of bacteria in the milk, nor to depress the infant dependant on the milk. Is there lack of ice in transit or in the home, the average winter day supplies the temperature needed.

Why so many deaths under four months of age? These deaths, too, occur in the crowded tenement districts of cities, especially in factory cities. The cause lies in the fact that the mother is one of the breadwinners for the home; and soon after the birth of her infant, it is put on artificial feeding, that she may be able to return to work.

We find, then, as causes for deaths from diarrhoeas, unclean milk, so at the dairy, becoming so in transit, or in the home; the heat and humidity of the summer months; and enforced artificial feeding, through the mother leaving home to go to work.

What has been done, or at present is being done, to meet these causes? Milk commissioners, to certify milk from designated dairies; milk stations for dispensing clean milk; milk stations for dispensing commercially pasteurized milk; and last summer, in Newark, N. J., consultation stations. In these stations, the mothers met a physician, who spoke the language of the district. The mothers were told where to buy milk; and a nurse, who also spoke the language of the district, went into the homes and taught the mothers or little sisters how to modify the milk; and gave object lessons in cleanliness in caring for and handling it.

No one holds in higher esteem the work of milk commissions than do I; but certified milk goes not and cannot meet fully the unclean milk question. It is high in price and limited in output. The first fact makes it impossible to the dweller in the tenement, where the death rate is always frightfully high. The limited output

*Read at the Annual Meeting of the New Jersey Sanitary Association, November, 1911.

makes it available to only a small percentage of those who demand a clean milk.

For these reasons, while it is a method of dealing with infant mortality of high value, and reflects great credit on its inceptor, it falls far short of solving the unclean milk problem.

Undoubtedly milk stations for dispensing a clean milk have been productive of great good; but these, too, fall far short, in that they but partly meet the conditions of the dirty home, the lack of ice, the ignorant mother or little sister; for in many instances the instructions given to the mother or sister at the milk stations are not understood, or, if so, are forgotten or neglected; and in the intervals between the giving of the milk and the visit of the nurse, the milk becomes badly contaminated, while the absence of ice in many instances makes futile the instructions given.

Commercially pasteurized milk is a begging of the question, and will not be discussed.

The establishing of two consultation stations, where mothers met a physician who spoke their language, and from which a nurse went, who also spoke the language of the home, and in the home showed the mothers how to modify and care for the milk, and taught cleanliness, together with the providing of a clean milk, was attended with excellent results. One operated in an Italian section and one in a Slavish.

But certified milk, milk stations and consultation stations, are but scratches on the surface; and, as efforts of the medical profession, with the aid of philanthropists alone, can play but a limited part in the question of infant mortality. Not until State and municipality are alive to their responsibility will any great headway be made toward curtailing the diarrhoeal diseases of infants. Both owe a duty to the individual, as does the individual to them, and both owe as great an obligation to the infant as to the adult. The infant should be a ward of the State, in so far as the State should guarantee it safe food, if it becomes dependent on other than the breast for its nourishment. Further, the infant is an asset of the State, of unknown value, and as such, should not be neglected. The State provides, at great expense, homes for the insane, the epileptic, the feeble-minded; it conserves and watches over the water supply; it inspects meats and other food supplies, seizing and destroying them in many instances, but the attention it gives to the demand of the baby for a clean food is negligible.

What is an inspection at intervals of two, three or six months worth? Nothing. In fact, less than nothing, as it, in some quarters, begets a false security.

What is needed is supervision of milk; a set standard for dairies, and close enough supervision to see that the standard is kept; the same supervision during the transit of the milk, that it may be either properly iced or shipped in a refrigerator car; the halting of milk from outside the State, either turning it back, if it be unclean or improperly iced, or dumping it in the gutter.

If the constituted agencies of the State have not the power, nor sufficient funds, let the Legislature give sufficient power and appropriation.

What is the obligation of the municipality? To keep the same supervision over the local and adjacent dairies as should the State over the distant, together with a set standard of bacterial count, a weekly count and an enforcement

of the ordinance. It should provide ice to all families in which there is an artificially fed infant, and which is too poor to buy ice, and in every city should provide parks, to which the infants of the tenements could be taken from their homes, in which the atmospheric conditions of the summer months are accentuated.

To meet the four months' problem, legislation should be enacted to prevent women from working in factories for two months before their babies are born, and for four months after the birth.

In conclusion, has the infant as much claim on the State as has the adult? If so, then are not State and municipality obligated to the infant, and to its food, if it be artificially fed? If so, then is the failure to meet obligations due to negligence on the part of constituted agencies, or to lack of power or funds. It is one or the other, and the situation calls for concerted action by all agencies concerned in the conserving of infant life.

INFANT MORTALITY DUE TO WRONG HOME CARE.*

By David E. English, M. D.,
Summit, N. J.

So much has been said and written in the last few years about the kind of food that is best for infants that I fear we are in danger of forgetting that anything else kills babies besides wrong food.

Granting that the quality of the food is the most important factor in infantile mortality, there still remains a number of other things that are of great importance. Among these are certain errors in home care to which I would like to call attention. First, the manner of feeding as distinguished from the quality of the matter fed. Most infants are fed too often, and many too little at each feeding. A baby should never be nursed, or fed, until its stomach is entirely empty, and has been empty long enough to contract and rest. The interval may be three hours, or it may be eight hours; it depends entirely on how well the baby handled its last meal. The infant should never be fed as soon as it wakes; it should first be given water, have its clothing adjusted, and be soothed in various ways, and finally it should be allowed to cry a reasonable length of time before it is fed. This crying is natural and necessary, and it is the best exercise the baby gets. It is best to have this crying done in the open air. Nothing should ever be put into an infant's mouth, except its regular food or a boiled teaspoon, not even the mother's finger. The baby's hands, and everything they come in contact with, should be kept scrupulously clean, so that the baby will not poison itself. The mother's nipples, or the rubber nipples, cannot be kept too clean, for they are the source of many fatal diseases.

Infants that are nursed have a much better chance of surviving than bottle-fed infants.

Mothers should be encouraged to nurse their babies, and young girls should be so dressed that the clothing will not press at all against the developing nipple.

Cold, heat and clothing as affecting infantile

*Read at the Annual Meeting of the New Jersey Sanitary Association, November, 1911.

mortality, are so closely associated that they should be considered together. Healthy infants endure cold better than adults, and are seldom harmed by simple exposure. This is chiefly because the infant has a larger and stronger heart in proportion to its weight than the adult, and also has more blood and softer blood-vessels. On the other hand, infants are more easily harmed by heat than are adults. Over-clothing, or hot and humid weather, rapidly enervate a baby and reduce its powers of resistance. A baby will thrive on a food in cold weather that will cause it to sicken and die in hot and humid weather. An infant never catches cold without first having been kept too warm. Too warm clothing is a frequent error at all times of the year, but particularly so in summer. A baby should never perspire from clothing alone. During very hot weather from 8 A. M. to 8 P. M. an infant should wear no clothing except for cleanliness, and at all times of the year an infant over one month old should be entirely without clothing for one hour each day. This gets the skin accustomed to exposure, and allows the infant to exercise untrammelled. Carlyle says, "Man, by nature, is not a clothed animal." Only weakly and delicate babies have to be carefully protected by clothing. Cold air does not harm infants. An infant can take its daytime naps on a veranda in the coldest weather, with a thin veil over its face to mitigate the wintry blasts, and be benefited thereby.

A baby that is kept in a warm, poorly-ventilated room, and dressed too warmly, becomes an easy prey to bronchitis, pneumonia or tuberculosis. If at the same time it is fed too often and too much, it is in a condition in which any ordinary malady is likely to prove fatal.

Dirt, also, is a potent factor in increasing infantile mortality. Plain, every-day dirt kills many babies. Among the very poor in tenement houses, where the mother must work for bread, the baby is seldom washed, or cleansed. He sits on a dirty floor on which he rubs his hands, and then puts his fingers into his mouth, or he has a toy, or that fiendish invention, a "pacifier," which he rubs on the floor and transfers to his mouth. In this way he is constantly inoculating himself with the germs commonly found in dirt. Many of these babies die, generally from intestinal disease. Those that survive have by repeated inoculation become so thoroughly immunized against dirt germs that it takes something very serious indeed to kill them.

Dust.—While I believe that in most cases of tuberculosis in the infant, the germs are swallowed with milk or dirt that gets into the baby's mouth, still there is no doubt that in some cases the germs are inhaled with infected dust. In cases of mouth breathing the dust is also breathed into the mouth and then swallowed. Babies should never be in a room that is being swept. Many times I have seen an infant quietly sleeping in a room where the mother, and sometimes a tuberculous mother, was sweeping the floor. A tuberculous mother should never nurse, kiss or care for her baby; the risks of infection are greater than the risks of bottle-feeding. Germs taken in in this way by the infant may remain inactive in the lymphatic glands, and develop into active tuberculosis in adult life.

The infant's bath should be very firm for the

first few days of its life. It should then be very gradually cooled until the baby can enjoy a bath that is almost cold without shock. This hardens the skin against sudden drafts and changes of temperature, and prevents sickness. Many American mothers are lacking in the faculty of discipline, and are too tender-hearted with their babies. They yield too readily to the infant's demands, and the more they yield the more the infant demands, until the result is a weak, pampered baby that cannot possibly go through an attack of scarlet fever or diphtheria and come out alive.

Many babies suffer from too much coddling, and are rendered weak and peevish thereby. On the other hand, some babies suffer from lack of motherly attentions, and manifestations of mother love. This is one reason why babies in institutions do not do so well as babies in homes, and partially explains the success of the carefully farming out of infants among selected mothers, under the guidance of specially trained nurses.

There is no good reason why a healthy infant that is properly fed, properly clothed, kept clean, not pampered, and properly mothered, should not pass successfully through scarlet fever, diphtheria, and the other infantile diseases, and grow to be a strong, healthy adult.

THE CAUSES OF APPENDICITIS.*

By G. K. Dickinson, M. D.,
Jersey City, N. J.

Surgeon to Christ Hospital and City Hospital,
Jersey City; Consulting Surgeon to
Bayonne City Hospital.

In the literature on appendicitis we find various attempts to explain its causation. Man is the only animal that has ever been known to suffer from this disease. He is the only animal who makes eating a pleasure, who gormandizes and overfills the intestinal tract with high proteids and who eats more than can be digested, the undigested portions proceeding to fermentation. Red meat, rotting in the intestinal tract, is a poison, and an excellent culture medium for proteolytic germs. Physicians practising in China, where red meat is seldom eaten and where a little pork, much fish, vegetables and the coarser cereals comprise the main diet, have told us that in many thousands of patients appendicitis is rarely met. There is some connection between gluttony and appendicitis, but there is a stronger connection between red meat diet and appendicitis.

Unfortunately, the term appendicitis has become applied to one variety only, whereas we have two—namely, the type which proceeds to the destruction of the appendix, gangrene, perforation, and regional or extending peritonitis (the type more commonly understood), and the chronic, which is sometimes hyperplastic, ending in fibrosis.

Within the last two years we have made careful observations on the cecum, the ileocecal junction, the cecoappendicular junction and the condition of the appendix. It is difficult to be positive in all cases as to whether or not the

*Read at the Annual Meeting of the American Association of Obstetricians and Gynecologists, at Louisville, Ky., September 26-28, 1911. Published in American Journal of Obstetrics, etc.

cecum is affected at the same time as the appendix. In the larger majority of highly vascularized conditions of the appendix we see similar conditions in the cecum. If there be an arborization of blood-vessels on the appendix we find the same on the cecum. In conjunction with acute appendicular conditions, the cecum often has a vascular cobweb, sometimes running up on to the ileum for an inch or more.

Subacute, also chronic appendicitis of the hyperplastic type, is very generally associated with a thick, leathery cecum up to and above the ileocecal junction. Fibroid appendicitis, where the musculature has been disturbed, is often associated with a sclerosis of the walls of the cecum and much ballooning and pendancy. Taking together the acute, subacute and chronic cases, we have found both sexes equally affected.

In practically every case of progressive destructive appendicitis the cecoappendicular junction is tubular, and the lymphoid tissue at the junction so swollen as to choke the aperture. Consequently, the appendix cannot drain itself. Tension results, and with tension the arterio-capillary pathology of gangrene or perforation. In the hyperplastic and chronic types the ceco-appendicular junction is embryonal, funicular. Drainage is good and tension does not occur.

If perchance there be repeated attacks of acute or sub-acute conditions on top of a chronic, scar tissue may form midway in the appendix, leading to a destruction of the distal portion. The majority of males, for some philogenetic reason, have tubular cecoappendicular junctions. The majority of females have funicular junctions. This will account for the fact that appendicitis as written in the literature is somewhat more prevalent in males, also, for the fact that the hyperplastic or chronic type, so commonly associated with cholecystitis and gastric or duodenal ulcer, is more often seen in the female.

The writers on the acute pathology of the lower abdomen describe the destructive type of appendicitis; the writers on the chronic pathology of the upper abdomen, the chronic type.

In resume, the sequence is:

Overeating of the high proteids.

Residuum in cecum—decomposition.

Cecoappendicitis—Cecum draining, recovers.

Appendix not draining, goes on to destruction.

Drainage insufficient, subacute appendicitis, with hyperplasia.

Drainage good, chronic appendicitis, tending to fibrosis.

Reports from the County Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Holmhurst on Friday evening, April 12th, at eight o'clock, with the president, Dr. David Berner, in the chair.

The attendance was unusually large, about forty members being present, and also several guests.

The Sanitary Committee reported that in all probability the objectionable odors from the crematory would soon be abolished. A con-

crete structure will soon be erected with special devices for consuming gases and destroying odors.

The chairman of the Committee of Arrangements for entertaining the American Medical Association reported that all headquarters and meeting places had been assigned and that rapid progress was being made for the social features.

The following new members were elected: Dr. Francis Bennett, Dr. Joseph De Silver, Dr. James Snowball and Dr. Isaac H. Jones.

The guest of the evening, Dr. George E. Pfahler, of Philadelphia, gave a very interesting talk on "The Röntgen Ray in the Diagnosis of Obscure Conditions of the Chest and Abdomen." His remarks were illustrated by lantern slides which were remarkably clear and instructive.

Other visitors present were Dr. Joseph Hart, Colorado Springs; Dr. George Hawke, Trenton; Dr. W. W. Lynch, Sherbrooke, Canada; Dr. J. H. Edmunson, Birmingham, Alabama; Dr. Joseph Hunter, Westville; Dr. C. H. Canning and Dr. L. Bewley, Atlantic City.

The usual enjoyable repast was served after adjournment.

BERGEN COUNTY.

Fred H. Hallett, M. D., Reporter.

The March meeting of the Bergen County Medical Society was an open one, and the social arranged for a large hall, expecting a good attendance. Unfortunately it was a very stormy night and few people came out.

The program was a symposium on Infant Morbidity and mortality.

1. Ira S. Wile, M. D., of New York City, "The Home in Its Relation to Infant Morbidity and Mortality."

2. Mary Sutton Macy, M. D., New York City, "The Industrial Occupation of Mothers in Its Relation to Infant Morbidity and Mortality."

3. Herman Schwartz, M. D., New York City, "The Relation of the Following-up System to Infant Morbidity and Mortality."

4. Mr. Robert Bruere, of New York City, "Socialism and Its Relation to Infant Morbidity and Mortality."

I enclose herewith copies of the papers read by Drs. Macy and Wile, for the Journal. Dr. Schwartz and Mr. Bruere have promised their papers later.

The annual meeting of the society was held at the Union League Club rooms, Hackensack, April 9, at 8:15 P. M. The president, Dr. G. H. Ward, occupied the chair, with 21 members present.

After the regular order of routine business, the following officers were elected for the ensuing year:

President—F. C. Bradner, Englewood.

Vice-President—Samuel E. Armstrong, Rutherford.

Treasurer—Frank Freeland, Maywood.

Secretary and Reporter—Fred S. Hallett, Hackensack.

Annual Delegates to the State Society—George H. Ward, Englewood; Ellsworth E. Conover, Hasbrouck Heights.

Dr. J. Lawrence Evans, of Guttenberg, N. J., was elected to membership.

Dr. P. A. Harris, of Paterson, was the guest for the evening and read an instructive paper

on "Some Matters Pertaining to the Diagnosis and Treatment of Gall-Stone Disease." The paper was illustrated with lantern slides. After a social session with refreshments, the meeting adjourned.

BURLINGTON COUNTY.

Nearly forty members of the Burlington County Medical Society on April 24th visited the State Hospital in Trenton, and after inspecting the institution they were entertained at luncheon by its medical staff. In the afternoon Dr. Cotton, the medical director, delivered to the visitors an address, with demonstrations, on "Hereditary Insanity."—Daily State Gazette.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

The Camden County Medical Society held its sixth-sixth annual meeting and dinner at the Mohican (Kugler's) Club House, Delair, April 23d, at 12:30 noon.

Among those present were: Dr. Daniel Strock, president of New Jersey State Medical Society; Dr. W. J. Chandler, Secretary of the State Society; Dr. David C. English, editor of the Journal of New Jersey State Society; Dr. James Hunter, Dr. J. H. Underwood, Dr. Henry H. Grace, Dr. P. Mecray, Dr. E. A. Y. Schellenger, Dr. Roland Haines, Dr. H. F. Palm, Dr. E. C. Pechin, Dr. C. H. Jennings, Dr. E. B. Rogers, Dr. A. Haines Lippincott, Dr. Brick, Dr. Alexander Ross, Dr. H. F. Bushey, Dr. Hyman I. Goldstein, Dr. Kenny, Dr. O. W. Saunders, Dr. Thomas B. Lee, Dr. Paul H. Markley, Dr. Alexander McAlister, Dr. William A. Westcott, Dr. John K. Bennett, Dr. William H. Pratt, Dr. John Leavitt, Dr. Henry H. Davis, Dr. Ernest G. Hummel, Dr. Emma Richardson, Dr. Frank Cook, Dr. Grafton E. Day, Dr. Alfred Cramer, Jr., Dr. William I. Kelchner, Dr. Levi B. Hirst, Dr. Long, Dr. Benjamin, Dr. Albert Davis, Dr. Joseph Nicholson, Dr. Joel Fithian, Dr. F. W. Marcy, Dr. Joseph Roberts, Dr. S. G. Bushey, Dr. George B. Knight, Dr. Marcus Keen Mines, Dr. H. H. Sherck, Dr. Katherine Sherck, Dr. H. L. Rose.

The following officers were elected unanimously:

President, John K. Bennett; vice-president, Joseph L. Nicholson; secretary, Daniel Strock; assistant secretary, Alexander S. Ross; treasurer, William H. Pratt; reporter, Albert B. Davis; historian, Alfred Cramer, Jr.; censor, William A. Westcott; trustees, Dowling Benjamin, Paul H. Markley.

Committee on Scientific and Literary Work—Henry H. Sherck, chairman; John J. Haley, Edgar Howard.

Legislative Committee—William A. Westcott, chairman; William I. Kelchner, Walter S. Bray.

Committee on Arrangements—A. Haines Lippincott, chairman; John F. Leavitt, Grand E. Kirk.

Delegates to the Medical Society of New Jersey—Paul M. Mecray, Grafton E. Day, Frank B. Cook, Ezra B. Sharp.

Delegates to Atlantic County Medical Society—Henry H. Davis, chairman; Alexander McAlister, William C. Raughley.

Delegates to Burlington County Medical Society—Marcus K. Mines, chairman; Howard F. Palm, J. Wasson Martindale.

Delegates to Cumberland County Medical Society—A. M. Elwell, chairman; Joel W. Fithian, Roland I. Haines.

Delegates to Gloucester County Medical Society—Thomas B. Lee, chairman; Emma Richardson, J. Anson Smith.

Delegates to Salem County Medical Society—Ernest G. Hummel, chairman; Frank L. Horning, Levi B. Hirst.

Drs. E. L. B. Godfrey and J. S. Baer, of Pasadena, Cal., formerly members of the Camden County Society, were elected honorary members.

Dr. A. Haines Lippincott read a very important paper on "Social Diseases and Prevention." A banquet followed the business and scientific meeting at which there were toasts by Dr. Hunter, Dr. Grace, Dr. Long, Dr. W. J. Chandler, Dr. G. E. Reading, Dr. D. C. English and Dr. A. H. Lippincott.

A large number of the Camden County physicians attended the reception given by the Medical Club of Philadelphia at the Bellevue-Stratford recently. Among them were Drs. Lippincott, Fithian, Goldstein, Lee, Hoell, Hummel, Schellenger, Strock, Palm, E. B. Rogers, Joseph E. Roberts, McAlister, Hirst and Pechin. There were more than 600 physicians present from Philadelphia, Atlantic City, Camden, Trenton and other cities.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The annual meeting of the Cape May County Medical Society was held at the Hotel Bellevue, Cape May Court House, on Tuesday, April 2, 1912.

The following were in attendance: Dr. Mace, Dr. Mayhew, Dr. Blake, Dr. Douglass, Dr. C. W. Way, Dr. Kelchner, Dr. Hand, Dr. Tomlin, Dr. Marshall and Dr. E. Way; Dr. James Hunter, district councillor; Mrs. Blake, Mrs. Tomlin and Mrs. Mayhew.

The most interesting feature of the occasion was a "clinic" by Professor Alfred Gordon, M. D., of Philadelphia, on "Brain and Nervous Affections." Seven patients were brought by Dr. Gordon and two by Dr. Douglass, and Professor Gordon, who is a most pleasing and eloquent lecturer, held the undivided attention of his hearers for two hours, elucidating some of the most complex problems that confront the medical profession.

A hearty and unanimous vote of thanks was extended Dr. Gordon for his able address.

The following officers were elected for the ensuing year:

President—Dr. Margaret Mace, of Anglesea. Vice-President—Dr. C. W. Way, of Ocean City.

Secretary and Reporter—Dr. Eugene Way, Dennisville.

Treasurer—Dr. Randolph Marshall, Tuckahoe.

Censors—Dr. Duncan Blake, 1913; Dr. H. H. Tomlin, 1914; Dr. I. N. Griscom, 1915.

Delegate to the State Society—Dr. Duncan Blake. Alternate, Dr. S. D. Mayhew.

The next meeting will be held at Wildwood in the hospital of Dr. W. A. Kelchner.

Drs. Mace, Tomlin and Mayhew are the committee of arrangements for the next meeting, on which occasion Professor Judson Deland, M. D., of Philadelphia, will give a "clinic" on

heart diseases and will bring several patients; a number of other patients will also be provided by the local physicians.

CUMBERLAND COUNTY.

Irving E. Charlesworth, Reporter.

The annual meeting of the Cumberland County Medical Society was held April 9, 1912, at the City Hall, at Bridgeton, at 10 o'clock, President E. S. Corson presiding.

The usual routine of business was transacted and Dr. Ralph R. Charlesworth, of Millville, was elected to full membership.

The following officers were elected for the ensuing year:

President, Dr. John W. Wade, of Millville; vice-president, Dr. Leslie Cornwell, of Bridgeton; secretary, Dr. H. Garrett Miller, of Millville; treasurer, Dr. Joseph Tomlinson, of Bridgeton.

The Board of Censors elected was: Dr. S. T. Day, of Port Norris; Dr. J. W. Wade, of Millville, and Dr. E. S. Corson, of Bridgeton.

The delegates elected to the annual meeting of the State Medical Society, which is to meet at Spring Lake, N. J., on June 11, 12 and 13, were Dr. Ferd. Jones, of Millville, and Dr. George Spence; alternates, Dr. Leslie Cornwell, of Bridgeton, and Dr. H. G. Miller, of Millville.

The delegates elected to attend the meeting of the Gloucester County Medical Society were: Dr. John Moore and Dr. E. S. Corson, of Bridgeton, and Dr. Walter P. Glendon, of Cedarville.

The delegates elected to the Salem County Medical Society were: Dr. Alfred Cornwall and Dr. Millard Sewall, of Bridgeton, and Dr. F. Vernon Ware, of Millville.

The delegates elected to the Camden County Medical Society were: Dr. Joseph Tomlinson and Dr. M. K. Elmer, of Bridgeton, and Dr. S. T. Day, of Port Norris.

The committee on Public Health and Legislation are: Dr. Joseph Tomlinson, Dr. E. S. Corson and Dr. Walter P. Glendon.

A report from the chairman of the Public Health Educational Committee of New Jersey, recommended that a committee be selected to provide for lectures in the schools, churches and clubs throughout the county for the advancement of public health legislation.

Dr. Willard H. Kinney, of Philadelphia, read a paper on "The Treatment of Gonorrhœa and Its Important Complications." The discourse was very interesting and the subject was ably discussed.

Dr. W. C. Goodwin, of Philadelphia, read a paper on "A Specific Treatment for Tuberculosis." The paper excited a great deal of interest and comment. The physician believes he has discovered a cure for the white plague.

The society then adjourned for a sumptuous banquet.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The Essex County Medical Society held its annual meeting Tuesday evening, April 2d, at 81 Orange street, Newark. A large attendance was registered. The Council reported five scientific meetings of the Society as follows: May 10th, Miss Laura B. Garrett addressed us on "Sex Hygiene," demonstrating her method of

instructing public school children, and convincing the audience that this vexed question would be readily solved if we had a corps of teachers (and parents) as wise and well equipped as the speaker to give the instruction. October 17, Dr. Albert C. Geiser lectured, with experiments, on the "High Frequency Current," and elicited great interest from his demonstrations. December 5, Mr. Frank H. Sommer, the former Essex County Sheriff of note, spoke on the new "Employers' Liability Law," and gave much timely and welcome instruction on a legal situation which concerns every one of us. February 6, Dr. W. S. Bainbridge addressed us on "Cancer and Its Treatment." March 5, Dr. J. B. Stein lectured, with lantern demonstrations, on the "Spirochæta Pallida of Syphilis." The above was a most excellent one and was evidently appreciated by the members. The treasurer, C. F. Webner, reported total receipts \$1,586.88, and expenditures \$1,340.90, leaving present balance \$245.98. The assessment for dues for the year is \$3.00. (Of this \$1 is for the State Society and \$1 for the State Journal, which latter is optional.) The Necrology Committee presented obituary notices on the death of Drs. Robert L. Burrage, Hugh P. Roden and Daniel M. Dill. There is need for emphasis on the rule of the county society that such notices should be prepared "immediately after death and published in the forthcoming issue of the State Journal," as it is then that the information is looked for and may be of value. The Tuberculosis Committee, by Dr. Long, made a brief report, chiefly urging every physician to be more scrupulous in observing the law on reporting every case of tuberculosis, as only by so doing can the profession be honorable toward its own standards, not to say obedient to law. Dr. Carl Sutphen reported for a committee on considering the recommendations of the last president, Dr. Eagleton, which embraced three subjects, essentially: The encouraging of new members till every legalized practitioner was made to feel it his duty to join us, the prosecuting of illegal practitioners till they are driven out by the strong hand of law, and the making of hospital material and advantages more accessible to all members of the profession. Dr. Katherine Porter presented the report of the Public Health Education Committee. Seven lectures for the public were provided and, though the attendance was not what the committee wanted, all means of advertising possible (without great expense) were used and, this emphatically, the lecturers were, par excellence, the very best the whole country affords and, moreover, were secured free of costs except for small expenses in some cases. The following list of lecturers is sufficient to prove the earnest of our society and the endeavors of this committee to afford the public reliable, up-to-date, interesting medical information, and the appreciation of those who did come is encouraging: Dr. E. A. Ayers, Dr. G. C. Dickman, Dr. R. A. Doolittle, Dr. Livingston Farrand, Dr. Norman Dittman, Mr. F. L. Hoffman, and Dr. Alice Hamilton. The committee suggests that members take cognizance of these lectures and hand to their patients notices of them.

The president, Dr. H. J. F. Wallhauser, delivered an exceptionally good address. The topic was "Syphilis," and included a resume of medical history, citation of treatments, search for the cause, and finally the identification of

the Spirochæte and the following discovery of salvarsan. It was listened to throughout with marked attention and heartily applauded and ordered sent to the Journal for publication. This success of the presidential address was commented on afterward as proving the lack of support, by the members, of a motion during the year (at the time utterly defeated) to have the president's address only read by title. The Auditing Committee reported the books correct. Action was suggested by Dr. Carl Sutphen toward improving the conditions and care of the insane, this by a committee of investigation, to report back in due time with recommendations. Notice was given of an amendment to the constitution which would move the annual meeting to the first Tuesday in May.

Fifteen new members were elected: Drs. Charles Dane, East Orange; Henry B. Orton, East Orange; John Dane, South Orange; Spotswood H. Parker, East Orange; J. Irving Fort, Newark; Rose C. Faughnan, Newark; John Lewis Meeker, Newark; Philip Conlon, Newark; John T. English, Newark; Eustace Cameron Butler, Caldwell; Edward P. Whelan, Nutley; Robert Buermann, Newark; Charles F. Hill, Newark; Charles L. O'Neill, Newark, and John J. Burne, Newark.

The Scientific Committee recommended "five scientific meetings at least" during the ensuing year. President Wallhauser nominated the following persons, all of whom were afterward elected: Reporter, Dr. Frank W. Pinneo; annual delegates to the State Society meeting at Spring Lake, June 11, Drs. Eleanor Haines, Paezkowski, Parsonnett, Paul, Peck, Petry, Potter, Quinby, Randall, Ranson, Reissman, Ribbans, L. H. Robinson, Rosenwasser, Russell, Scott and (alternate) Hunt. For permanent delegates to the State Society, the following were elected as nominees: Drs. Wallhauser, Hagerty, Hicks, Mead, Matthews, Sherman, Wherry. For president, Dr. T. N. Gray was elected; for vice-president, Dr. E. Z. Hawkes; for treasurer, Dr. R. H. Rogers; for secretary, Dr. Ralph H. Hunt; for the Council, Drs. E. J. Ill, W. P. Eagleton and A. J. Mitchell. Resignations from membership of Drs. Thomas W. Loweree and W. W. Rose were accepted. Under miscellaneous business a preamble and resolution was introduced by Dr. Pinneo to the effect that the present unusual prevalence of measles everywhere suggested the need of recognizing the precautions observed in other contagious diseases, in the interest of schools, of private families and of the public generally, and to this end "it is the judgment of the members of this society that measles should be made a reportable disease wherever it is not already." While this matter was receiving consideration a message came from the Newark Board of Health that they had at their meeting, then in session, passed an ordinance covering the desired action. This makes it reportable throughout Essex County.

The Essex County Pathological and Anatomical Society, held a regular meeting Thursday evening, April 11th, with the following program:

1. Report of a case of Brain tumor of the right precentral gyrus, Drs. Beling and John English.

2. Brain Tumor of right frontal lobe, Drs. Payne and Wardner.

3. Demonstration of a cyst of the thyroid.

4. Demonstration of an unusual lesion of the lymph-glands, Dr. Hawkes.

5. Demonstration of a case of myelogenous leukæmia, Dr. Hardin.

6. Report of a case of lupus vulgaris, Dr. Haussling.

7. Demonstration of specimens of: Stab wound of right ventricle of heart; (a) Giant cell sarcoma of the ulna; (b) Adenoma of the prostate, with beginning malignancy; (c) Uterine fibromyoma, Dr. Stachlin.

8. Demonstration of a tuberculous testicle, Dr. Epstein.

9. Accessory spleen, with demonstration of specimens.

10. Sub-acute ulcerating endocarditis, due to the attenuated coccus of Schottmueller, "strep-tococcus viridans," Mr. Moran and Dr. Martland.

11. Demonstration of the following specimens from the Pathological Department of the City Hospital: (a) Latent carcinoma of the stomach; (b) Primary adenocarcinoma of the duodenum, unassociated with the bile ducts.

12. The technique of examination of the cerebro-spinal fluid, Dr. Martland.

The Academy of Medicine of Northern New Jersey met Wednesday evening, April 17th, for the election of officers, with the following result: For president, Dr. E. J. Ill; vice-president, Dr. Wells P. Eagleton; trustee, Dr. E. Z. Hawkes; membership committee, Dr. Carl H. Wintsch; library committee, Dr. Sarah R. Mead. These were all re-elections to fill expired terms. The section meetings have been held as announced, bringing out much interesting material, with discussions by those present.

The William Pierson Medical Library Association, Orange, had a lecture, with lantern demonstrations, by Dr. G. Howard Fox, April 3, on "Differential Diagnosis in Spin Disease." Again on April 16 they met for a lecture by Dr. R. I. Cole, on the "Investigation of Pneumonia," by the Rockefeller Institute Commission. This closed their season, which has been very fruitful in interest.

The Medical League of Newark met Monday, April 15th, and Dr. Max Einhorn read a paper on "Indications for Surgical Intervention in Diseases of the Digestive Tract."

GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The March meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, on March 21st. The president, Dr. DeGroff, occupied the chair.

Dr. Wendell Reber, of Philadelphia, gave a very interesting and instructive lecture on "Symptoms of Eye-Strain Other Than Headache."

Dr. W. C. Goodwin, of Philadelphia, related in detail the results of his work in the treatment of tuberculosis by the use of calcium sulphide and sodium sulpho-carbolate.

These addresses were very practical and called forth free discussion.

On motion the secretary was directed to express to Dr. L. M. Halsey, of Williamstown, the sympathy of the society in his illness and hopes for his speedy recovery.

After adjournment the society entertained at dinner Drs. Goodwin and Reber, of Philadelphia; Richardson, of Camden, and Miller, of Millville.

MERCER COUNTY.

Frank G. Scammell, M. D., Reporter.

The Mercer County Component Medical Society met in conjunction with the Mercer County Dental Society, April 9th, to listen to a paper by Dr. M. L. Rhein, of New York. The subject, "Oral Pathology and Its Relation to General Medicine" was ably presented by the doctor, and profusely illustrated by radiograph pictures. These were thrown on the screen and the explanation was one of the many interesting phases of the address. The discussion was opened by Drs. Redden, Mackenzie, Adams and West, also Drs. Dilts and Chase for the dentists.

While this is a new departure from the regular meetings of the medical society, yet it portrays the advantage to be gained by the physicians as well as the dentists for them to work in harmony. Aside from this the social relations enjoyed by the joint meeting of these two professions is one that should stimulate future meetings.

Those who participated in the meetings were: Dentists James Woolverton, W. G. Chase, of Princeton (president of the Dental Society); John Woolverton, Drs. Dilts, Forsythe, Godley, Thomas, Griffith, Wilkins, Wagner, Ginnelly, Keeler, Hazelton and Stover. There were also in attendance the following physicians: Drs. Turner, Adams, Sandy, Green, Moore, Craythorne, North, Felty, Mackenzie, West (president), Taylor, Funkhauser, Oliphant, McFarland, Hawke, Sica, McGuire, Reddan, Norton, Scammell and Sommer.

MIDDLESEX COUNTY.

Benjamin Gutmann, M. D., Reporter.

The annual meeting of the Middlesex County Medical Society was held in the Mansion House, New Brunswick, on the evening of April 17th, with President J. L. Lund, of Perth Amboy, in the chair. There was a fair attendance of members considering the stormy evening.

Dr. Frederick L. Brown, of New Brunswick, was elected a member of the society.

The following officers were elected for the ensuing year:

President, Dr. Howard C. Voorhees, New Brunswick; vice-president, Dr. Frank C. Henry, Perth Amboy; secretary, Dr. Martin S. Meiner, Perth Amboy; treasurer, Dr. David C. English, New Brunswick; reporter, Dr. Benjamin Gutmann, New Brunswick.

Dr. John L. Lund was nominated for permanent delegate to the State Society.

Drs. W. E. Ramsay and B. Gutmann were elected annual delegates to the State Society, with Drs. H. C. Voorhees and A. L. Smith as alternates.

The action of the Perth Amboy physicians in causing the arrest of Dr. J. E. Stubbert, for practicing there, temporarily, under false pretenses was approved unanimously and the society agreed to give them its moral support.

Dr. English, the treasurer, reported all bills paid and a balance invested of a considerable amount.

Dr. Fred H. Albee, of New York City, was then introduced and presented a paper on "Bone

Transplantation." It was an exceedingly interesting and instructive paper, setting forth the excellent results obtained by him especially in the treatment of Potts' disease. The pictures thrown by the lantern on the screen added much to his admirable description of diseased conditions and his methods of treatment. The discussion was opened by Dr. F. M. Donohue and others availed themselves of the opportunity to ask questions.

The dinner furnished by the management of the Mansion House and the social intercourse were enjoyed by all present.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

Dr. Clifford Mills entertained the Morristown Medical Club at his house on the evening of April third. The doctor read a paper on "Fibroids of the Uterus." He mentioned the fact that frequent or painful micturition was often an early symptom of this condition and later might be followed by retention of urine for which catheterization was necessary. That metrorrhagia was often present, was also emphasized. Surgical treatment was beneficial to prevent malignancy and other complications. Sarcoma following in 3 per cent., carcinoma 2 per cent., narcotic changes in 2 per cent. and cystic degeneration in 5 per cent.

Numerous cases illustrating dangers of fibroids in pregnancy and parturition were cited as well as cases showing collapse if a fibroid was passed spontaneously.

The discussion was general and the following facts brought out: that quickly growing fibroids were generally myomata and had a large blood supply; that most inactive ones were composed of connective tissue and could be shelled out with probably little danger from hemorrhage; that many fibroids did not give serious trouble even if palliative remedies only were employed and might atrophy after the menopause; that the diagnosis was often made when the patient came to a doctor for some other condition, and, if slow growing, the case might be safely kept under observation for some time; that rapid growth of a fibroid or severe hemorrhages should always make the recommendation of an operation imperative.

Most of the physicians present were able to report cases of fibroids that had either complicated pregnancy, become cystic or shown no marked symptoms.

Following the discussion a lunch was served, after which the physicians had a pleasant social session.

Dr. George L. Johnson, of Morristown, was elected to membership.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The annual meeting of the Passaic County Medical Society was held in the Braun Building, Market street, Paterson, April 9, 1912.

The minutes of the previous meeting were read and approved. The treasurer's report was read and approved. Dr. William Flitcroft, the retiring president, gave the annual address, of which the following is an abstract:

"Upon assuming the office of president of this society, I carefully examined the constitution and by-laws as revised and was particularly

impressed by Article II., which read as follows:

"Article II.—Purposes of the Society.

"The purpose of this society shall be to bring into one organization the physicians of Passaic County; to exert a directing influence over the medical profession of the county; to elevate and make effective the opinions of the profession in all scientific, legislative, public health, material and social affairs, to the end that the profession may receive that respect and support within its own ranks and from the community to which it is justly entitled, and to improve the scientific, material and social condition of every physician within its jurisdiction."

"I believe that this article should be read by the secretary in open session at every regular meeting, that it may serve to remind each member of the obligation that rests upon him to put forth his best efforts to bring about the realization of the results called for in the article.

"As my successor will assume office at your next meeting, it may not be amiss to review the progress achieved. Thanks to your hearty co-operation during my incumbency. Finding that sentiment had crystalized into a unit among the members of this society, that the law against illegal practitioners should be enforced, I appointed a Committee on Public Health and Legislation, the members of which had a desire to carry out the wishes of this society and see that the law was properly enforced. After expenditure of much time and money, six illegal practitioners were brought before the grand jury, and as foreman of that body, I was able to report indictments against each one. They were found guilty and fined notwithstanding that in one instance the osteopathic cult attempted in vain to make it appear that we were fighting their school, but the usual cry of persecution proved of no avail. The results thus secured demonstrated what good may be accomplished by united action.

"Another evil that threatened to destroy our society and ultimately to prove disastrous to the physicians of this county, robbing them of the confidence and respect of the public, was contract practice. This subject was thoroughly considered in past meetings. I simply refer to it in order to congratulate the members upon the adoption of an amendment to the by-laws, whereby a member who continues to do contract practice is expelled.

"The adoption of resolutions endorsing vaccination as a means of preventing smallpox was an efficient aid to the Passaic Section of this society in combatting an outbreak of anti-vaccinationists and resulted in the Board of Health endorsing the said resolutions, thus demonstrating once more the power for good that can be accomplished by a united body of scientific men.

"At the December meeting Dr. Weisenburg, of Philadelphia, presented moving picture illustrations of nervous diseases. This innovation was instructive and much appreciated. The lecture was accurately reported and appeared in the January issue of the State Journal. As I take a retrospective view of the meetings over which it has been my pleasure to preside, they have been marked by a genuine feeling of good fellowship and a desire to see that a square deal was given to all. The only shadow that has crossed our path was the untimely death of one of our members. I refer to the late Dr. D. T. Bowden, who contributed so much of his time and talents to orthopædic work, benefiting not only those patients that were able to pay for

his services, but bringing sunshine into the lives of the crippled children of the poor.

"In closing, I thank you for united support, that you have given me in my efforts to shape the policy of this society along progressive lines. I pledge my hearty support to my successor in every effort he may make to advance the interests of this body of men, whose object is the attainment of high ideals and the pursuit of scientific knowledge."

The following officers were elected by the society:

President—Robert M. Curts.

Vice-President—Andrew F. McBride.

Secretary—Charles R. Mitchell.

Treasurer—Thomas A. Dingman.

Reporter—Thomas A. Clay.

Historian—Elias J. Marsh.

Censor—William Flitcroft.

Censor for Unexpired Term of Dr. Bowden—Frederick F. C. Demarest.

Members of Executive Council—John C. McCoy and William Neer.

Additional Permanent Delegates—William Flitcroft and G. Edward Tuers.

Annual Delegates—Benjamin Rogers, John S. Yates, Henry H. Lucas, Franklin J. Keller, Hugo Drews.

Alternate Annual Delegates—Paul E. Rauschenbach, Paul Luck, Gerard J. Van Schott, Sr., Joseph H. Oram.

The application of Charles J. Keating for membership was referred to the Board of Censors.

The following resolutions regarding the death of Dr. David T. Bowden were passed by the society:

"The Passaic County Medical Society feels that by the death of Dr. David T. Bowden the society has lost one of its most valued members, one who was ever interested in its welfare and who occupied the position of censor of the society.

"We appreciate fully the efficient work that Dr. Bowden has done for the crippled children of our city and we, as well as they, will miss him, not only as a man, and friend, but as a physician conscientiously devoting his energies to his chosen specialty.

"The members of this society hereby extend their most sincere sympathy to the bereaved family.

"Committee, John C. McCoy, M. D., George Fisher, M. D., William Neer, M. D."

A motion was made that Article II., entitled "Purposes of the Society," be read at the opening of every meeting, as suggested by the president, was passed unanimously.

Dr. Robert M. Curts, the new president of the Passaic County Medical Society, took the chair. In his address he said he would endeavor to carry out the work and policy of his predecessor in office; and that during the next year he expected every member of the society to present either an original paper, or a case, to the society.

A motion to adjourn was carried, after which collation was served.

The monthly meeting of the Passaic Section of the Passaic County Medical Society was held in Smith Academy, on April 11, 1912. Dr. W. N. Berkeley gave a talk on the use of his new antiserum for cancer. (We are compelled to defer till next month an abstract of this talk.—Editor.)

SOMERSET COUNTY:

J. Harvey Buchanan, M. D., Reporter.

This society held its annual meeting at the Ten Eyck House, Somerville, on Thursday, April 11th, being called to order by the president, Dr. Josiah Meigh, at 1 P. M. Of the members of the society there were present the following: Drs. Meigh, DuBois, Dundon, Stillwell, Fisher, Beekman, Merrill, Graff, Ely, Lawton, Hughes, Zeglio, Buchanan Flynn, Kancher, Halsted, Cooper and Smalley, and honorary member, Dr. John W. Ward, of Pennington. The following invited guests, all of Plainfield, members of the Union County Society, were present, namely: Drs. B. Van D. Hedges, Murray, Anthony, Ard, Currie and Carman. After transaction of some preliminary business Dr. W. H. Murray reported a fatal case of throat infection occurring in a pupil nurse at Muhlenberg Hospital. The case was characterized by extreme prostration, high and continued fever, swollen tonsils and peritonsillar regions, and the systemic evidence of a profound toxic condition. Repeated bacterial examinations failed to disclose Klebs-Loeffler bacilli, but streptococci were constantly present in large numbers. The question of a suppressed scarlet fever was discredited by lack of any of the prominent symptoms other than the throat manifestations, and by the history of an attack of the scarlet fever a few years previously. Diphtheria, anti-toxin, anti-streptococcic sera and saline intravenous injections, etc., all seemed to have no effect and the patient died in a profoundly septic condition. Following the discussion of this report the paper of the afternoon was announced and Dr. A. W. M. Ellis, of the Rockefeller Institute, presented the same, entitled, "The Diagnosis and Treatment of Syphilis." The paper proved exceedingly interesting and profitable. It went into the history of medication in this disease; the steps leading to the discovery of "606" and methods of use of this, and of the intra-muscular injection of mercury, and brought out very clearly many small details of value in the use of both agents. Particularly interesting was the demonstration by charts of the chemical reactions in the use of salvarsan. The paper terminated with illustrations of the actual use of this preparation, showing its good results and also some of the untoward effects at times encountered. A general discussion followed, and a vote of thanks from the society was tendered the doctor for his excellent presentation. Following the paper the annual election of officers was held, resulting as follows:

President—Dr. F. J. Hughes, North Plainfield.

Vice-President—Dr. W. H. Merrell, Somerville.

Secretary—Dr. F. E. DuBois, North Plainfield.

Treasurer—Dr. Thomas H. Flynn, Somerville.

Reporter—Dr. J. Hervey Buchanan, North Plainfield.

Annual Delegate to the State Society—Dr. Thomas H. Flynn, Somerville.

Nominee for Permanent Delegate—Dr. Josiah Meigh, Bernardsville.

Censor for Three Years—Dr. C. F. Halsted, Somerville.

The treasurer's report was read and audited, and showed a balance of over \$100 in the treasury. The advisability of holding the regular meeting in the evening instead of the afternoon

was taken up and on motion it was ordered that the regular meetings of the society in June and October be held in the evening, and that the August meeting be called off. No further business being forthcoming, the meeting adjourned and finished the afternoon with a most excellent dinner served by Ross Lake, the genial and accommodating landlord of the Ten Eyck House. The meeting and dinner were, as usual, most pleasant and profitable, yet through it all ran a current of sadness as first one and then another spoke, with no assumed feeling of grief, of missing our former friend and professional associate, Dr. John P. Hecht. A man loved by the society and by the community, a man of standing and ability, a man who gave his life in the discharge of his professional duty—such was John P. Hecht, and no better tribute to his worth may be given than this, that those who knew him best, felt most keenly his absence at this annual meeting of the society, to which he gave so much of time and effort.

WARREN COUNTY.

John H. Griffith, M. D., Reporter.

The Warren County Medical Society held a special meeting at Washington, N. J., Tuesday, March 26, 1912, in the Warren County Athletic Association rooms.

The meeting was called to order at 11:30 A. M. by the president, F. A. Shimer, M. D., of Phillipsburg, N. J. A goodly number of the members was present, besides our worthy counselor, Thomas N. Gray, M. D., of East Orange, N. J., who favored the society with his presence and advice.

Drs. G. W. Cummins and F. J. La Riew presented the society with excellent papers, which were discussed at length by all the members present.

After the meeting the society adjourned to the New Windsor Hotel and partook of an excellent menu, which the committee of arrangements had prepared.

Tri-County Dental Meeting.

The Tri-County Dental Society met March 21st, in Royal Arcanum lodgeroom in Morristown. Dentists were gathered from Morris, Warren and Sussex counties. An illustrated address on "Specific Infections" was given by Professor J. Bethune Stein, of New York. The address was discussed by Dr. James Douglas, of Morristown; Dr. Otto Lowry, Dr. Joseph Kussy and Dr. R. A. Allray, of Newark, and Dr. Fisher, of the State Hospital at Morris Plains. Dr. Emerson Sausser, demonstrator at the University of Pennsylvania, presented a paper on "Porcelain Inlaying." The paper was discussed by Dr. G. M. Holden, of Hackensack; Dr. J. R. Teed, of Verona, and Dr. Charles S. Hardy, of Summit. Arrangements were made for a joint meeting to be held at Hotel Breslin, Lake Hopatcong, during the latter part of June. The other societies joining in this meeting are Union County and Mercer County societies, Plainfield Dental Club and the Odontotechnique Society of Newark.

Cooper Hospital Clinical Society.

A regular meeting of the society was held on March 6, 1912, on which occasion Dr. Paul M. Meeray read a very interesting paper entitled "Some Remarks on the Lane Plate." The ad-

dress was illustrated by X-ray plates taken by Dr. Joseph E. Roberts. At the meeting of the society held April 3, 1912, an unusually instructive paper on "Spondylotherapy" was read by Dr. E. A. Y. Schellenger.

Jersey City Physicians' and Surgeons' Club.

This club met at the Evansonia on the evening of March 19th, and heard a paper on "The Treatment of Pneumonia," read by Dr. Daniel B. Street. The paper was discussed by Drs. John J. Broderick and Patrick J. Hamill.

Dr. Edward J. Mulvaney, superintendent of the Bureau of Contagious Diseases of the Board of Health, surprised the members when he announced that of the deaths in Jersey City last year, there were more from pneumonia than tuberculosis. The latter disease claimed 476 victims, and the former 604.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club, Summit, on Friday, April 26, at 8:30 P. M., Dr. W. H. Lawrence, Jr., of Summit, entertaining, and Dr. D. E. English in the chair. The society is composed of the physicians residing in Summit and vicinity and its membership is limited to twenty. Fifteen members were present, viz.: Drs. R. D. Baker, D. E. English, C. B. Keeney, W. J. Lamson, W. H. Lawrence, Jr., R. W. Moister, T. P. Prout and T. H. Rockwell, of Summit; Dr. W. Campbell, of Short Hills; Dr. T. W. Bebout, of Stirling; Dr. C. Meigh, of Bernardsville; Drs. J. E. Pollard, F. I. Krauss and W. A. Jaquith, of Chatham, and Dr. M. C. Smalley, of Gladstone. Drs. W. B. DeGarmo and F. Tweddell, of Summit, were also present, as guests of the society.

The paper of the evening was read by Dr. W. H. Lawrence, Jr., on the subject of "Right Iliac Pain." The paper was freely discussed and reports of interesting cases were made. After the meeting adjourned, refreshments were served.

Hygienics of the Care of Babies.

Dr. Julius Levy, of Newark, gave a lecture on the above subject recently under the auspices of the Board of Education of Newark, illustrated with moving pictures, which were prepared in a New York studio, making about a thousand feet of film. The New York milk committee co-operated with Dr. Levy in securing the photographs of babies, desirable models being found in several New York clinics.

Essential things in the development of infants shown. Among the points accentuated were the right and wrong way of clothing and bathing the child; the general care of the child; harmfulness of taking the advice of neighbors, meaning of a baby's crying, the care of a sick baby and correct feeding.

Customs and superstitions in the care of infants obtaining among the representatives of different nationalities were also pictured and contrasted with scientific methods.

State Sterilization Board.

The cases of inmates of the State Village for Epileptics at Skillman have been considered by

the State Sterilization Board. The investigation into these cases was conducted upon the lines suggested in the sterilization bill and the inmates of the institution were represented by Counsellor Beekman, who was given all of the facts in connection with the history of the cases. The board decided that seventeen of the inmates were fit subjects for the operation of the new law and unless appeals are taken within five days from the date of notice the provisions of the law will be carried out.

On March 5 the board visited the New Jersey State Hospital for the Insane in Trenton. Judge Frederick Gnichtel, of the Court of Common Pleas, named former Senator Barton B. Hutchinson to represent those inmates whose cases will come before the board.

It now seems to be the opinion that the sterilization law is constitutional. An opinion upon this was asked of Attorney-General Wilson some time ago, but has not yet been received. It is the intention of members of the board to proceed according to the provisions of the law until its constitutionality is attacked.

The Essex County Mosquito Extermination Commission.

The Essex County Mosquito Extermination Commission has been organized under the new law enacted by the Legislature which provides for such commissions, in counties which take advantage of the opportunity, and allow expenditures out of the county treasury, to the extent of seventy-five thousand dollars per year, for mosquito extermination; provided, only, that the budget be submitted (before April first for the current year) to the Director of the State Experiment Station at New Brunswick for his approval, upon which said budget then becomes mandatory on the Board of Freeholders of that county. Essex County has complied with the law and will enter upon the fight this year. The commission is as follows: Dr. Ralph H. Hunt, president; Mr. C. R. Burnett, treasurer; Dr. F. W. Becker, Spencer Miller, R. H. Brientnall, J. G. Thompson. All serve without salary.

Association of State Secretaries and Editors.

The sixth annual meeting and banquet of this association will be held at the Marlborough-Blenheim, Atlantic City, June 3, 1912, at 7 P. M. Among the items on the program are: President's address, Dr. M. Black, Denver, Col. Papers on "Uniform Regulation of Membership," Dr. T. McDavitt, St. Paul, Minn.; "Transfer from the County Societies of One State to Another, without Cost," Dr. H. Taylor, Fort Worth, Tex.; "Is Legal Defense Against Malpractice by State Organizations a Success," Dr. A. T. McCormick, Bowling Green, Ky. The meeting will be held around the banquet table.

American Medical Editors' Association.

The annual meeting of this society will be held at Atlantic City, N. J., on June 1 and 3, with headquarters at the Marlborough-Blenheim Hotel. An attractive program is being prepared. The annual banquet will be held on the evening of June 3. Every editor and those associated in medical journalistic work are cordially invited to attend and take part in the proceedings.

THE JOURNAL

OF THE

Medical Society of New Jersey

MAY, 1912

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

PUBLICATION COMMITTEE:

WM. J. CHANDLER, M. D., Chairman, South Orange
EDWARD J. ILL, M. D., Newark.
ELLIS W. HEDGES, M. D., Plainfield.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

DO NOT FORGET THAT THE
146TH ANNUAL MEETING OF THE
MEDICAL SOCIETY OF NEW
JERSEY

WILL BE HELD IN THE
NEW MONMOUTH HOTEL,
SPRING LAKE, JUNE 11-13, 1912.

Do Not Fail to Attend.

ANNUAL MEETING PROGRAM.

The Committee on Scientific Work of our State Society, of which Dr. John C. McCoy, of Paterson, is chairman, has shown highly commendable activity and wisdom, as an examination of the provisional program, in another column, will demonstrate. It covers a wide range of practical subjects to be presented by some of our able members. The selection of the recently elected professor of surgery in Johns Hopkins University—Dr. Bloodgood—as Orator in Surgery, and of Dr. Richard C. Cabot, of Boston, as Orator in Medicine, will give opportunity to hear these masters in these two department of practice. The addresses of our president and third vice-president will also add to the scientific treats in store for those who attend.

We are strongly in sympathy with the opinion expressed by many that at this year's meeting full time should be given to the presentation and discussion of scien-

tific papers. We venture the suggestion that reports of officers and committees and other items of business shall be carefully prepared and concisely presented with such practical suggestions or recommendations as shall tend to expedite business so that the time of the scientific sessions shall not be unduly curtailed.

All signs indicate a large and unusually interesting and profitable meeting. *Let every member of our various county societies, who possibly can, be present, and don't forget to bring the ladies,* for this year—as last—the excellent hotel where we meet gives us and our families full possession of the house, so that it will be a great medical family gathering place.

REMINDERS TO COUNTY SECRETARIES.

The by-laws require each secretary to send to the Secretary of the Medical Society of New Jersey, at least *one month* before the annual meeting, four lists.

First—A certified roster of its total enrolled membership.

Second—A list of its officers, annual delegates and reporter.

Third—A list of members who have paid their assessments and are otherwise in good standing.

Fourth—A list, as complete as possible, of all other physicians practising in the county.

As far as possible the full names and correct post office addresses should be given. A printed list of members for the current year has been sent to each secretary. It will be more convenient to the Recording Secretary if corrections are made by the county secretary on these printed lists (or on a slip pasted thereto).

All four of these reports must be sent in on or before May 11th, otherwise the component society is liable to suspension.

TO COUNTY TREASURERS.

Make every effort to collect the annual assessment from the members and send check therefor according to the requirements of the by-laws.

The individual members can aid the treasurers by *promptly* remitting their dues. Failure to do this diminishes the basis of representation of their county society, may lose them a place in the regular printed list and deprive them of the monthly Journal with its accompanying benefit of medical defense.

THE TITANIC DISASTER.

The appalling disaster to the Steamer Titanic that has resulted in such fearful loss of life and widespread sorrow may deter some of our members and their families from taking a contemplated trip abroad this summer, and yet we would naturally suppose that the sad lessons of the past month will be so deeply impressed on steamship managers and captains that extra precautions will now be taken to insure safety. The two lessons that should be strongly impressed on companies' officers and ocean travelers alike are: (1) That safety is of vastly greater importance than speed, especially when a day or two longer on the ocean is likely to add to the benefit of those who are seeking rest and restored health or strength, and (2) that adequate provisions shall be made for the saving of life in case of unexpected or unavoidable disaster, rather than making lavish expenditure for enjoyment which, if it does not add materially to the cost of the trip, is not necessary and may not be promotive of rest, refreshment and best health and habits.

The bravery and heroism displayed by both men and women in this recent disaster, and the fact that so many rather than so few—under such exceptionally adverse circumstances—were rescued, are the two facts that call for thanksgiving to God and admiration of that heroism which, unmindful of self-preservation and selfish interests, exalts our humanity to a plane approaching the divine.

The members of our profession unite in the world-wide expression of profound sorrow and sympathy with those who have been suddenly bereaved and with those who, while rescued from death, still suffer the consequences and must continue to bear sad memories of this terrible disaster.

THE EDITOR'S VISITS.

It was the editor's great privilege and pleasure to attend the sixty-sixth annual meeting of the Camden County Medical Society, April 23d, and enjoy the intercourse with, and hospitality of, its members. It is a wide-awake society, with able leaders, and all doing good work. Dr. Lippincott made a good presiding officer and delivered an excellent presidential address on "Social Diseases and Their Prevention," which address we hope to give our readers next month. Dr. Strock, the worthy president of our State Society, has long been the county society's efficient sec-

retary and editor of its journal, and he proved himself on this occasion a dignified and able toastmaster at the sumptuous dinner at the Mohican Club House. One thing impressed us as of practical value—the intervisitation of county societies—the reception of and sending delegates to neighboring county society meetings. We believe this custom is worthy of introduction into all our county societies, and we commend it to the consideration of other societies.

Another invitation which gave us great pleasure to accept was to attend the opening exercises of the Tuberculosis Preventorium at Farmingdale, N. J., April 25th. We were deeply impressed by the location, the excellent judgment displayed in the laying out of the grounds, the thorough and wise equipment for the accomplishment of the grand objects sought and the excellent results thus far obtained in the prosecution of the work. We cannot now give details; we hope in our next issue of the Journal to give more extended notice of this blessed work of prevention. We only cite one remarkable statement made by President Marks, in opening the exercises, after the very appropriate and fervent prayer by Bishop McFaul: That the institution, since its first efforts began—at Lakewood—had had under its care 383 children—not affected with tuberculosis but predisposed to it or taken from homes where other inmates had the disease—that not one had died, not one had been confined to bed a day for sickness, none had been kept indoors a day or slept inside the buildings a night since their admission into the institution, regardless of weather conditions.

The editor takes this opportunity to express his sincere thanks for other invitations received, which it has been impossible for him to accept. He is not in the least inappreciative or unmindful of the compliment, nor does he fail to realize the great pleasure and profit such visits always give him, but he has to be guided in deciding as to the demands of duty versus the mere gratification of desire that may mean neglect of duty.

AMERICAN MEDICAL ASSOCIATION

The annual meeting of this great association this year will be held at Atlantic City, June 4-7. Dr. John B. Murphy, of Chicago, the president, and Dr. Abraham Jacobi, the president-elect, will preside and

their addresses will doubtless be of a high order of excellence. Beyond this we have received no definite information yet concerning the program. From present indication the meeting will be very largely attended and many prominent physicians of this and other countries will present papers of decided scientific character and practical value.

The physicians of Atlantic City—as is their custom—are doing everything they can to maintain New Jersey's reputation for generous hospitality and for the care and comfort of visiting physicians and their families. Of course, New Jersey will be well represented in the list of attending physicians at this annual meeting.

NEED OF CARE IN PREPARING SCIENTIFIC PAPERS.

We call attention to the following suggestions in an editorial taken from the *Texas State Journal of Medicine*, which we commend to the careful consideration of authors who prepare papers for our State and County Medical Societies, intended for publication in this or other medical journals:

In preparing papers authors should remember that they have to be published, and that some one will have to get them ready for the printer. It is required that all papers be typewritten, and there should be ample space between the lines and on the margin for the necessary notations incident to the process of editing. There is also a vast difference between typewriters (operators), and authors should be sure that the typewritten copy is correctly phrased and that the spelling and punctuation are correct. It is amazing to contemplate some of the papers offered for publication, and should a single number of the Journal be published with unedited papers our readers would be astonished beyond measure. Carelessness more than ignorance is responsible for such a situation, and we, therefore, urge more care.

Our readers have little conception of the importance of the above suggestions, and of the amount of work and anxiety—to do justice to the authors—that careless preparation of papers puts upon the editor, especially when such papers are hand-written, or even typewritten, with interlineations that are not legibly made. But it is not entirely or mainly a question of unnecessary work for the editor, for it does the author injustice frequently and it also involves needless expense to the society, when proof is sent to the authors who make corrections which require re-setting of entire paragraphs, sometimes lengthy ones. Interlineations should be very distinctly written, especially such as give technical terms or

foreign authors' names. All papers should be typewritten unless the chirographer makes his manuscript so clear and distinct that mistakes shall not occur except by the typesetter's and editor's negligence.

These suggestions refer not only to scientific papers, but to all matter sent for publication in the Journal.

PRELIMINARY PROGRAM

Of the 146th Annual Meeting, Medical Society of New Jersey, at Spring Lake,
June 11-13.

JUNE 11TH.

Morning Session—Business Session.

Tuesday Afternoon Session.

1.—Oration in Surgery.

Prevention and unnecessary surgery based upon investigation of the early symptoms of surgical diseases and the comparative inferior results of late intervention.

Dr. Joseph Colt Bloodgood, Baltimore, Md.

2.—Vaccine Therapy.

Dr. G. K. Dickinson, Jersey City.

3.—The Doctor and Eugenics.

Dr. Thomas W. Harvey, Orange.

Synopsis—Importance of the study of eugenics to the doctor: (1) On account of its value as a scientific study; (2) Because of the necessity for same and skilled technicians in the application of the principles of eugenics to everyday life. The study of heredity, Mendel and his rules; what is known at present regarding the facts of inheritance; application of the results of the study of heredity to race culture. (a) Effects of environment on hereditary tendencies; (b) Subjects to be considered: (1) sterilization of the unfit; (2) Certificates of health for those about to marry; (3) Education in sex hygiene; (4) Mating for the improvement of the race; (5) The value and necessity for removing the ban of professional secrecy regarding social diseases.

4.—An Analysis of the Refracting Optician Evil. An appeal to the general practitioner.

Dr. Linn Emerson, Orange.

Synopsis—Anatomy and physiology of refraction, and accommodation. Reasons why glasses cannot be fitted in the young without drops. The refracting optician and his claims, his incompetence, his fight for legal recognition. Folly of the general practitioner who permits his patients to go to the refracting optician, as he is sending away work he should be doing himself. The general practitioner as a refractionist. The use of drops enables him to either fit the patient himself, or know if it is a case for the ophthalmologist. Fitting of glasses as much a branch of general medicine as minor surgery. Need of special licensure for the specialist in medicine and surgery.

5.—Cyclic Vomiting in Children.

Dr. F. R. Sandt, Paterson.

6.—Blood Pressure.

Dr. J. D. Lippincott, Newark.

Tuesday Evening.

- 1.—Annual Address of the President.
Dr. Daniel Strook, of Camden.
 - 2.—Oration in Medicine—Diagnostic Pitfalls.
Dr. Richard C. Cabot, Boston, Mass.
 - 3.—Moving Picture Illustrations of Nervous Diseases.
Dr. T. H. Weisenburg, Philadelphia, Pa.
- Synopsis—These pictures represent the first systematic attempt ever made to show by moving pictures not only the gait, reflexes and tremors which are common to nervous diseases, but examples of the diseases themselves. It is not only an excellent method of teaching diseases of the nervous system, but also furnishes a new method of scientific investigation, for many of the fleeting symptoms which cannot be detected by the eye are fully illustrated by the photographs.
- 4.—Embryological and Ante-natal Faults as the Cause of Certain Tumors, Cysts and Anomalies; with Particular Reference to Teratomas and Teratoblastomas.
Dr. H. S. Martland, Newark.

Synopsis—The frequent occurrence of mixed tumors in various parts of the body. The importance of embryology in the explanation of these tumors, cysts and anomalies. Summary: The etiology of tumor formation in general. Lantern slides.

Discussion opened by Drs. A. A. Strasser and Edward Staehlin.

A study based on specimens examined at the City Hospital during the last three years.

Wednesday Morning, 9 O'clock.

Symposium on Child Life.

- 1.—The Relation of the Physician to Philanthropic and Sociologic Work of the Community in Child Life.

Dr. Henry L. Coit, Newark.

Synopsis—The medical aspects of poverty and crime; the physician's opportunity; the physician as a humanitarian; the physician as a protector of society against evils of commercial greed; the physician as an organizer and director of medical philanthropy; the physician as a teacher of philanthropic and sociologic principle; the physician as a factor in the economic administration of charity.

Discussion by Drs. Martin J. Synnott and Alexander Marcy, Jr.

- 2.—The State's Responsibility for Its School Children.

Dr. W. G. Schauffler, Lakewood.

- 3.—The Relation of the Municipality to the Child.

Dr. Andrew F. McBride, Paterson.

- 4.—The Present Status of Medical Inspection of Schools.

Dr. George J. Holmes, Newark.

Synopsis—The present status of medical inspection, how it can be improved and developed. The weak points in medical inspection. What constitutes the qualifications of an efficient medical inspector. The part played by efficient school nurses in school hygiene and prophylaxis. The lesson taught by open-air classes in public schools. School furniture as a cause of defects in the growing child. The lack of co-operation existing between the medical profession and the school physician. Opportunities afforded by medical inspection for the education of coming generations in matters of personal hygiene.

- 5.—Medical Inspection of Schools in Rural Districts.

Dr. W. S. MacDonald, Montclair.

- 6.—The Importance of the Care of the Eye, Ear, Nose and Throat in School Children.

Dr. Joseph Tomlinson, Bridgeton.

- 7.—Skin Affections in Childhood.

Dr. H. J. F. Wallhauser, Newark.

Synopsis—(1) Introduction, calling attention to the character of the conditions encountered, as changes in histological structure, passing to conditions of inherited functional disturbances and diseases of direct transmission in utero, concluding with conditions peculiar to childhood as the result of the more sensitive nature of the skin during this period; (2) Brief consideration of some of the following conditions: Various forms of naevi; epidermolysis bullosa hereditaria; xerodermia pigmentosa; ichthyosis; syphilis with skin manifestations; tuberculous affections; lupus, scrofuloderma, with brief consideration of tuberculides. Concluding with a consideration of eczema and such conditions as inflammation due to mechanical irritation and infections; as impetigo, pemphigus neonatorum, dermatitis seborrhœicum.

- 8.—Some Differences in the Surgery of Children and Adults.

Dr. E. W. Hedges, Plainfield.

- 9.—Administration of Anæsthetics to Children.

Dr. G. E. Tuers, Paterson.

- 10.—Importance and Care of School Children's Teeth.

J. E. Duffield, D. D. S., Camden.

- 11.—Care of the Mentally Deficient School Child.

Wednesday Afternoon.

- 1.—Address of Third Vice-President.

Dr. Frank D. Gray, Jersey City.

- 2.—Indurative Headache.

Dr. Christopher C. Beling, Newark.

- 3.—A Case of Ivory Exostosis of Skull.

Dr. Richard C. Neyton, Montclair.

Thursday Morning.

- 1.—Opportunities.

Dr. William A. Wescott, Berlin.

Just as the Journal was about ready for the press an unusual amount of matter requiring immediate insertion was received, which, greatly to the editor's regret, compels him to defer till next month the insertion of a letter from Dr. Alex. Marcy on the work of the Society for the Prevention of the Social Diseases and calling for the profession's co-operation; also a letter from Dr. H. B. Costill on the legislation of the past winter.

Also a letter from Dr. L. M. Halsey, asking every county secretary, in consultation with the president of his society, to appoint at once a member of the Auxiliary Legislative Committee and notify Dr. F. R. Greene, care of the American Medical Association, Chicago, of name and address of member appointed.

Butler (N. J.) Sanatorium Officers Fined.

Benedict Lust and Isidore Herst, of New York, naturopaths, conductors of a sanatorium at Butler, N. J., were convicted of practising medicine without a license and fined \$100 by the justices in the Special Sessions, New York, last month.

Hospitals, Asylums, Sanatoria.

Bridgeton Hospital Association.

The annual meeting was held last week. Dr. W. P. Glendon, president of the staff, presented a report, showing that during the year past there were in the hospital 252 patients—185 surgical and 67 medical cases. There were 151 operations ranging from minor ones to those of the most serious character. There were 29 fatal cases, but several were emergency cases, the patients being in critical condition when admitted. Dr. T. J. Smith spoke of the good work that had been done.

Elizabeth General Hospital.

A fair will be held in Elizabeth, from May 7 to 11, for the benefit of the Elizabeth General Hospital.

Mercer Hospital, Trenton.

At a recent meeting of the Board of Directors of Mercer Hospital plans were made for the addition of a department of obstetrics, as soon as the new wing is completed. It will be under the care of Drs. E. S. Hawke and J. B. Shaw, with Drs. A. D. Hutchinson and R. H. Phillips as assistants. It will be for ward patients.

Morristown Memorial Hospital.

The annual report of the Morristown Memorial Hospital, which will be distributed to subscribers within a few days, shows that during the past year 640 patients were treated in the main building, seventy-two more than were ever received before in a single year. At the Barker pavilion for contagious diseases ninety were treated, as compared with 161 the preceding year. The number of patient days' treatment in the main hospital was 12,828 and in the pavilion 2,400, a total of 15,318.

During the year the endowment fund was increased by \$7,500. This fund now amounts to about \$100,000. The interest is used toward the general running expenses.

The opening of the children's ward and the new children's roof garden, it is reported, have been of invaluable benefit.

The general hospital was opened for the admission of patients October 17, 1893. The first section of the present structure was occupied September 10, 1898, and in February, 1909, the west wing was opened. There are in all four wards of eight beds each, twenty private rooms, besides operating, administration rooms, etc.

The pavilion in the rear has a suspect ward of two beds, scarlet fever ward of twelve beds, and a diphtheria ward of eight beds.

The Stone Memorial, opened in 1908, provides accommodations for the nurses employed in the hospital. There are three ambulances, one for general use and two for contagious diseases.

Morris County Tuberculosis Hospital.

The hospital committee of the Board of Freeholders of Morris County has engaged an archi-

tect for the proposed tuberculosis hospital at Greystone Park. He has already submitted sketches.

The plan is to build an administration building, two stories high, containing kitchen, dining-room and laundry, and a few rooms for advanced cases. On either side of the main building will be wings of light, open construction for patients, accommodating about thirty.

At a meeting of the Freeholders held on April 9th, they authorized the purchase of the Samuel Valentine farm as a site for a tuberculosis hospital. The farm consists of a little more than eighty-seven acres, lying in Morris and Hanover Townships. The price to be paid is \$100 an acre. A sum of \$35,000 has been set apart for grounds and buildings.

St. Mary's Hospital, Hoboken.

This hospital, as the net result of the fourteenth annual ball in its behalf, acknowledges the receipt of \$1,567. The Sisters in charge say: "The proceeds of the ball are very helpful to us, the severe winter and the high prices of all provisions having greatly increased the cost of maintenance of our institution."

Trenton Hospitals.

At a meeting of the Board of Freeholders of Mercer County, held April 9, the following reports were presented for the month of March:

St. Francis Hospital—Admitted, 85; discharged, 68; died, 8; patients, April 1, 50; dispensary cases, 869.

McKinley Hospital—Admitted, 93; discharged, 85; died, 7; patients April 1, 50; dispensary cases, 505.

County Insane Asylums.

It has been proposed to erect a new insane asylum in Hudson County. Present needs require that or a large addition to the present buildings. Assembly Bill 558, which became a law by the Governor's approval, provides that fifty-year five per cent. bonds may be sold by any one county up to "not exceeding one-fourth of one per centum of the ratables of such county."

Camden City Dispensary.

At the forty-fifth annual meeting of the Board of Managers of the Camden City Dispensary the officers made very good reports of the work for the year 1911. The meeting was held April 15th at the dispensary building.

Secretary Dr. H. Genet Taylor reports that the attending staff treated 4,351 cases during the year and 10,878 prescriptions were compounded. This report is itemized by Dr. William H. Pratt, chairman of the attending staff. The number of persons vaccinated at the dispensary during the year was 141. Dr. Byron E. Fortiner, dentist, reports treating patients at the dispensary and having treated 209 at his office for diseases of the teeth and maxillary bones.

The members of the Board of Managers elected by the Camden City Medical Society for this year follow: Drs. H. Genet Taylor, Daniel Strock, William A. Davis, Joseph L. Nicholson, Paul M. Meccray, H. H. Sherk, William H. Izard and A. Haines Lippincott.

Orange Hospital Training School.

A class of eleven student nurses received diplomas April 25th from the Nurses' Training School of the Orange Memorial Hospital. The exercises were held in the Woman's Club, in East Orange, with Dr. Hamilton W. Mabie as the principal speaker. Dr. Mefford Runyon, of South Orange, addressed the nurses and Mrs. Runyon, who is president of the hospital, presented the diplomas.

Deaths.

BRITTON.—At Bushkill, Pa., March 29, 1912. Dr. Charles P. Britton.

Dr. Britton's early education was received at the old Trenton Academy, the Model School and from private tutors. His first business connection was with the Greenwood Pottery Company, for which he was book-keeper for some years. Desiring to take up the study of medicine, he associated himself with Dr. John Woolverton, then Mayor of Trenton. After graduating with honors from the University of Pennsylvania, Dr. Britton opened an office in Trenton and practised his profession there for several years.

About 1882 he purchased the drug business established by Dr. James and for twenty years conducted Britton's drug store, being located at 3 South Warren street for fifteen years and removing then to State and Warren streets to the stand now occupied by Stuckert's drug store. Failing health compelled him to discontinue his activities and he removed to bushkill with his family more than a year ago.

He was stricken with paralysis while at the breakfast table, about a week before his death.

He was a member of the Mercer County Medical Society, the Medical Society of New Jersey and the American Medical Association.

Dr. Britton was a member of the First Presbyterian Church, and also of the Sons of the Revolution, University of Pennsylvania Alumni Association, Trenton Lodge No. 5, Free and Accepted Masons; Crescent Temple, Mystic Shrine; Scottish Rite Masons and a director of the Masonic Hall Association for many years.

He is survived by his widow, one son and three daughters.

The Daily State Gazette, in an editorial, said: "In the death of Dr. Charles P. Britton, Trenton loses a distinguished citizen and a man of most pleasing personality. While in full vigor, he was active in many movements that tended in the direction of developing the city of Trenton and bettering the conditions surrounding it.

GULICK.—In St. Peter's Hospital, New Brunswick, N. J., April 23, 1912. Dr. Arnatt Reading Gulick, aged 48 years.

Dr. Gulick was born in 1864. He graduated from the Bellevue Hospital Medical College in 1888; practised in New York City several years. A few months before his death he entered upon practice in Perth Amboy, N. J.

RICORD.—At Newark, N. J., April 10, 1912. Dr. Philippe Ricord, of pneumonia, aged 69 years.

Dr. Ricord graduated from the College of Physicians and Surgeons, New York City, in 1868. He was one of the prominent practition-

ers in Newark for about forty years. He was a member of the Essex County Medical Society and of the Medical Society of New Jersey.

CLARK.—In Trenton, N. J., April 17, 1912. Mrs. Carrie B., wife of Dr. William A. Clark, of Trenton.

The Trenton State Gazette says: "For many years Mrs. Clark had been a prominent figure in society, and had devoted much time to charitable work. She was a member of the board of managers of the Widows' and Single Women's Home and a member of the Ladies' Aid of Mercer Hospital, the New Jersey Society of Colonial Dames and the Contemporary Club. Mrs. Clark was one of the city's beautiful women, and she had friends not only among the rich, but also with the poor. Her gentle manner and her buoyancy of spirit endeared her to everybody who knew her. She was ever ready to help persons in distress, and was glad to be able to do so.

STEVENSON.—At Haddonfield, N. J., December 8, 1911. Mrs. Frances Reeves Stevenson, wife of Dr. John R. Stevenson. Dr. and Mrs. Stevenson had celebrated the 50th anniversary of their marriage only a short time before Mrs. Stevenson's death.

MUSSER.—In Philadelphia, Pa., April 3, 1912. Dr. John Herr Musser, from angina pectoris, aged 55 years.

Dr. Musser was professor of clinical medicine in the University of Pennsylvania. He was president of the American Medical Association in 1903-4.

Personal Notes.

Dr. William Fliteroft, Paterson, while cranking his automobile, broke his arm near the wrist when his machine back-fired last week.

Dr. Clarence O'Crowley, Newark, was elected secretary of the New York section of the American Urological Association at the annual meeting, March 6th.

Drs. Frank C. Ard, Plainfield; James S. Green, Elizabeth, and Frederick W. Sell, Rahway, have been appointed by Judge Green as members of the Mosquito Extermination Commission of Union County. Dr. Ard was chosen president.

Dr. Thomas S. Dedrick, Washington, is on the program of the New Jersey Dental Society which meets at Atlantic City, July 17-19, for a paper on "Meningitis."

Dr. J. Willard Farrow, Dover, has been elected president of the local Board of Education.

Dr. Edward F. Fitzpatrick, Newark, was chosen as a member of the Essex County Grand Jury last month.

Dr. Frederick W. Flagg, Rockaway, has been elected president of the Borough Board of Education.

Dr. Thomas H. Flynn, Somerville, and wife spent a few days last month at Annapolis, Md., visiting their son, Midshipman C. D. Flynn.

Dr. Frank C. Henry, Perth Amboy, has been elected commodore of the Raritan Yacht Club.

Dr. Fred W. Owen, Morristown, addressed the members of the Loantaka Council, Royal Arcanum, of Morristown, recently.

Dr. Richard H. Parsons, Mt. Holly, was elected last month a vestryman of St. Andrew's

Church, Mt. Holly, and also a delegate to the Diocesan Convention.

Dr. Briscoe B. Ranson, Maplewood, spent the month of April touring the South.

Dr. H. Genet Taylor, Camden, was elected warden of St. Paul's P. E. Church, Camden, and Dr. Alex. McAlister was elected a vestryman.

Dr. Charles M. Williams, Washington, spent a few days last month visiting his parents in Lambertville.

Dr. Edward C. Armstrong, Weehawken, and wife recently returned from a trip around the world.

Dr. Henry A. Henriques, Morristown, recently returned from a visit to Tallahassee, Fla.

Dr. Henry B. Whitehorne, Verona, has been appointed a member of the local Shade Tree Commission.

Dr. Edward A. Ayers, Branchville, has been elected president of the Branchville Water and Improvement Company.

Dr. Aldo B. Coultas, Madison, is having erected a new dwelling on his Main street property in that city.

Dr. Jacob C. Price, Branchville, Senator from Sussex County, and recently appointed a member of the State Board of Health, underwent an operation on his ear recently in New York City.

Dr. Henry J. Spaulding, Union Hill, was recently attacked by a crazed woman he had been called upon to quiet, and had his left hand badly lacerated by her teeth. The doctor cauterized the gashes and bandaged the hand himself.

Dr. Stephen F. Quinn, Elizabeth, was toastmaster at the annual dinner of the Sons of St. Patrick at Elizabeth, March 16th. Governor Wilson was one of the speakers.

Dr. E. L. B. Godfrey, formerly of Camden, now of South Pasadena, California, was elected a member of the Los Angeles County (Cal.) Medical Society on September 23, 1911, having been transferred from the Camden County Medical Society. The doctor expects to attend the meeting of our State Society at Spring Lake next month.

Dr. William I. Kelchner, of Camden, was a guest of the Cape May County Medical Society at the meeting held April 2, 1912.

Dr. William C. Raughley, of Berlin, was elected at the November election a member of the Township Committee, also president of the local board of health.

Dr. Henry H. Sherk, Camden, and wife will celebrate their silver wedding anniversary on May 6, 1912, at their residence.

Dr. Katharine R. Sherk, Camden, read a paper on Diabetes Mellitus, at the meeting of the Camden City Medical Society, April 2, 1912.

Dr. James Hunter, Westville, attended the meeting of the Atlantic County Medical Society last month and delivered an address.

Dr. Alfred L. Ellis, Metuchen, was elected last month a vestryman of St. Luke's P. E. Church.

Dr. Peter Hoffman, Jersey City, served as a member of the Hudson County Grand Jury recently.

Dr. Frederick L. Johnson, Stanton, was recently elected president of the Readington Township Board of Education.

Dr. John B. Cassaday, Burlington, has been

appointed a member of the local Board of Health.

Dr. John D. McGill, Jersey City, a trustee and former president of our State Society, who has been ill with pneumonia, is recovering.

Dr. Isaac N. Griscom, Ocean City, has been elected chief of the Bureau of Health and Charity of that city.

Dr. Ralph K. Hollingshead, Westville, is receiving congratulations—it is a daughter.

Dr. Frederick W. Marcy, Camden, and wife spent the Easter holidays at the Gladstone, Atlantic City.

Dr. Clifford Mills, Morristown, in one of the most spirited elections in the history of the city, was re-elected one of the members of the local Board of Education.

Dr. Henry Wallace, Glen Ridge, recently spent a few days at Atlantic City.

Dr. Edward S. Hawke, Trenton, and family spent a week last month in Atlantic City.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Connecticut, March..	20	12	8
Indiana, Jan.....	23	20	3
Kansas, Feb.....	9	3	6
Nebraska, Feb.....	9	7	2
New Hampshire, Jan.	20	17	3
North Dakota, Jan..	12	9	3
Oklahoma, Jan.....	24	15	9
Oregon, Jan.....	82	51	31
South Dakota, Jan..	6	6	0
Vermont, Jan.....	7	6	1
Wisconsin, Jan.....	22	9	13

Public Health Items.

Scarlatina Closes School.

The public school at Franklin Furnace was recently closed for an indefinite period on account of an outbreak of scarlatina among the pupils of the intermediate grades. There are five cases in the town.

Health Talks in Trenton Schools.

Dr. Llewellyn Merrow gave an interesting talk in the Roebling School, Trenton, April 16th, on methods for preventing the spread of tuberculosis. The remaining lectures will be given by Drs. Sica, Fell, Clark, Sommers and Costill, all of Trenton.

Public Health Educational Campaign.

A series of public health educational meetings has been arranged by the Child Hygiene Department of the New Jersey Congress of Mothers, to be held in various parts of the State. The first of these meetings was held in Camden March 22d, in the Centenary M. E. Church, under the auspices of the Visiting Nurse Society.

The subjects for discussion were "Child Hygiene," emphasizing particularly infant mortality, and ways and means for its prevention. Dr. S. W. Newmayer, of the Division of Child Hygiene in the Department of Public Health and Charities of Philadelphia, and Dr. Maria Vinton, State chairman of the Council of Health and Medical Instruction of the American Medical Association, addressed the meeting, telling the methods used so successfully both in Philadelphia and New York.

"Sex Hygiene: How, When and Where It Should Be Taught," was presented by Dr. Grace Spiegle, director of the Hygiene Department of the Girls' Normal School of Philadelphia, and Dr. Alex. Marcy, Jr., president of the New Jersey Society for the Prevention of the Social Diseases, made some practical remarks upon the need of organized effort in controlling them.

Jersey City Dairies' Unfit Condition.

Jersey City's Board of Health has given the owners of dairies in that city until May 1 to clean up their establishments. At the meeting of the board, April 3d, State Dairy Inspector George McGuire was present with Dr. Frederick Robertson, of Jersey City, a local inspector of the State Board of Health. With Sanitary Officer John Harnett, of the local board, they had inspected over forty cow stables.

Mr. McGuire only designated twenty-nine of them with the name of a dairy. He had reported at a previous meeting of the board the result of the inspection. At that time it was decided to refer the matter to the committee on sanitation, of which Dr. George E. McLaughlin is chairman.

One hundred points indicate a perfect dairy in State inspection reports, and an average of 60 points enables a dairy to pass inspection. Not one of the twenty-nine in Jersey City reached that average. The highest was 58.75 and the lowest 33. Mr. McGuire declared that the dairies should be cleaned up or put out of business. Most of them are owned by men who were driven out of Hoboken. They sell much of the milk to Hoboken dealers.

Mr. McGuire declared that the milk delivered by these dairies is a menace to public health and would result in much infant mortality this summer. He recommended immediate action.

Newark City Dispensary.

The Board of Health has taken steps to move the City Dispensary to the new building, which, when erected, will be the board's special home. The city has for several years past owned a plot of ground on William street. It includes the frontage of the entire block between Plane and Arlington streets. The Health Board and City Council are now essentially agreed upon devoting it to buildings to be occupied by the department of the city's health.

At present the dispensary is located on the second floor of the Centre Market building, a place which has not been satisfactory, for lack of suitable space and other manifest reasons. When the new building is ready for occupancy and clinics of the latest and most efficient types are established there, the work of the dispensary will be greatly enlarged and its benefits to the people will be correspondingly greater.

At a recent meeting of the Board of Health, measles, chickenpox and whooping cough were added to the list of reportable diseases. Dr. Edward E. Worl resigned as medical director of the Verona Sanatorium. Dr. John L. Meeker was appointed his successor.

Health Officer Chandler requested the board to re-create the position of superintendent of the bureau of contagious diseases, which had been abolished, and to appoint Dr. E. E. Worl.

He said that that position was of too much importance to be permanently discarded. He spoke of the valuable services Dr. Worl had performed in this branch of the service and wanted him appointed to continue its duties. The request was referred to the sanitary committee for a report next meeting.

Epidemic of Measles in Paterson.

Measles and mumps have now created an epidemic in Totowa and West Paterson. Within three months, it is estimated by the medical inspectors, there has been a total of about 4,000 cases of measles in Paterson.

Totowa and West Paterson were immune until about two weeks ago. The situation in Totowa Borough is such that the school authorities there are exercised over the loss of revenue from the State for educational purposes through the lower attendance at the schools.

Cases among public school children alone have reached the number of 934. The parochial schools have suffered to an extent that 1,500 pupils have been absent from two weeks to a month.—Newark News.

Prevalence of Measles.

The Lawrenceville School, which is the main preparatory school for Princeton University, had to close its doors because of an epidemic of measles which had broken out among the pupils there, thirty of the two hundred pupils being ill.

Measles has been epidemic for several weeks in many of the cities of Northern New Jersey. In Paterson it was reported last month that there were about 4,000 cases and that absenteeism of pupils from the school was likely to cut down considerably the appropriation of school funds.

The Newton Bob Veal Cases.

From the Newark Evening News, April 4. Equally as unclean and unlawful as the selling of the tuberculous meat of cattle, or the putrid meat of diseased horses, is the selling of bob veal to consumers, who cook and eat it, not knowing what it is. Much of it is poisonous and liable to cause serious stomach and intestinal diseases, and absolutely none of it is fit for food.

New Jersey has the bad distinction of being rated by the Federal inspector as "the worst bob veal State in the Union." He declares he has seen 400 carcasses in an icebox in Jersey City. It may be well, therefore, to explain what such veal is, and to ask why its sale is not promptly and effectually prohibited. The subject is not nice but it seems to be necessary, particularly as this is one of the seasons in which this kind of meal is apt to be most abundant.

Bob veal is the flesh of calves killed or which die before they are four weeks old. In such green and immature state it is flabby, innutritious, unclean, unwholesome and injurious to health. Such calves are sold mostly by dairy-men who begrudge the young animals their mother cows' milk, but sell the latter before it is decently fit to distribute to customers, and kill the wabby calves to get rid of them. Sometimes the cows are tuberculous or otherwise too sick and weak to nourish their calves and the latter are then slaughtered for obvious reasons.

Sometimes the calves are born dead, but there are men contemptible enough to take calves of all these unfit kinds, even the last mentioned, sell their skins to the tanners, and then impose the meat on unsuspecting customers for food.

In May of last year twenty-three seizures were made of carcasses in Sussex County. The accused dealers were not tried till last January and decisions were rendered on March 2, when \$850 in fines were collected at Newton. Nearly a year elapsed between the unlawful acts and the punishment prescribed by law. In October last Dr. FitzRandolph and Dr. Runge made an onslaught on bob veal vendors. They found two in Newark, three in Jersey City, two in Hoboken and twelve in Sussex County. Dr. Runge found twenty-eight carcasses in one slaughter-house, and suits were begun against the parties.

The traffic, the doctors say, is alarming. The State authorities are vigilant, but they have only two men available to ferret out these violations of the food laws in the entire State. There are scores of game wardens but, thus far, only two meat inspectors. Furthermore, the law is about as ineffectual in bob veal cases as it is in pickled horse meat cases. The inspectors who find bob veal can seize it and denature it by pouring kerosene oil over it. But this causes no loss to the owner, for the meat cannot be sold unless sold unlawfully. To punish those who sell such meat or offer it for sale as food, the law provides \$50 fine for the first offense, \$100 for the second and \$200 for each subsequent offense. But these fines must be collected by action of debt in the name of the State Board of Health, and this course allows all sorts of tricks and dilatory pleadings and delays that drag the cases along from one year to another.

All these things show clearly that it is time to get to work on a thorough revision and codification of the pure food laws. They should be made as automatic as possible. Take some of the game laws, for example. If a man is found with a dead robin or song bird in his possession, he is arrested and fined at once. If he has a concealed weapon on him there's no suit for debt, but a prompt conviction and a heavy fine. The way to stamp out the sale of bob veal and horse meat is to make possession of them evidence of intent to sell them for food, and sufficient for the prompt, automatic application of the law in the way of an immediate fine heavy enough to make the traffic dangerous and unprofitable without any twilight zone of litigation. Dealers in these meats know what they are just as well as do the inspectors. They are wilful violators of the law and entitled to no leniency whatever. The State should have as many inspectors as are needed, and laws that practically enforce themselves whenever an inspector finds any of these detestable, filthy, unwholesome meats offered for sale as food.

Typhoid Fever in New York.

Typhoid fever is still on the increase, according to reports of the Department of Health. For the month of February there were 155 cases in the greater city, as compared with 120 for the same length of time in 1911, and a five-year average of 106.2. Manhattan and Brooklyn both showed decided increases, 77 cases being reported in Manhattan, as compared with 59 for the same period last year, while Brooklyn reported

54 cases, as against an average for the same period in the last five years of 37 cases. In the Bronx there were 20 cases and only 8 in the preceding February. It was said a typhoid carrier had been responsible for a large group of cases in Brooklyn, and that at the present time much attention was being given to certain milk supplies in the Bronx.

Infant Mortality in Germany.

Dr. Ehrich Schlackger says in regard to infant mortality in Germany:

"The Children of Poverty hunger before they are born. They come into the world ill-developed, weaker than the children of plenty and with such low resistant powers that infant mortality rages in their ranks like an epidemic. The blind, the crippled, are principally recruited from their ranks and they are the particular victims of scrofula and tuberculosis.

"Even the Ministry of the Interior admits that this is due to lack of nourishment and lack of care of the new born—inevitable results of woman's labors on the farms and industrial employment. In the kingdom of Saxony, where women labor as nowhere else in Germany, 18.8 per cent. of the new born die. In all Germany 17.7 per cent. That is the average, but in Langenbeilau 54 per cent. of the infants died. The average for Berlin is 18.1 per cent. If anything is necessary to show the handicap under which the child of poverty comes into the world, the statistics show that in the Tiergarten section, the wealthy residential part of Berlin 5.2 per cent. infants died as against 42 per cent. in Wedding, the proletarian quarter of the city."

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, March, 1912.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending March 10, 1912, was 3,277. By age periods there were 589 deaths among infants under one year, 211 deaths of children over one year and under five years, and 1,110 deaths of persons aged sixty years and over.

A decrease is shown in deaths from typhoid fever and scarlet fever, while deaths from diphtheria are nine below the average for the previous twelve months and twenty-three less than the preceding month.

Other mortality and morbidity reports for the month show the State to be free from epidemics of dangerous communicable diseases.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending March 10, 1912, compared with the average for the previous twelve months. The averages are given in parentheses:

Typhoid fever, 24 (28); measles, 28 (22); scarlet fever, 12 (18); whooping cough, 12 (29); diphtheria, 38 (47); malarial fever, 1 (2); tuberculosis of lungs, 341 (316); tuberculosis of other organs, 44 (54); cancer, 168 (162); diseases of nervous system, 391 (352); diseases of circulatory system, 445 (382); diseases of respiratory system (pneumonia and tuberculosis excepted), 317 (232); pneumonia, 397 (248); infantile diar-

rhea, 60 (208); diseases of digestive system (infantile diarrhoea excepted), 133 (186); Bright's disease, 253 (236); suicide, 31 (34); all other diseases or causes of death, 582 (638); total, 3,277 (3,194).

Laboratory of Hygiene—Bacteriological Dept.

Specimens examined for bacteriological diagnosis: Specimens received from suspected cases of diphtheria, 443; tuberculosis, 538; typhoid fever, 165; malaria, 16; miscellaneous specimens, 57; total, 1,219.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending March 31, 1912, 491 samples of food and drugs were examined in the State Laboratory of Hygiene. The results were as follows:

All the samples of the following articles were above standard: 1 of breakfast food; 8 of eggs, frozen; 15 of lemon extract; 15 of oysters; 13 of vanilla extract; 38 of spices, and one each of white vinegar and cream tartar.

Those found to be below standard were: 38 of the 216 of milk; 19 of the 95 of butter; 4 of the 7 of catsup; 2 of the 15 of cream; 3 of the 40 of oleomargarine; 2 of the 6 of olive oil; 1 of the 2 of root beer; 1 of the 12 of cider vinegar, and the one sample each of strawberry soda, tomato paste, tomato pulp, tomato sauce, tomato standard.

Thirty-seven suits had been instituted against parties whose samples were found below standard.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 266 dairy inspections were made. The numbers found to be 60 per cent. above and 60 per cent. below the perfect mark were as follows:

County.	Number inspected.	Above 60%.	Below 60%.
Bergen	3	3	0
Burlington	27	15	12
Essex	11	8	3
Hudson	25	1	22
Hunterdon	57	20	35
Mercer	2	1	1
Morris	22	16	6
Union	1	0	1
Warren	12	6	6
Susquehanna, Pa.	3	3	0
Wyoming, Pa.	43	11	29
Totals	266	84	115

Number of dairies; first inspection	202
Dairies; reinspection	4
Milk depots inspected	3
Letters sent to dairymen	91
Water samples collected on dairy premises	13

Inspections were made at the request of the following local boards of health: Burlington, Elizabeth, Jersey City, Madison, Orange, Perth Amboy, Roselle, South Orange, Trenton and Westwood.

CREAMERIES INSPECTED.

Flemington, Hackettstown, Roseland, Three Bridges, Trenton, Warbasse, N. J., and Lemon, Pa. Total, 7.

Number of creamery licenses recommended, 1.

ICE CREAM FACTORIES INSPECTED.

East Orange 2, Jersey City, Madison, Mont-

clair 2, Newark, Paterson, Trenton 8, West New York. Total, 17.

During the month ending March 31, 1912, 131 inspections were made in 50 cities and towns.

The following articles were examined during the month but no samples were taken:

- Milk, 526; butter, 732; food, 855; drugs, 65.
- Other inspections were made as follows:
- Milk wagons, 205; milk depots, 56; drug stores, 6; fish market, 1; grocery stores, 561; confectionery stores, 30; slaughter-houses, 23; meat markets, 27; cold storage warehouses, 21; bob veal investigations, 4; oleo investigations, 10. Meat inspections: Beef, 40; veal, 38.

Division of Sewerage and Water Supplies

Total number of samples analyzed in the laboratory, 263; Public water supplies, 128; proposed water supplies, 3; private water supplies, 40; dairy water supplies, 13; bottled water supplies, 8; miscellaneous water supplies, 30; sewage samples, 32.

INSPECTIONS.

Water supplies and water purification plants inspected at Allenhurst, Boonton, Cape May, Elizabeth, Ewingville 2, Rreehold, Gloucester, Haskell, Holly Beach, Hopewell, Island Heights, Morristown, Mount Holly, Plainfield 2, Rahway 4, Sewell, South Orange, Sparta, Spring Lake, Toms River, Trenton Junction, Trenton 4, Washington's Crossing 3, Whippany, White Horse 3, Woodbury.

Sewage disposal plants and sewerage systems inspected at Atlantic City, Audubon, Bordentown, Bridgeton, Burlington, Collingswood 2, Haddon Heights, Island Heights, Jamesburg, Lakewood 2, Merchantville, Newark 2, Pleasantville, Princeton, Secaucus, Toms River, Vineland, Westfield, Woodstown.

Stream inspections on the Cooper's River, Delaware River, Hackettstown Brook, Lawrence Brook, Mantua Creek, Musconetcong River, Rancocas Creek, Raritan River, Shark River, Wesley Lake.

Number of stream pollutions reported	88
Reinspections of stream pollutions made	28
Stream pollutions abated	23
Plans for sewerage systems, sewage disposal plants and extensions approved	2
Plans for sewerage systems, sewage disposal plants and extensions disapproved	1
Plans for water supply systems approved	4
Plans for water supply systems disapproved	1
Cases referred to the Attorney-General	1

New Method of Applying Artificial Respiration.

The Synchron apparatus, stated to have saved a number of lives at the Royal Hospital at Stockholm, is a Swedish physician's attempt to apply artificial respiration in a simple and effective way.

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THE JOURNAL

OF THE
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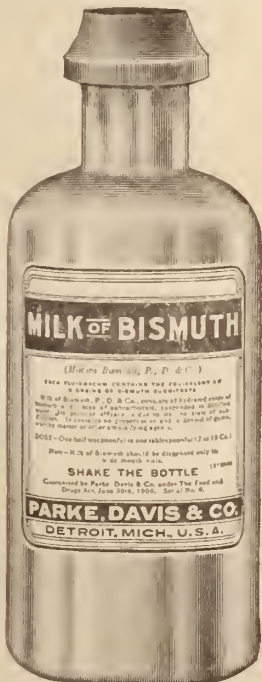
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Orange, N. J., June, 1911

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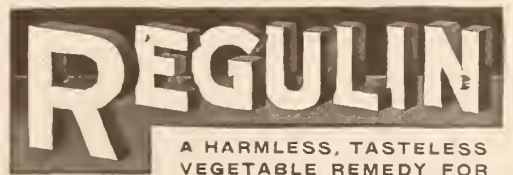
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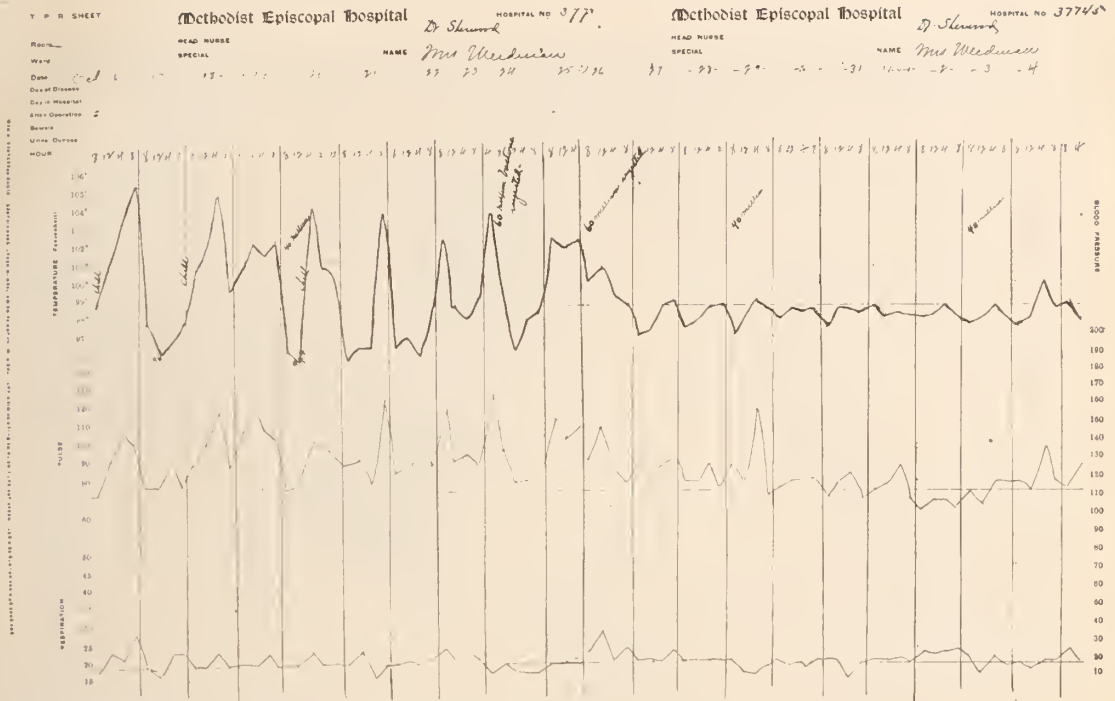
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The diagram inserted here should have appeared on page 15, illustrating the case quoted by Dr. Dexter from Dr. Sherwood's paper in the New York State Journal of Medicine, April, 1911. The diagram plate was, however, not re-

ceived until after the reading matter was in form ready for the press. We thank the New York State Journal for the courtesy of the loan. —Editor.

Beware!

As the Journal was about ready for the press we received the following from Dr. Conaway, of Atlantic City:

Editor of the Journal:

Dear Doctor: Will you kindly permit me to call the attention of your readers to a book agent who signs himself H. J. Roberts and who has been offering the physicians of this city the past few days one year's subscription to Harper's Weekly or Harper's Monthly, together with The History of the American People, in five volumes, by Dr. Woodrow Wilson, all for \$2.50, payable in advance.

A letter from the publishers informs me that no such man is in their employ and that no one is authorized by them to receive subscriptions to any of their publications and to give a History of the American People as a premium.

Yours very truly,

May 25, 1911.

Walt P. Conaway.

Anithesis of Paralysis.

Some scientist down in Connecticut says fleas are to blame for infantile paralysis. Fine, professor; but you would better jump at another conclusion. Fleas might give you nervous prostration, but one cannot connect them with anything of the paralytic order.—Hudson Observer.

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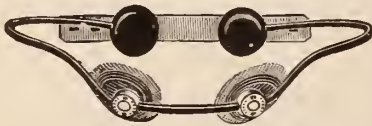
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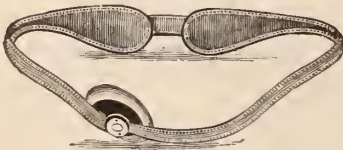
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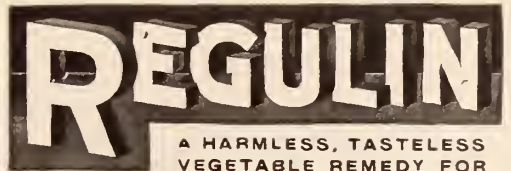
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Call the Doctor.

Call the doctor, call him quick!
 Jehosephat, but I am sick!
 Just as sick as I can be,
 Because, oh dear! of what's in me.
 On the wane of yesterday,
 A hot, brown bird before me lay.
 A hot, brown bird stuffed full of things
 Not always found in things with wings.
 Bread and oysters, sage and spice
 Were blended there and they were nice.
 'Twas yesterday, and I taste them now.
 I'd like to stop, but I don't know how.
 To the neck I didn't do a thing,
 But I ate a leg and ate a wing;
 A second joint, a piece of breast,
 And a little bit of all the rest.
 Potatoes white, potatoes sweet;
 Cranberry sauce that couldn't be beat;
 Celery, bread and butter, too;
 Plums and pickles, not a few.
 A glass of cider, a cup of tea,
 Just as good as good could be.
 Some pumpkin pie and a piece of cake
 Of the kind that mother used to make.
 Nuts and raisins, and then some fruit;
 Chees and candy; what a brute!
 Call the doctor, call him quick!
 Jehosephat, but I am sick!

Grand, old-time, general practitioner, you never had more than echo of adequate monetary compensation—your pay was largely genuine gratitude, respect, love. Overfilling of the profession, excessive specialism and latter-day commercialism have greatly thinned your ranks, but you have left a great precept in the highest concept of medical practice. You have stood for the best in executive medicine, and the best in potential citizenship. Your work was the concrete, you had to do, and in spite of inadequate, crude and largely empiric equipment, your results compare most favorably with those of to-day, and infinitely surpass those of the eminent agnostics who try to teach us treatment via the Great Abstract. * * *

No science and no profession has made such radical revisions in its basic elements during any two centuries of its life as medicine has made in the last thirty years. During the same thirty years there has been a steadily increasing epidemic of therapeutic doubt. Unless they can discuss an absolute specific, such as antitoxin, or a theoretic mirage, such as the opsonic index, the leaders in internal medical literature are (outside of text-books) practically silent on the end purpose of their art. The transformation of internal medicine into an actual if not absolute science logically necessitates theoretical as well as practical reconstruction and construction. *But they must be correlated.*—Exchange.

Further Criticism of Public School System.

From the Newark Evening News, Jan. 28, 1910. Criticism of the public schools is becoming frequent. Joseph M. Rogers, in Lippincott's Magazine for January, asks and answers the question, "What Is Wrong with Our Public Schools?" He finds that "children learn a little about a great many things without gaining much really definite knowledge of anything which is likely to stand them in good stead in later life; and what is equally bad, they do not acquire

methods of accurate thinking." This writer deplores the failure to train thoroughly the youthful mind in the "three R's," and to practice oral spelling and to give attention to mental arithmetic, as was done forty years ago. This "intellectual discipline of a high order" has been missed. An examination of candidates not long ago for admission to West Point Military Academy is cited as one "to make the patriotic citizen blush."

"Of 351 young men who applied for admission, only 314 remained to take the mental examination, the rest being excluded by the physical test. Will it be believed that 223 of the candidates failed in one or both examinations? Of the 314 who took the mental examination, 265, or 84 per cent., failed in one or more subjects. Of these, 154 failed in algebra and 237 in geometry, while 129 failed in grammar. Yet the questions were far from difficult, such as almost any boy who has been a year in a good high school should be able to answer without difficulty." Two hundred and ninety-five of the 314 candidates examined mentally had been educated in public schools "with an average attendance of nine years and eleven months." Among the factors making against the best development of boys and girls are compulsory education, too large classes, lack of proper discipline, too widely diversified studies, inefficient teachers, poor administration, indifference of parents and the general public. Classes should not have more than twenty pupils. "To educate a child is not merely to send him to school so many hours five days a week during nine months of the year. To educate a child is not to pump into him in one way or another a certain predetermined amount of fact. To educate a child is to give to him certain tools with which to work, to instil into him a few fundamental considerations often more easily secured from books than otherwise, but, what is more to the purpose, to train the mind so that it may grow constantly in logical power, in apprehension, and be able to form correct judgments in all the perplexing stages of existence."

The public lectures on "Health," under the Public Health Education Committee of the County Society, closed with the sixth and last on May 1st, when Dr. T. N. Gray spoke on "The Social Evil" to a large intelligent audience, who seemed to approve the doctor's suggestions for sane and scientific enlightenment of the people by the medical profession.

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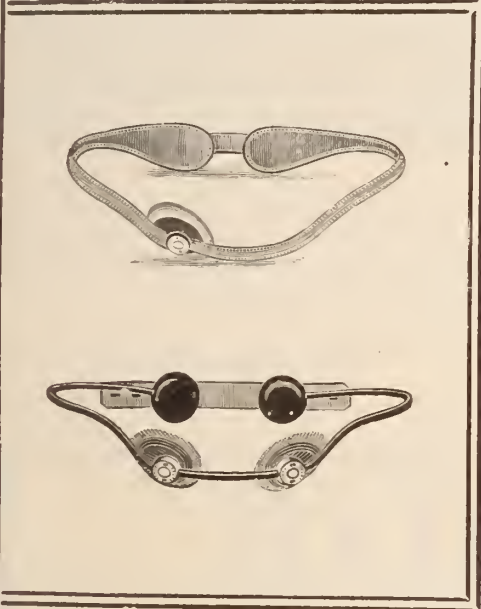
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In chambers six by nine.
These torrid nights a hammock swung
Upon the roof is fine.
While broiling on a sandy beach
Some foolish folks may please,
I much prefer with book and pipe
At home to take my ease.

You're welcome to your morning dip
Within the rolling deep,
Where crabs are fastened to your toes
And eels around you creep.
My tub of pure white porcelain,
As clean as clean can be,
With sparkling shower bath attached,
Is good enough for me.

U—"Come right in, old man, and see our new baby! There— isn't he great?"
He—"Oh, yes! Fine! Well, they say homely babies grow up to be handsome—that is, you can be thankful—or—well, how much he looks like his mother, I mean!"—Toledo Blade.

"Talk about man!" exclaimed the suffragist. "What has man ever done for woman?"
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"They say," remarked the student, "that truth lies at the bottom of a well."
"I guess that's right," rejoined the old lawyer. "judging by the amount of pumping we have to do in order to get a little of it."—Chicago News.

"Why do you weep over the sorrows of people in whom you have no interest when you go to the theatre?" asked the man.
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"Sorry, Brown," said the doctor, after the examination. "You're in a very serious condition. I'm afraid I'll have to operate on you."
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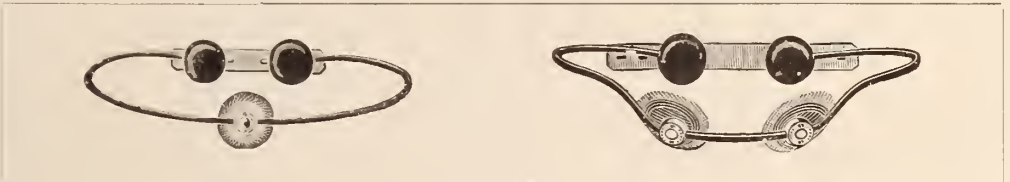
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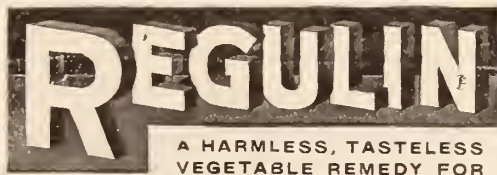
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Dopes for Doctors.

Some dig for gold, and some seek for precious stones; but it is a blind surgeon who cannot find a pot of yellow metal at the foot of the vermiform appendix.

A specialist for the eye, and another for each corner of the anatomy, and big checks for all, but the people sigh for the "good old family doctor."

The sick man longeth for a doctor, and hail'eth his coming with joy, but the convalescent is haunted by shadows of the bill to come, and crieth "Enough."

The Chinaman crieth, "No cashee no washee," and the banker requireth heavy collateral; but the physician is expected to go right along with his work, and he does.—Chas. Irvin Junkin, in *Judge*.

Corner Orator—"I want land reform; I want housing reform; I want educational reform; I want—"

Bored Voice—"Chloroform."

After staring at the minister straight through the fish course, Adeline inquired: "Mamma, why is that man's hair so black when his heard is white?"

She was hushed by the stricken family, and stayed hushed until the salad was brought in.

Then she saw her chance. "I know," she said, "it's 'cause he uses his jaw more'n he does his head."—*Success Magazine*.

Champ Clark, at a dinner in Washington, pleaded indulgence for a somewhat rambling speaker.

"He'll arrive," said the Democratic leader, "if you'll only give him time. He is like Dr. Thirdly.

"Dr. Thirdly was dividing up his sermon into its appropriate heads one Sunday morning when a member of the congregation shouted irascibly:

"Meat, man! Give us meat!"

"Well," said Dr. Thirdly promptly, 'hold on, then, till I'm done carving.'"—*Pittsburg Gazette-Times*.

The Parlor Dead-Line.—An old Irishman named Casey made a lot of money as a contractor, and built a fine house for his children.

The sons and daughters were much ashamed of the plebeian father, and Casey was always kept in the rear of the house when they had a party or a reception. One day Casey died and there was a great to-do about it. The children had a fine coffin, with lashings of flowers, and Casey was laid out in great state in the parlor.

That evening an old Irish woman, who had known Casey when he was a laborer, came and asked to see the face of her dead friend. They conducted her to the parlor.

She walked up to the coffin, took a long look, and said: "Faith, Casey, an' they've let ye into th' parlor at lasht!"—*Saturday evening Post*.

Higher Education.

"What has your boy learned at school this season?"

"He has learned that he'll have to be vaccinated, that his eyes aren't really mates and that his method of breathing is entirely obsolete."—*Baltimore News*.

A Presbyterian clergyman, recently candidating for a pastorate of some importance in a Scotch community in the Middle West, gives his experience, or rather a single characteristic incident out of it, in the following language:

"The evening service was like that of the morning, the only difference being that I saw this sturdy people in the light of the setting instead of the rising sun.

"But still no word or hint revealed to me the favor or disfavor with which my efforts had been received by the members of the congregation, save only that one man had ventured to remark 'that I had brought him to mind of Thomas Chalmers.'

"I hurriedly exclaimed 'Is that so?' in a tone which all too plainly implored him to go on.

"'Yes,' said he, 'when ye blowed yir nose, if my een had been shut, I cud hae swore it was Chalmers.'"—*The Housekeeper*.

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And in the air.
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You risk an ache.
In fear complete
A breath you take.
But science yet
Will find a way
This constant fret
To quite allay.
Wisdom will win.
A day will come
When all dwell in
A vacuum.

—Washington Star.

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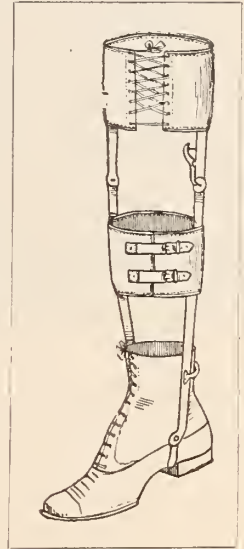
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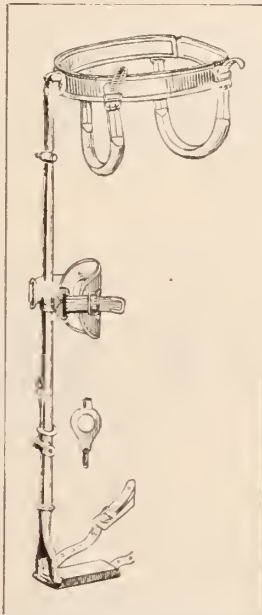


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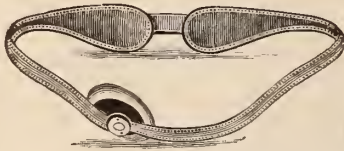
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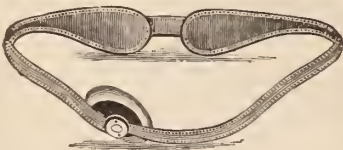
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The Germless Man.

By Roy K. Moulton in the Camden Daily Courier.

Bill Tubbs came into this sad world 'way back in ancient days
 Before the folks had started on the germ and microbe craze.
 He used to drink from old tin cups upon the railroad train
 And never had a thought of death, or e'en the slightest pain.
 No ptomaine poisoning for him—he ate just what he'd wish.
 He never stopped to sterilize a knife or cup or dish.
 He didn't seem to realize the chances that he took,
 And what he didn't know of germs would fill a large sized book.

He slept with all the windows closed whenever it was cold.
 For, of the perils of bad air, he never had been told.
 When'er his jackknife made a slip and carved right through the fat,
 He tied a rag around his thumb and let it go at that.
 Snake bites would never worry him, he's just chew up about
 A pound of plug and slap it on to draw the pizen out.
 There were no sanitary towels—no disinfected cash;
 No treatises on how to dodge the microbes in the hash.

Old Bill kept lingerin' along, as happy as a child.
 He violated all the rules of health that were compiled.
 The new ideas concernin' germs kept bobbing up, but he
 Paid not the least attention, far as anyone could see.
 The up-to-date folks warned him that he must reform or die;
 The microbes were just waiting fer to send him on high,
 But he remained the same old, reckless, germ-defying Bill.
 And, strange to say, in spite of all, he's hangin' 'round here still.

The Murphys' Mail.

A freckle-faced girl stopped at the postoffice and yelled out: "Anything for the Murphys?"
 "No, there is not," said the postmaster.
 "Anything for Jane Murphy?"
 "Nothing."
 "Anything for Ann Murphy?"
 "No."
 "Anything for Tom Murphy?"
 "No."
 "Anything for Bob Murphy?"
 "Not a bit."
 "Anything for Jerry Murphy?"
 "Nothing at all."
 "Anything for Liz Murphy?"
 "No, nor Pat Murphy, nor Dennis Murphy, nor Pete Murphy, nor Paul Murphy, nor John,

Jack nor Jim Murphy, nor any Murphy dead, living, unborn, native or foreign, civilized, savage or barbarous, male or female, black or white, franchised or disfranchised, natural or otherwise, No! There is positively nothing individually, jointly, severally, now and forever."

The girl looked at the postmaster in astonishment and said: "Please see if there is anything for Clarence Murphy."—National Monthly.

Doctors' and Lawyers' Fees.

In a conversation some time ago a prominent lawyer remarked to a physician of repute that the estate of a well-known "captain of industry," amounting to some forty millions, would bring the lawyers about a million dollars as fees. The doctor asked the lawyer:

"Suppose the man were dying, but, there being a chance of saving his life by a difficult operation, a surgeon should operate and save his life, would that surgeon be justified in sending in a bill for \$100,000?"

The immediate answer was: "Certainly not." "Well," asked the doctor, "how is it that the lawyers can charge such large fees?"

"Because," replied the advocate, "a lawyer's fees are fixed by the courts."

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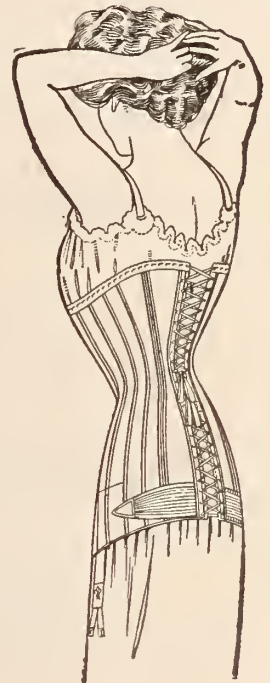
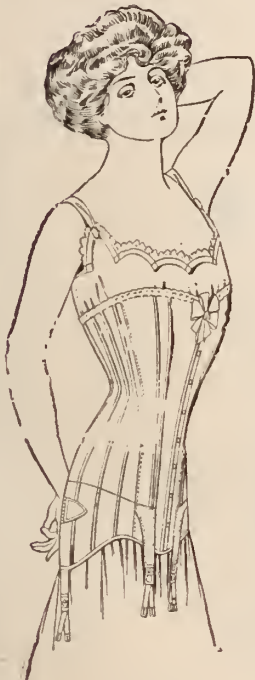
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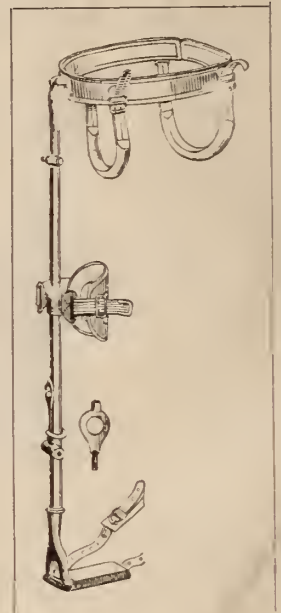
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What time will the steamer reach Queens-town?

What causes the fogs off the Banks?

How many times have you crossed the Atlantic?

Ever shipwrecked, where and when?

Were you ever drowned?

How much coal do you burn in a year?

Can the steamer go any faster than it does?

Who is the best shirt maker in London?

Do you have soup for dinner every day?

How long have you been a sailor?

Are you paid by the trip or by the year?

Married? Got any children?

Have you ever been to Chicago?

What do you do when you go ashore?

How much did this steamer cost?

Will I have time to go ashore at Queens-town?

Have you crossed the Brooklyn Bridge?

What was your business before you became captain?

Do you know John Jones in Liverpool?

How many hours sleep do you average?

What do you think of Cleveland's chance?

Do you ever see your passengers afterwards?

How did you get that scar on your nose?

Don't you think those Smiths are disagreeable?

How much does it cost a year to run this boat?

Do you remember my aunt who crossed with you in 1870?

What do you have pie every day for and only one kind of pudding?

What time do you get up in the morning?

Do you take a bath every day?

Don't your wife miss you dreadfully?

Has she ever been to Denver?

What makes the water so green?

What kind of oil do you pour on the waves in a storm—cod, olive or Standard?

Don't you like to talk to the passengers?

Do you really think Blaine is ill, or not?

What is the best time you ever made?

Do you know a good tailor in London?

Conflicting Expert Testimony.

The fallibility of expert testimony, which under stress of clever cross-examination tends to the too decided statement, is amusingly revealed in "Science and the Criminal," a book by C. Ainsworth Mitchell, the head of the inspection bureau of Scotland Yard.

Nethercliffe, who was the chief handwriting expert in the days when the witty Lord Brampton was at the bar, had such faith in his methods that finally he came to believe that he could not make a mistake.

In a case in which he was under cross-examination by Lord Brampton, then Mr. Hawkins, Nethercliffe had claimed that his system gave infallible results, and had further stated that his son, whom he had trained, made use of the same system.

"Then," said the wily advocate, "your son, working on your system, is as good as you

are?" "Yes," replied the father, with some pride in his voice, "he is."

"That is to say, he, too, is infallible?" "Yes," again replied the witness.

"Well, now, Mr. Nethercliffe, was there ever a case in which you and your son appeared on opposite sides?"

Nethercliffe tried to evade the question, which, he complained, was an unfair one, but on being pressed was forced to admit that on a certain occasion he had given evidence on one side and his son upon the other. Swift came the unanswerable retort:

"How comes it, then, that two infallibles appeared on opposite sides?"

The physician had taken his patient's pulse and temperature and proceeded to ask the usual questions.

"It—er—seems," said he, regarding the unfortunate with scientific interest, "that the attacks of fever and the chills appear on alternate days. Do you think—is it your opinion—that they have, so to speak, decreased in violence, if I may use that word?"

The patient smiled feebly. "Doc," said he, "on fever days my head's so hot I can't think, and on ague days I shake so I can't hold an opinion."

A college professor, noted for strict discipline, entered the classroom one day and noticed a girl student sitting with her feet in the aisle and chewing gum.

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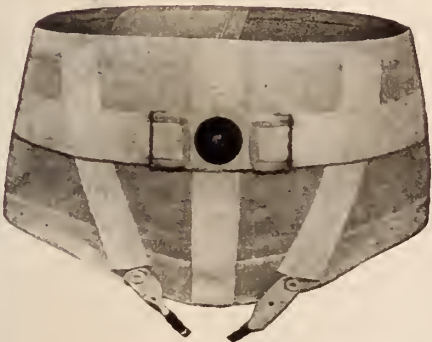
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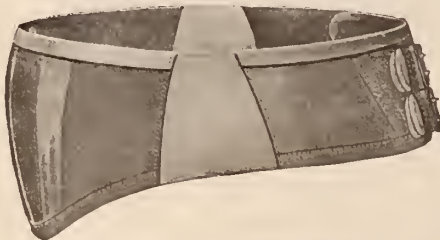
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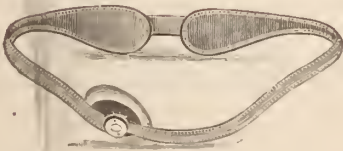
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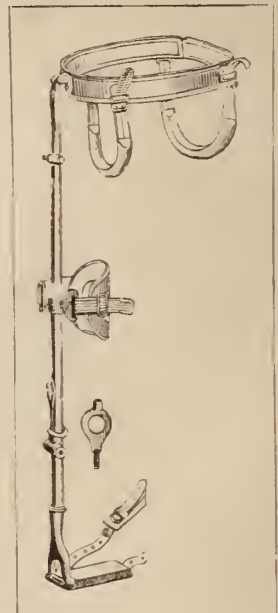
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OF THE
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Baker at the Bat.

You have heard of mighty Casey and the famous Mudville nine,
 How the hero of the diamond in a crisis was a "shine;"
 How with bat in hand he heard the fans a mighty greeting shout
 And heard the umpire call two strikes, and how he then fanned out.
 Well, that was not a circumstance to what took place of late
 Right here on our own Polo Grounds; oh, sad and cruel fate!
 When the famous Ath-a-letics faced the Gints' great pitcher Matt—
 Oh, would it had been Casey and not Baker at the bat!

Eight short innings had been finished and the game was closely fought,
 But the Gints had the advantage with a score of one to naught;
 And although the Ath-a-letics on the day before had won
 When this same geezer Baker hit the pill for a home run,
 Why, that was off of Rube, who put one square across the plate
 And could not happen to a man like Mathewson the great.

The score was one to nothing, he would hold them down to that—
 Such was the "dope" of all home fans when Baker went to bat.
 There as ease in Matty's manner and a smile upon his face
 As he wound him up an inward curve no batting eye could trace—
 When "Zam!" a ball went sailing by as if out of a gun,
 A through express that made no stops this side of old Home Run.
 Somewhere the sun is shining, somewhere the crowds are gay,
 Somewhere the bands are playing—in Philadelphia.
 Down in the Quaker City there's jollity and fun,
 But here it's just like Mudville since Baker's great home run.
 —Richard Linthicum, in the N. Y. World.

In Training.

"How far is it to the next town?"
 "Ain't formed no opinion."
 "Do you think it is going to rain?"
 "Got no opinion, stranger."
 "Where's the best hotel here?"
 "No opinion on that, sir."
 "What's the matter with you, are you crazy?"
 "Never formed an opinion."
 "Well, say, tell me what you mean by such answers."
 "Stranger, don't tell any of the fellers around here, but I'm trainin' for jury duty at th' next session o' court."

"Father, I am not sure whether I shall be a specialist for the ears or the teeth."
 "Choose the teeth, my boy; every one has thirty-two of them, but only two ears."—Sacred Heart Review.

Not What She Wanted.

There was a bashful young man who was invited to a dinner party and was paired with the prettiest woman in the room. His seat at the table was in front of the roast fowl, which he was to carve. And there was also a fried sole in front of him, relates the Cleveland Plain Dealer. And he had never done a lick of carving in his life, for he was a bachelor.

But he made the best of the situation by asking the lady at his side what she would have.

"A little of the sole," she replied.

He began to cut off a slice of the chicken's breast.

"No, no—the sole," she whispered.

Now where was the soul of a hen? He thought for a minute, and then attacked the wing.

"The sole, the sole!" cried the lady.

He looked for the feet, but no soles were left, so he tried a drumstick. But she still shook her head, and said, "No, I only want a piece of the sole."

Then did this young man arise in his wrath, stick a fork through the fowl, and put it all on the woman's plate.

"Take it!" he shouted, "take it, body, soul and all!"

Then he helped himself to the fish.

Signs of Returning Health.

"Your husband might have a little solid food directly he begins to mend," said the doctor.

"But how am I to tell?" inquired the anxious wife.

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The next day he called and found the patient's wife radiant.

"When I refused to order his steak and onions," she explained, he came into the kitchen and smashed fourteen soup plates and a dinner service, so, of course, I sent out for a steak at once."—Stray Stories.

Rev. Emmett Stevens, of Atlantic City, in his discourse Sunday on the pomp and vanity of this wicked world, denounced the feminine fashions, and said: "Chinese women wear trousers with two legs; women here wear them with only one." Which is true; but lately the poor girls have run shy on material.—Hudson Observer.

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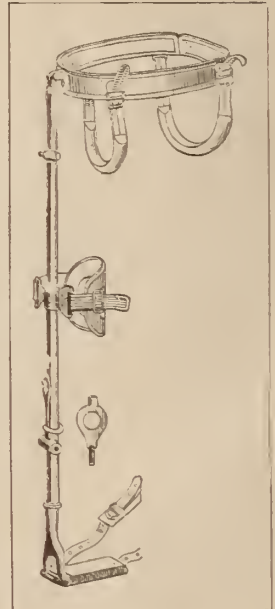
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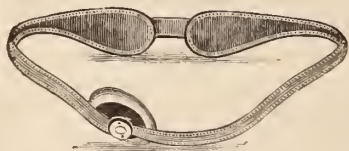
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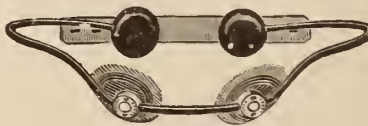


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The Composition of Sulphume.

According to an analysis of the A. M. A. Chemical Laboratory (J. A. M. A., Nov. 25, 1911, p. 1853) the "patent medicine" Sulphume is merely a solution of calcium sulphid such as will be obtained when ordinary sulphur, lime and water are boiled together. This solution appears to have been first known as Vleminckx' solution, and has also been sold under the names sulphurine, golden lotion, yellow lotion, liquid sulphur and soluble sulphur.

Regarding the use of this nostrum, the following is said:

"Such a solution of calcium sulphid would doubtless be valuable for removing hair from the hide as the first stage of its conversion to leather. While a few physicians still believe sulphides to be alteratives and general antiseptics and to possess some special value in the treatment of skin eruptions and recurring boils, and even in acute and general sepsis, this foul-smelling remedy is now pretty generally ignored. While we are afraid its disgusting odor will continue to be a strong 'talking point' for the stuff, let us hope that in due course of time the public will learn the fallacy of the old idea that anything that is nasty in taste or odor must be 'powerfully good medicine.'"

The Medicine Man.

Old Uncle Pete with perfect ease acquired each newly found disease.

It seemed to be his chief delight, the only one he had!

Of Uncle Pete it was said he was unhappy out of bed;

To be a chronic invalid was his absorbing fad.

There was no dope he would not take, the honest cure, also the fake.

He swallowed most impartially and smacked his lips for more.

The village druggist made his pile and lived in almost regal style.

For Uncle Pete had surely been the makin' of his store.

It brought old Pete a lot of fame because he always got his name

And picture in the papers as a well-known public man.

Who had been cured of this or that, and Uncle Pete would come to bat

Each day with some new illness as an expert sick man can.

He used to do some protean stunts and have nine ailments all at once,

Until one day the village heard that poor old Pete was dead.

He did not die of grim disease. We cannot all do as we please.

The big sign at the drug store fell and hit him on the head.

—Roy K. Moulton, in Camden Courier.

"Doctor," she asked, in pleading tones, "do you think it will be necessary for me to have an operation?"

"Oh, I hardly think so," he replied.

"There! I told my husband it wouldn't be any use coming to you. My next-door neighbor has a doctor who has prescribed three operations for her during the past year."—Chicago Record-Herald.

The New Cult.

(William H. Crane, the actor, has established a new cult, whose principal fad is to eat. He has cured himself of dyspepsia which he suffered thirty years by eating everything he wants every time he wants it.)

Now says William Henry Crane:

When you have got a little pain,

Just eat.

When dyspepsia shakes your frame,

Don't prepare to quit the game,

But eat.

When you've got the tummy ache,

Don't give up for mercy's sake;

Grab a good big sirloin steak

And eat and eat

Don't go 'round forlorn and sad

When you think you're feeling bad,

But eat.

Don't make up your mind to die,

Get a slab of good mince pie,

And eat.

When your dizzy head careens,

Just forget what sickness means,

Buy a plait of pork and beans,

And eat and eat.

Give lumbago and the grip

And paralysis the slip,

And eat.

If appendicitis tries

To promote you to the skies,

Just eat.

When the little microbe imp

Into you would put the crimps,

Buy a salad made of shrimps,

And eat and eat.

—Roy K. Moulton.

Naming the Twins.

"Well, Doc, what shall their names be?" asked a proud father as he kissed his twin daughters, then two hours old. "I think," replied the doctor, "Kate and Duplicate will be appropriate.

Two years later he was again called on for names, this time on bouncing boys. "Well, friend, I'll say Peter and Repeater."

And still again the honor was given him a few years later. This time the old man looked puzzled. At last—"I say, John, 'Max and Climax' is the most appropriate."—National Monthly.

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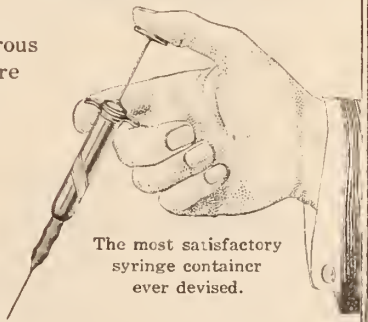
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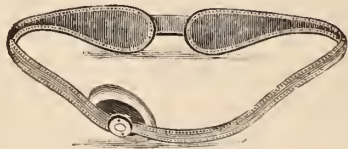
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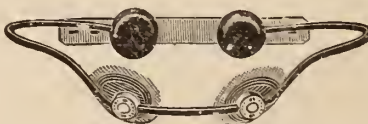


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Lady, Fair Lady.

Lady, lady passing fair!
 As I view your beauty rare,
 Coldly radiant, like a star,
 How I wonder what you are!
 Your weight, ninety pounds, I guess—
 All the rest of you is dress!
 Some is hair and some is hat,
 Fluff and feathers and all that!

Say, how many lives were paid
 That you might be thus arrayed?
 Your warm, furry coat reveals
 Epitaphs of several seals;
 Sable boa, sable muff—
 Twelve small lives were not enough.
 Egrets six were surely slain
 For your headgear, smart and plain.

These your dainty hands are hid
 In the skin of slaughtered kid.
 Calfskin of the kind called "ooze"
 Makes (they cost a life) your shoes.
 Your hair—yours by purchase, please—
 Was shorn from off a slave Chinese;
 Silks and laces that you wear
 Represent vast toil and care.

Your "complexion"—chemic bane!
 Cost a world of woe and pain.
 Lady, that you may be gay,
 Thousands throw their lives away.
 Do you ever in your pride,
 Count its cost in homicide?
 Lady, lady, passing fair,
 Do you know—and do you care?
 —Critic and Guide.

"Look at me!" exclaimed the leading lawyer, warmly, "I never took a drop of medicine in my life, and I'm as strong as any two of your patients put together."
 "Well, that's nothing," retorted the physician. "I never went to law in my life, and I'm as rich as any two dozen of your clients put together."
 —Buffalo Commercial.

David R. Forgan, the Chicago banker, has a dry Scotch humor, says the Milwaukee Free Press. Speaking of the danger of being puffed up by sudden honors, Mr. Forgan told this story of Simpson, the great Scotch physician:

"Dr. Simpson had been absent from his class for some time, and on his return he announced that a great professional honor had been conferred upon him," said Mr. Forgan.

"I am very happy to inform you, young gentlemen, that a very great honor has come to me since last we met here," said Professor Simpson, his face beaming with honest pride. "I have just received notification that I have been appointed physician-in-ordinary to her majesty Queen Victoria."

"The great discoverer of chloroform looked over his glasses as if he expected his class to be quite taken away by the great news. Instead he was shocked to hear those Scotch boys burst into the national anthem, 'God Save the Queen!'"

"And still they say the Scotch have no sense of humor," added Mr. Forgan.

Heim was a genial soul who practised in Berlin a century ago, much beloved in all circles for his honesty, good sense and good humor.

He said: "The doctor has three faces, that of an angel when the patient sees him at the bedside bearing hope of relief; that of a god when relief has been given; that of a devil when he sends his bill."

Being called to a certain countess, he began in his offhand way: "Well, my dear, what seems to be the matter?" The patient, offended by his lack of formality, said in a haughty tone: "Sir! I am a countess." "Well, my dear," said Heim, "I am afraid I can't do anything for that," and left the house.

Specialization.

Doctor—"What can I do for you?"
 Patient—"I have cut my index finger."
 Doctor—"Very sorry. But I am a specialist on the middle finger."—Fliegende Blatter.

The Scientists.

The scientists, those good old souls, are worrying once more.
 They're making new discoveries of microbes by the score.
 They've lately been examining the thousand-dollar bills
 Which move around from hand to hand and rest in many tills.
 They say that all the bills of that denomination reek
 With deadly germs of which they are almost afraid to speak.
 They claim the man who handles one is mostly apt to die
 And many millions may be killed, they tell us with a sigh.

The scientists have scared us stiff quite frequently of late,
 But this time they have got in wrong; we cannot help but state
 That most of us will never have the slightest fear or qualm;
 In spite of this discovery, we'll nearly all stay calm.
 They've started some weird theories and pulled some funny stunts,
 But on this thousand-dollar stuff, they've fallen down, for once.
 Of course, the bills may have the mikes, exactly as they say,
 But they will never kill off any of our friends that way.
 —Roy K. Moulton, in Camden Courier.

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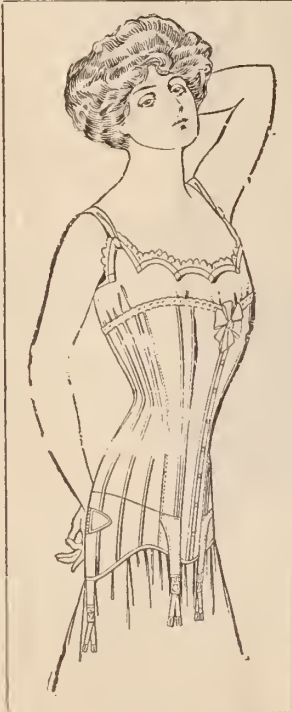
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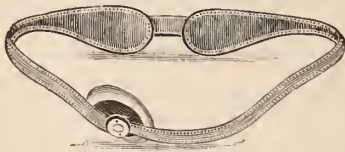
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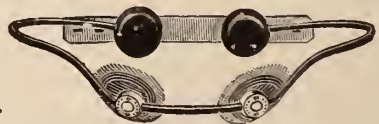


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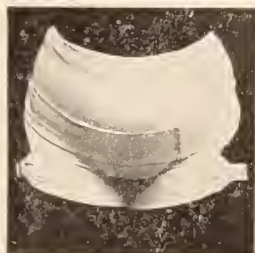
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Roy K. Moulton, in the Camden Daily Courier, thus replies to a request for a suggestion as to an appropriate wedding present by one who wanted "to do something original." * * *

But you want something original. We will name over a few original gifts and you can take your choice:

Wheel chair.
Ton of furnace coal.
Nickel plated wringer.
Electric belt.
One dozen porous plasters.
Order on dentist for set of false teeth.
Ear trumpet.
One dozen vaccine points.
Bushel of false hair.
Patent mouse trap.
One barrel lawn fertilizer.
Case of axle grease.
Pair of crutches.

"Did you ever come across a man who knows perfectly how to manage a woman?"

"Yes, but he had no chance to exercise his ability in that line."

"Why not?"

"They won't let him out of the insane asylum."
—Baltimore American.

I assume that the woman who was wooed and won in three days by Policeman John Wind will not be annoyed when the paragraphers as one exclaim: "Of course she'll expect to live on Wind!"—New York Morning Telegraph.

Ida Knough writes stating, "Whenever I go out in the winter my ears get fearfully cold. What had I better do?"

There are several remedies, *Ida*. (1) Stay indoors until next June. (2) Put mittens on your ears when you go out. (3) Put a hot potato poultice on your ears whenever the temperature is below 35 degrees.

Dr. Bergman, a noted Berlin physician, predicts that women are wearing such small shoes that they will have only eight toes in a thousand years. Some women walk these days as if they had only eight toes, or less, now.

The perfect wife, as we understand it, is the one who assures her husband that tobacco smoke improves lace curtains.

"It's positively disgusting."

"What is?"

"The way people crowd to a theatre to see an improper play. Just think! They've sold out the house for three weeks in advance."

"How do you know?"

"I tried to purchase tickets and couldn't."—London Opinion.

Why He went to College.

"Why did you come to college, anyway? You are not studying," said the professor.

"Well," said Willie, "I hardly know exactly myself. Mother says it is to fit me for the Presidency, Uncle Bill says to sow my wild oats; sis says to get a chum for her to marry, and pa says to bankrupt the family."—National Monthly.

She glided into the office and approached the publisher's desk.

"I have a poem," she began.

"Well?" queried the publisher, with a look intended to annihilate.

"I have written a poem," she calmly repeated, "on 'My Father's Barn,' and—"

"Oh," interrupted the publisher, "you don't know how greatly I am relieved. A poem written on your father's barn? I was afraid it was written on paper and that you wanted me to publish it. If I ever happen to drive by your father's barn I'll stop and read it."—Ladies' Home Journal.

"I tell you, I must have some money," roared the King of Maritania, who was in sore financial straits. "Somebody must cough up some."

"Alas," sighed the guardian of the treasury, who was formerly the court jester, "all our coffers are empty."—Lippincott's.

There was a most determined look in her eye, however, as she marched into the optician's shop.

"I want a pair of glasses immediately," she said; "good, strong ones. I won't be without them for another day!"

"Good, strong ones?"

"Yes, please. I was out in the country yesterday, and I made a very painful blunder, which I have no wish to repeat."

"Indeed! Mistook an entire stranger for an old friend, perhaps?"

"No, nothing of the sort. I mistook a bumble-bee for a blackberry."

The Doctor—"Your wife has water on the brain."

Colonel Soak—"Well, I'm not surprised. She's been trying to get me to swear off for the last three years."

Skeezick's car had turned turtle, and as he sat gloomily contemplating the situation Uncle Silas reined in his nag and stopped outside.

"Turned over, ain't she?" he observed.

"Yep," said Skeezick, shortly.

"Want to sell?" asked Uncle Silas.

"Yes," said Skeezick. "I'll sell out cheap."

"What's your upset price?" asked Uncle Silas with a grin—Harper's Weekly.

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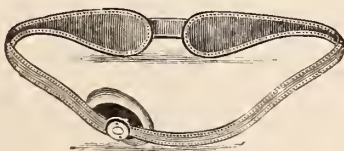
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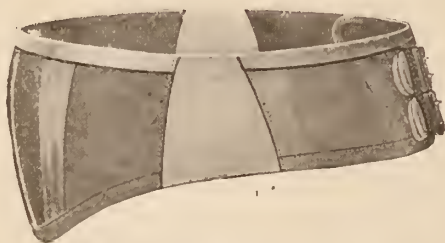
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The Perfect Apollo.

A Perfect Apollo who had broken all the strength testing machines at the Y. M. C. A. and kept his cups in the shop windows around town for lack of room in his cupboard at home, was approached by a Scaremtherapist, who said: "Sir, I have long desired to study the spine of so perfect a specimen of the genus hobo as you."

The Perfect Apollo submitted and the examination was begun.

"Dear, dear!" suddenly exclaimed the Scaremtherapist. "What a terrible state of affairs I find here between your shoulderblades!"

"What do you discover?"

"My friend, if you insist upon hearing the cruel truth, one of your vertebrae is directly below the one above it!"

"Gracious heavens!"

"You may well be alarmed, my friend. Do you realize that, with your backbone in this condition, you might have tubercalculis, angelina expectoris, diabosis, lumbargo, group and beasles at any moment?"

On hearing these fateful words the athlete broke into a cold perspiration, and in two weeks he had contracted all the ailments mentioned, together with anterior scalaribus, loose teeth and the pip, which shows what a fine diagnostician the practitioner was.

Fortunately, however, a course of Scaremtherapeutic treatments restored our hero to perfect health.

L. H. R.

You've Got the Grip.

When your Backbone seems unlimbered
And you've music in the head;
And your toes are turning inward
And your face is burning red;
When your teeth begin to chatter
And your knees begin to knock;
When your heart begins to batter
Like a ship against a dock;
When you sneeze and cough and shiver
And your nose is on the blink,
And you almost raise your liver
And you try to take a drink
It is time to get a doctor
And you want to get 'im quick,
'Cause you've got the influenza
That disease they call the Grip.

—Giggling Gertrude.

Reminded Him of Home.

A native of one of the most Western of the United States of America was crossing the Atlantic in rough weather.

One morning he went up on deck when a big gale was blowing. Nobody was in sight except the captain, relates an exchange.

"Go below there!" shouted the captain.

The passenger looked around to see to whom he was talking.

"You mean me?" he yelled back, as there was no one else in sight.

"Of course I do. Go below!" and the captain came alongside.

"Well, guess not," protested the passenger. "I'm up here to see how one of your mountain-high waves and your 'terrific gales' compare with what we have at home in the way of cyclones. This ain't a patch to what I've seen out our way."

A big gale just then broke over the deck, sweeping the speaker ait. They picked him up with a broken leg, a twisted shoulder and a sprained wrist. When he came to he saw the captain.

"Captain," he said feebly, "that reminded me of home, only it was a sight wetter."

He limped into a drug store as if he had been run over by a trolley car, and after looking all around in a vacant way he asked of the man behind the counter:

"Got any porous plasters?"

"Scores of them. What kind do you want?"

"Any kind, I guess. I was told I'd better buy one."

"Well, here it is. Fifteen cents, please."

The money was handed over and the rolled-up plaster pocketed, but still the customer lingered. The druggist spoke of the weather, the drop in meat and the big corn crop, but the man neither departed nor asked for anything else. When he had been there half an hour, and other customers had come and gone, the druggist queried:

"There may be something else you are trying to think of?"

"Yes; I want to ask you something. I have bought a porous plaster."

"Yes."

"You forgot to tell me whether I must take the durned thing in milk or water!"

"Pat," said the doctor, "your case is a very peculiar and baffling one, and if you'll agree, I'd like to call in another physician. Two heads are better than one, you know."

"Oi agree," returned the willing patient. "Sure, th' felly must be worth seein'. Bring in the doctor with two heads!"

"Professor," said Miss Skylight, "I want you to suggest a course in life for me. I have 't ought of journalism—"

"What are your own inclinations?"

"Oh, my soul yearns and throbs and pulsates with an ambition to give the world a lifework that shall be marvelous in its scope and weirdly entrancing in the vastness of its structural beauty!"

"Woman, you're born to be a milliner."—Tit-Bits.

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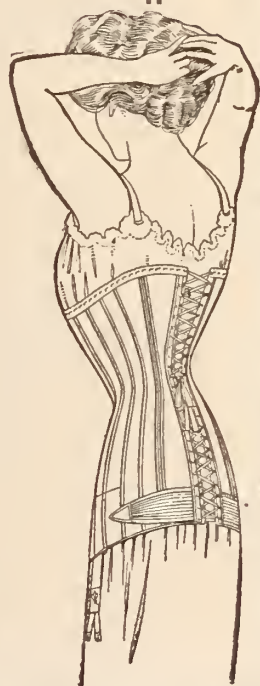
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